

North Greenville University Department of PA Medicine

Preceptor Handbook

(Related to ARC-PA Standards B3.0 Supervised Clinical Practice Experience Instruction)

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(All previous versions are archived and are obsolete)

PA Clinical Team

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INTRODUCTION

Thank you for your hard work and dedication in creating PA providers of tomorrow. As the clinical preceptor, you are the crux of this experience, allowing the PA student to take the next step and learn in a true patient-provider setting. Your supervision will promote student skills and clinical judgment necessary to become a practicing PA.

ARTICLE 1.0 MISSION, VISION, VALUES, AND GOALS (B1.01a)

The Department of PA Medicine (DPAM) exists to support the mission of North Greenville University, which promotes community awareness and service. Therefore, the mission of the Department of PA Medicine supports and augments the mission of the College.

1.1 Department of PA Medicine Mission Statement

Develop well-informed and compassionate PAs who provide patient centered and service oriented medical care in diverse environments.

1.2 Department of PA Medicine Vision Statement

Transform health care for the benefit of the people and communities

1.3 Department of PA Medicine Core Values

The DPAM embraces the following core values: (1) compassion, (2) service, (3) leadership, and (4) up-to-date medical knowledge.

1.4 Department of PA Medicine Core Goals

Goal 1 - Matriculate an academically talented and diverse cohort

Goal 2 - Prepare students academically and professionally for clinical rotations.

Goal 3 - Prepare students academically and professionally for clinical practice.

Goal 4 - Graduate PAs who practice clinically in South Carolina.

ARTICLE 2.0 GENERAL GOALS OF THE CLINICAL YEAR

During the second year of training, students build upon the knowledge and skills, taught during the didactic year, through experiential learning in ten Supervised Clinical Practice Experience (SCPE) setting. Settings include (1) Family Medicine (FM clinic), (2) Elective II (acute care at an urgent care clinic), (3) Elective III (primary care), (4) Internal medicine, (5) Pediatrics, (6) Women's Health, (7) Emergency Medicine, (8) General Surgery, (9) Behavioral Health, and (10) an Elective of choice. PA Education Association (PAEA) 'end of rotation' exams will be used throughout the year. Minimum benchmark goals – related to patient exposure and procedures– have been established and are outlined in each SCPE syllabus. In general, the ten (10) clerkships should expose students to the following:

- Preventive, emergent, acute and chronic care across the life span to include infants, children, adolescents, adults, and the elderly
- Women's health to include prenatal and gynecologic care
- Surgical management (pre, intra, and post-operative)
- Psychiatric/mental health conditions

ARTICLE 3.0 PA GRADUATE COMPETENCIES AND OUTCOMES (For Entire Program)

- 1 Perform and Record a Complete and Accurate Medical History
- 2 Perform a Complete and Problem-Focused Physical Examination
- 3 Establish a Working Diagnosis and Differential for Emergent and Non-Emergent Condition/s

- 4 Order, Perform and Interpret Diagnostic Procedures and Lab Tests
- 5 Identify, Discuss, Perform, and Order Therapy and Treatment
- 6 Effectively Communicate with Patients, Families, and other Medical Personnel
- 7 Utilize Critical Thinking Skills through the use of Evidence-Based Medicine
- 8 Articulate the Unique Role of the PA in the Medical Team
- 9 Possess a Working Knowledge of the American Health Care System
- 10 Exhibit Ethical Behavior and Professional Conduct

ARTICLE 4.0 PRECEPTOR ROLE AND RESPONSIBILITIES

All SCPE preceptors will work closely with NGU's PA Clinical Team. A member of the NGU PA faculty will function as the SCPE course director and deal with all issues related to NGU PA students to include logistics. The Medical Director and Program Director will be available whenever needed.

Article 4.1 Responsibilities

The following list outlines expectations of a SCPE preceptor and site. In some instances, the site affiliation agreement has adjusted these responsibilities, but generally, the following list of responsibilities apply:

- Provide appropriate orientation to the PA students of the NGU DPAM. This includes, but is not limited to, addressing appropriate facility/site specific security and safety measures.
- Provide to NGU DPAM current written and applicable facility/site-specific requirements, policies, rules and/or regulations, if any, prior to the beginning of PA student's practicum.
- Designate at least one qualified professional preceptor to supervise and assess the PA student's progress and provide performance evaluations of the students to NGU DPAM. The designated site preceptor(s) is subject to NGU DPAM approval.
- Ensure that professional preceptor(s) and clinical site supervisor(s) have current, appropriate licensure and/or certification as required to practice in the state where the facility/site is located. The preceptor must be credentialed as an MD, DO, PA-C or NP.
- Maintain comprehensive premises and professional liability insurance coverage of not less than one million U.S. dollars (\$1,000,000) single occurrence, three million U.S. dollars (\$3,000,000) aggregate, or engage in a facility specific self-insurance program which provides coverage in this amount.
- Provide the opportunity and guidance for clinical learning experience and training for students by allowing them to accompany the Preceptor or the Clinical Site supervisor within the institution.
- Provide the PA student with the opportunity to participate in patient care under the Preceptor's/Clinical Site's supervision to accomplish clinical learning outcomes as outlined in the practicum syllabus provided by NGU DPAM.
- Provide precautions to ensure that PA students will not be used to substitute for clinical or administrative staff, and while on the premises or rendering care to patients, ensure that NGU DPAM students are at all times identified visibly and with appropriate insignia as NGU DPAM students (student identification will be provided by NGU DPAM).
- Extend to the PA student the privilege of attending on-site professional meetings that may be advantageous to the student's professional growth.
- Recognize that the PA student is on a learner status and shall not render patient care beyond the student's level of expertise, and that such care shall be supervised appropriately by Preceptor.
- Retain full responsibility for and supervision of the care rendered by the students and assure that their practices are within the standards of care for their experience and training.
- Assure that the practice activities assigned to students in a clinical setting are appropriate to the NGU DPAM.

- Permit NGU DPAM faculty to visit preceptor/clinical site for the purposes of ascertaining that NGU DPAM learning outcomes for the practicum are being met.
- Evaluate the performance of assigned student(s), adhering to the guidelines set by the NGU DPAM, using an evaluation form that is supplied by the University.
- Preceptor shall have the right to request a student be withdrawn from the clinical placement for good cause.

The course director will assign the final SCPE grades (using a myriad of tools to include feedback from the SCPE preceptor). Preceptor data used in the grading process includes formal evaluations on student achievement of the learning outcomes for the SCPE.

ARTICLE 5.0 THE PRECEPTOR-STUDENT RELATIONSHIP

The preceptor should maintain a professional relationship with the PA student and always adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the PA Clinical Team regarding specific school or university policies regarding this issue.

ARTICLE 6.0 ORIENTATION AND COMMUNICATING STUDENT EXPECTATIONS

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

On the first day of the rotation (or when possible, prior to the rotation), the student should take care of any administrative or orientation needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional *site-specific* HIPAA training, if needed.

Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals about what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations can include:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary

Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation — in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the PA Clinical Team well in advance of the clinic absence. Students will be aware of this policy prior to the start of the clinical year.

Many sites find it helpful to create their own written orientation manual, which is given to the student prior to the first day of the rotation. This helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students you host, with each subsequent student adding to a document that you as the preceptor maintain and edit.

ARTICLE 7.0 PREPARING STAFF

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient's visit. Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting. Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss:

- Student's name
- Student's schedule (when they will be in the office)
- Student's expected role in direct patient care
- How patients will be scheduled for the student

ARTICLE 8.0 SUPERVISION OF THE PA STUDENT

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, or PA who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit.

Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following “Documentation” section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

ARTICLE 9.0 INFORMED PATIENT CONSENT FOR STUDENT INVOLVEMENT IN CARE

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a PA student will participate in their care, and the patient’s consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student’s services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

ARTICLE 10.0 DOCUMENTATION

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the PA Clinical Team. Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution’s EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student’s own edification, which should be reviewed by preceptors whenever possible for feedback.

ARTICLE 11.0 MEDICARE POLICY

On November 1, 2019, the Centers for Medicare and Medicaid Services (CMS) issued a new final rule amending the agency’s previous restrictions on the use of student medical record documentation during the provision of evaluation and management (E/M) services for billing purposes. Effective January 1, 2020, all preceptors of PA students, including PAs, physicians, and nurse practitioners will be allowed to verify, rather than reperform, documentation provided by students. More information may be found at:

<https://paeaonline.org/resources/public-resources/paea-news/cms-finalizes-student-documentation-proposal>

ARTICLE 12.0 PRESCRIPTION WRITING

Students may transmit prescribing information for the preceptor, but the physician must sign all prescriptions. More specifically, the student’s name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

ARTICLE 13.0 EXPECTED PROGRESSION OF PA STUDENT

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to more effectively come up with an assessment and plan, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should be allowed progressively increasing supervised autonomy.

ARTICLE 14.0 STUDENT EVALUATION

At the end of the SCPE clerkships, the preceptor will evaluate the student achievement of the learning outcomes. The evaluation accounts for 25% of the SCPE grade.

Assignment	Due Date
Preceptor evaluation of Student Achievement of Learning Outcomes	Last Wednesday (during final week) of SCPE rotation

Preceptor evaluations are an integral part of the student assessment and NGU places a heavy portion of the rotation grade on this feedback.

These evaluations help monitor the learning outcomes achievement and the student's overall performance in the rotation. Preceptors will have the opportunity to provide qualitative feedback on the student and their improvement over the rotation.

Note: The evaluation will be completed via Exxat clinical software. A copy of each evaluation can be found on within course documents on Exxat.

Below is an example of the student performance rubric, taken from the Family Medicine Clerkship syllabus. Please note, prior to each rotation start date, the PA Clinical Team will provide each preceptor with a copy of their clerkship specific student performance rubric through Exxat.

Please rate Student Achievement of the Learning Outcomes that are specific to the Family Medicine Rotation.

Learning Outcome	High Achievement	Achievement	Below Achievement	Unsatisfactory
In a patient presenting with acute dysuria, evaluate the patient, analyze the urinalysis and urine microscopy to recommend pharmacological management.				
Perform the appropriate throat/nasal culture for a patient presenting with nasal discharge/upper respiratory symptoms, conduct a problem-focused history and physical exam, and recommend a management plan.				
Professionally develop a differential diagnosis for an acute presentation of a rash and recommend the appropriate management.				
Perform patient-centered interview/physical examination on a patient with gastrointestinal complaints, develop a differential diagnosis, and recommend a management plan.				
Elicit a problem-focused history and physical exam, order the appropriate labs and diagnostic tests to include radiographs, formulate a differential diagnosis and develop a management plan for a patient presenting with low back pain.				
For an adult patient presenting for follow-up of HTN, create a patient-centered management plan to include ordering and interpreting appropriate diagnostic and laboratory testing.				
Evaluate an adult patient with heartburn symptoms, order and interpret the appropriate labs and diagnostic tests if warranted, and recommend lifestyle modification and pharmacological treatment.				
In an adult patient with hyperlipidemia, interpret the lipid panel and other appropriate laboratory tests and recommend a management plan to include patient education, lifestyle modification, and pharmacological treatment.				

Professionally document an outpatient SOAP note and a referral for a patient in the family practice setting.				
Determine the staging and corresponding management plan to include patient education, lifestyle modification, and pharmacological treatment for a patient with Asthma/COPD.				
Perform a routine annual examination of a patient, order and interpret appropriate screening laboratory and diagnostic tests, and recommend immunizations.				
Professionally screen an adult patient for colon cancer and order a colonoscopy if indicated by current guidelines or clinical presentation.				
Identify patients who are classified as overweight/obese and provide patient-centered education on lifestyle modification.				
Through diagnostic testing of an adult patient, identify patients at risk of developing diabetes mellitus type 2 by assessing blood glucose or HgbA1c and recommend management if indicated.				
Appropriately educate adult patients on smoking cessation. including appropriate treatment modalities.				
Total for Each Column				

* Each learning outcome may include several components. Students are required to achieve all components to successfully meet the learning outcome. If a student receives a 'Below Achievement' or an 'Unsatisfactory' rating on a learning outcome, the program will facilitate a remediation process, to include the entire learning outcome(s), upon completion of the clinical rotation.

If a learning outcome was not achieved by the student, please indicate which area of the learning outcome was not met:

Comments:

Please rate Student Performance with the following general knowledge and skill areas.

Assessment Area	Pass: Exceeds Expectations	Pass: Meets Expectations	Pass with Reservations	Fail: Does not meet Expectations
Medical Interview				
Physical Examination				
Oral Case Presentation				
Written Patient Record				
Knowledge of Diagnostic Studies				
Ability to Perform Clinical Procedures				
Problem-solving/Critical Thinking				
Factual Knowledge & Concepts				
Assessment/Differential Diagnosis				
Ability to Form Management Plan				
Ability to Implement Management Plan				
Relating to Colleagues				
Relating to Patients				
Understanding Role of PA				
Self-confidence				
Reliability and Dependability				
Professionalism				
Total for Each Column				

* The general knowledge, skills and professionalism areas above are used to assess student performance on the clinical rotation. These areas are not used to assess learning outcomes but are used to evaluate general student performance in an aggregate for a cohort for program assessment.

Please indicate the degree of improvement (knowledge, skills, and/or attitude) shown by the student over the course of the rotation.

☐ No Improvement ☐ Some Improvement ☐ Significant Improvement

Comments:

14.2 Preceptor Evaluation Form – Completion Requirements

All preceptors are required to complete the above evaluations and submit them to PA Clinical Team within 2 business days of the completion of the rotation. Failure to submit the evaluations will result in a delay in preceptor stipend payment. Payment will only be processed once the evaluations are received.

ARTICLE 15.0 FEEDBACK TO STUDENTS

While students have only one performance and one behavior evaluation/s during the clinical rotation, it is imperative that they receive regular positive and constructive feedback on a weekly basis from their preceptors to help improve their clinical performance.

ARTICLE 16.0 STUDENT RESPONSIBILITIES

In addition to adhering to the standards of professional conduct outlined in the handbook, students are expected to perform the following during their clinical rotations (please refer to Article 3.0 for additional detail on SCPE related competencies and outcomes):

- Perform and Record a Complete and Accurate Medical History.
- Perform a Complete and Problem-Focused Physical Examination.
- Establish a Working Diagnosis and Differential for Emergent and Non-Emergent Conditions.
- Order, Perform, and Interpret Diagnostic Procedures and Laboratory Tests.
- Identify, Discuss, Perform, and Order Therapy and Treatment Modalities.
- Effectively Communicate with Patients, Families, and other Medical Personnel.
- Utilize Critical Thinking Skills through the use of Evidence-Based Medicine.
- Articulate the Unique Role of the PA in the Medical Team.
- Possess a Working Knowledge of the American Health Care Delivery System.
- Exhibit Ethical Behavior and Professional Conduct.

ARTICLE 17.0 STANDARDS OF PROFESSIONAL CONDUCT

As health care practitioners, PAs are required to exhibit the highest standards of ethical behavior and professional conduct. These include, but are not limited to:

- Respect
- Flexibility
- Academic integrity
- Honesty and trustworthiness
- Accountability
- Cultural competency

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the PA program.

If preceptors observe any concerns about a student's professionalism, please contact the PA Clinical Team immediately.

ARTICLE 18.0 SPECIFIC PROGRAM POLICIES

Please refer to the following link (<https://www.ngu.edu/wp-content/uploads/2024/03/2024-DPAM-Student-Policy-Handbook-1.pdf>) where the "Student Policy Handbook" can be downloaded and the following is addressed:

- Workman's Compensation (Article 6.4)
- Drugs and alcohol (Article 27.5)
- Timeliness and lateness (Article 19.2.3.2)
- Needle stick procedure (Article 6.0; 30.0)
- HIPAA training (Article 5.3; 30.0)
- Blood-borne pathogens training (Article 6.0; 30.0)
- Immunization requirements (Article 5.4.1)
- Background check (Article 5.1)
- Drug testing (Article 5.2)
- Sexual harassment and assault resources (Article 9.0)

ARTICLE 19.0 THE PRECEPTOR-NGU PA MEDICINE RELATIONSHIP

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the PA Clinical Team. If a preceptor has a question or concern about a student, they should contact the PA Clinical Team. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

ARTICLE 20.0 LIABILITY INSURANCE

Each PA student is fully covered for malpractice insurance by the NGU PA Medicine program. Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer must maintain a “student” role in the clinic and should not assume responsibilities of an employee until after matriculation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university's liability coverage does not cover the student in these circumstances.

In addition, if a PA student is working in a paid position in a different health-care related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

January Start

January				February				March				April				May				June				July				August				September				October				November				December										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52			
Pre-Clinical (Didactic) Education - First 12 Months																																																						
Year 1	Break	Spring I																Break	Summer I																Break	Fall I																Break		
		Principles of PA Practice I Basic Medical Sciences I Medical Practice I Emergency and Surgical Medicine I Pediatric Medicine I Physical Diagnosis I Clinical Methods and Procedures I Pharmacotherapy Principles I Problem Based Learning I Finals																	Principles of PA Practice II Basic Medical Sciences II Medical Practice II Emergency and Surgical Medicine II Pediatric Medicine II Physical Diagnosis II Clinical Methods and Procedures II Pharmacotherapy Principles II Problem Based Learning II Finals																	Principles of PA Practice III Basic Medical Sciences III Medical Practice III Emergency and Surgical Medicine III Pediatric Medicine III Physical Diagnosis III Clinical Methods and Procedures III Pharmacotherapy Principles III Problem Based Learning III Finals																	Transition to Clerkships	

Body System Topics by Term (Spring I)			Body System Topics by Term (Summer I)			Body System Topics by Term (Fall I)		
Hem/Onc/Infectious Disease	12%	4 wks	Cardiovascular	11%	5 wks	GI/Nutrition	8%	4 wks
EENT	6%	4 wks	Pulmonary	9%	5 wks	Endocrine/Reproductive	13%	5 wks
Neurologic/Psychiatric	14%	5 wks	Dermatologic	4%	3 wks	Genitourinary/Renal	9%	4 wks
Musculoskeletal	8%	3 wks						

Clinical Education - Second 12 Months															
Year 2	Break	Spring II				Summer II				Break	Fall II			Summative	Grad
		SCPE1	SCPE2	SCPE3	SCPE4	SCPE5	SCPE6	SCPE7	SCPE8		SCPE9	SCPE10	Sum Week 45 - 48		
		Week 2 - 5	Week 6 - 9	Week 10 - 13	Week 14 - 17	Week 20 - 23	Week 24 - 27	Week 28 - 31	Week 33 - 36		Week 37 - 40	Week 41 - 44			
				PPP IV				PPP V							

SCPE Clerkships Occur in the Following		SCPE Clerkships Occur in the Following		SCPE Clerkships Occur in the Following	
Behavioral Health	4 weeks	Behavioral Health	4 weeks	Behavioral Health	4 weeks
Emergency Medicine	4 weeks	Emergency Medicine	4 weeks	Emergency Medicine	4 weeks
Surgery	4 weeks	Surgery	4 weeks	Surgery	4 weeks
Internal Medicine	4 weeks	Internal Medicine	4 weeks	Internal Medicine	4 weeks
Women's Health	4 weeks	Women's Health	4 weeks	Women's Health	4 weeks
Pediatric Medicine	4 weeks	Pediatric Medicine	4 weeks	Pediatric Medicine	4 weeks
Family Medicine	4 weeks	Family Medicine	4 weeks	Family Medicine	4 weeks
Elective I	4 weeks	Elective I	4 weeks	Elective I	4 weeks
Elective II (Urgent Care)	4 weeks	Elective II (Urgent Care)	4 weeks	Elective II (Urgent Care)	4 weeks
Elective III (Primary Care)	4 weeks	Elective III (Primary Care)	4 weeks	Elective III (Primary Care)	4 weeks

**This schedule is subject to change*

ARTICLE 22.0 GRADING MAP

Assessment Tool	Percentage of Grade
PAEA End of Rotation Exam	30%
Graded Assignments Submitted by the Student on to Blackboard	30%
Student Exxat Logging of Patient Encounters & Hours	5%
Preceptor Evaluation of Student Achievement of Learning Outcomes	25%
Student Evaluation of Preceptor, Site, and Course	10%
Total	100%

ARTICLE 23.0 PRECEPTOR DEVELOPMENT

Tools specific to each of the appendices listed below can be found in the electronic copy of this handbook, which can be accessed on the PAEA website at: www.PAEAonline.org, under Preceptors and also under Faculty Resources (see following appendixes).

- A. Evaluation and Teaching Strategies
 - The One-Minute Preceptor
 - Feedback and Reflection: Teaching Methods for Clinical Settings
 - Characteristics of Effective Clinical Teachers
- B. Providing Effective Feedback
 - Getting Beyond “Good Job”: How to Give Effective Feedback
 - Feedback: An Educational Model for Community-Based Teachers
- C. Managing Difficult Learning Situations
 - Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
 - Provide Difficult Feedback: TIPS for the Problem Learner
- D. Developing Expectations
 - Setting Expectations: An Educational Monograph for Community-Based Teachers

NGU DEPARTMENT OF PA MEDICINE CURRICULUM HANDBOOK REVIEW

The handbook has been reviewed and approved by the (1) Program Policy and Procedure Committee, (2) Program Executive Committee, (3) PA Medicine Program Director, and the (4) University Senior Staff

Approval Date

Original: December 10, 2015 (Dr. J. Samuel Isgett; Dr. Gregory Davenport)

Review Approval: July 30, 2017 (Dr. Gregory Davenport)

Review Approval May 23, 2018 (NGU DPAM PEC Committee)

Review Approval December 13, 2018 (NGU DPAM PEC Committee)

Review Approval December 14, 2020 (NGU DPAM PEC Committee)

Review Approval January 3, 2022 (NGU DPAM PEC Committee)

Review Approval January 4, 2025 (NGU DPAM PEC Committee)

Signature/s



Kaye Rickman, MMS, PA-C

Program Director for the Department of PA Medicine

Review Process

The NGU DPAM Admissions Committee will gather and analyze data on a regular basis; the next annual review, however, is set for December 2025.

NGU DPAM Policy and Procedure Committee originally reviewed this document on February 23, 2016 and unanimously approved it.

This version was reviewed by the Program Executive Committee on January 4, 2025 and unanimously approved.

An annual review and revision has occurred as outlined below. Unless issues arise, the policy is set for review at the end of the 2025 calendar year.

- December 22, 2016. Document reviewed for content
- July 30, 2017. Dropped V1.xx in title. All changes will be added to this bullet list when they occur. Review of policy done today and new curriculum map added.
- August 3, 2017. General context reviewed, compared to individual SCPE syllabi, and edited.
- September 28, 2017. General context reviewed and edited to reflect changes.
- November 29, 2017. Updated curriculum map.
- February 5, 2018. General context reviewed and edited to reflect new SCPE syllabi changes
- March 21, 2018. Updated Article 22.0 Curriculum Map/Clerkship Concept for 2019 Clinical Year
- May 23, 2018. Updated contact information for the Director of Clinical Education
- December 18, 2018. Addition of Article 14.2 Preceptor Evaluation Form – Completion Requirements
- December 18, 2019. Update of Article 11.0 for new CMS guidelines. Update of Article 14.0 to reflect new Student Evaluation model. Update of Article 21.0 with new NCCPA percentages. Update of Article 22.0 to reflect new grading model.

- October 26, 2020. Updated document with new ARC-PA 5th ed Standards of Accreditation for linkage. Updated with new evaluations.
- December 30, 2021. Updated wording to PA Clinical Team. Updated Preceptor evals to match 2022 evals. Updated curriculum map. Updated website links.
- December 23, 2022. Updated curriculum map.
- December 2024. Updated program fax number, goals, competencies, website links, and curriculum map.

Appendix A Evaluation and Teaching Strategies

The One-Minute Preceptor

This resource outlines five “microskills” essential to clinical teaching.

https://www.gvsu.edu/cms4/asset/E6494549-9D1E-60EB-2FAF608662526253/the_one_minute_preceptor.pdf

Feedback and Reflection: Teaching Methods for Clinical Settings

This article describes how to use these two clinical teaching methods effectively.

https://journals.lww.com/academicmedicine/Fulltext/2002/12000/Feedback_and_Reflection_Teaching_Methods_for.5.aspx

Characteristics of Effective Clinical Teachers

This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors.

https://www.researchgate.net/publication/8111870_Characteristics_of_Effective_Clinical_Teachers

Appendix B Providing Effective Feedback

Getting Beyond “Good Job”: How to Give Effective Feedback

This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback. https://dme.childrenshospital.org/wp-content/uploads/2018/07/Gigante-J_Getting-Beyond-Good-Job_How-to-Give-Effective-Feedback_Pediatrics-2011.pdf

Preceptor Development: Feedback

This module provides insightful tips on giving feedback, describes differences between feedback and evaluation, addresses barriers to giving feedback, and gives the reader case-based practice scenarios. <https://www.snhahec.org/preceptor-modules.html>

Appendix C Managing Difficult Learning Situations

Dealing with the Difficult Learning Situation

These modules outline strategies for both preventing and managing difficult learning situations.

<https://www.snhahec.org/preceptor-modules.html>

Preceptor Development: Integrating the Learner Into the Busy Practice

This module provides strategies to help preceptors and students adjust to busy practices.

<https://www.snhahec.org/preceptor-modules.html>

Appendix D Developing Expectations

Setting Expectations: An Educational Monograph for Community-Based Teachers

This module outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher. <https://www.snhahec.org/preceptor-modules.html>