

University of Wisconsin-Madison Physician Assistant Program

Preceptor Handbook

Orientation and Guide for Physician Assistant Preceptors



DEPARTMENT OF FAMILY MEDICINE AND COMMUNITY HEALTH

Physician Assistant Program

UNIVERSITY OF WISCONSIN

SCHOOL OF MEDICINE AND PUBLIC HEALTH

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PROGRAM OVERVIEW SECTION

Introduction

We would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this program and our physician assistant (PA) students. The clinical experiences the student will obtain in your office or clinic are of critical importance to a successful learning experience in the program. The clinical setting *synthesizes* concepts and application of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing PA. Thank you for your commitment to PA education.

The University of Wisconsin Physician Assistant program has a committed and devoted Clinical Year Team who is available to answer any questions that you may have. Please do not hesitate to contact us:



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University of Wisconsin Physician Assistant Program Overview

The UW-Madison Physician Assistant (PA) Program is a nationally respected professional master's degree program at the [UW School of Medicine and Public Health \(SMPH\)](#). We are committed to recruiting students from rural, urban, and underserved communities, and training them for primary care or specialty practice in those communities. Our program offers four unique program tracks for students: campus track (2 years- 1st year didactic and 2nd year clinical rotations), distance track (1st and 2nd year part-time didactic curriculum and 3rd year full time clinical rotations), *mis*PACT (2 years- Northern Wisconsin track – 1st year didactic curriculum and 2nd year clinical rotations) and MPH/PA Dual Degree Track (3 years – first year MPH curriculum, second year PA didactic curriculum and third year PA clinical rotations).

The curriculum is built upon the foundation of competency-based training and practice. The PA profession ensures that programs provide educational experiences for physician assistants to acquire and demonstrate competencies in the following areas:

- ❖ Medical Knowledge (MK)
 - Includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion and disease prevention
- ❖ Interpersonal and Communication Skills (ICS)
 - Encompasses verbal, nonverbal and written exchange of information
- ❖ Patient Care (PC)
 - Includes age-appropriate assessment, evaluation and management
- ❖ Professionalism (P)
 - Expression of positive values and ideals as care is delivered
 - Prioritizing the interests of those being served above one's own
 - Knowing one's professional and personal limitations
 - Practicing without impairment from substance abuse, cognitive deficiency or mental illness
 - Demonstrating a high level of responsibility, ethical practice, sensitivity to patient diversity and adherence to legal and regulatory requirements.
- ❖ Practice-based Learning (PBL)
 - Engaging in critical analysis of one's own practice experience, the medical literature and other information resources for the purpose of self-improvement in order to assess, evaluate and improve personal patient care practices.
- ❖ Systems-based Practice (SBP)
 - Demonstrates a provider's awareness of, responsiveness toward and work to improve the larger system of health care, encompassing the societal, organizational and economic environments in which health care is delivered, to provide patient care that is of optimal value.

Mission, Vision & Program Objectives

MISSION STATEMENT: The Mission of the University of Wisconsin-Madison Physician Assistant Program is to educate professionals committed to the delivery of comprehensive health care in a culturally and ethnically sensitive manner, with an emphasis on primary health care for populations and regions in need

VISION STATEMENT: The Physician Assistant Program will prepare and educate physician assistants to provide comprehensive quality health care to all. In addition, the program will serve as an academic and professional leader in the physician assistant profession by contributing its strengths in education, distance education, evidence based practice, public health, community-based training and grant initiatives.

SUMMARY OF PRIMARY PROGRAM OBJECTIVES

- ❖ **HISTORY:** Elicit an appropriate complete, interval, or acute history from patients of any age and either sex in any setting
- ❖ **PHYSICAL EXAMINATION:** Perform, as appropriate, a complete or partial physical examination of a patient of any age, sex, or condition in any setting
- ❖ **DIAGNOSTIC STUDIES:** Identify, sounds good perform and/or interpret routine diagnostic procedures based on history and physical examination findings and be able to assist the physician with other diagnostic procedures as directed
- ❖ **DIFFERENTIAL DIAGNOSIS/DIAGNOSTIC IMPRESSION:** Develop a differential diagnosis and diagnostic impression considering the database
- ❖ **THERAPEUTICS:** Identify, perform and/or order routine physician delegated therapeutic procedures and, as directed, assist the physician with other therapeutic procedures
- ❖ **EMERGENCY SKILLS:** Recognize life-threatening emergencies and manage them in the absence of the physician
- ❖ **COMMUNICATION:** Communicate in a medically professional manner both orally and in writing
- ❖ **ATTITUDE:** Appreciate the health problems of the individual patient as well as those of population groups and approach each with an attitude of professional concern
- ❖ **PROFESSIONALISM:** Demonstrate the skills, attributes and behaviors of a competent physician assistant and serve as a member of the professional medical community
- ❖ **EVIDENCE BASED LEARNING:** Engage in critical analysis of ones own practice experience, medical literature and other information sources for the purpose of self-improvement

Program Curriculum

Didactic Year(s) Curriculum

- ❖ Human Anatomy (5cr.)
- ❖ Fundamentals of Clinical Medicine (3cr.)
- ❖ Professional Seminar I (1cr.)
- ❖ History and Physical Exam (4cr.)
- ❖ Clinical Medicine (5cr.)
- ❖ Clinical Prevention & Community Practice I (1cr.)
- ❖ Clinical Pharmacology I (2cr.)
- ❖ Diagnostic Methods I ECG & Lab Medicine (2cr.)
- ❖ Clinical Medicine II (6cr.)
- ❖ Clinical Prevention and Community Practice II (1cr.)
- ❖ Clinical Pharmacology II (2cr.)
- ❖ Diagnostic Methods II Heart Sounds Radiology & Lab Medicine (3cr.)
- ❖ Infectious Disease of Human Beings (3cr.)
- ❖ Professional Seminar II (1cr.)
- ❖ Advanced Patient Evaluation I (1cr.)
- ❖ Women's Health (2cr.)
- ❖ Pediatrics (2cr.)
- ❖ Professional Seminar III (1cr.)
- ❖ Advanced Patient Evaluation II (1cr.)
- ❖ Emergency Medicine (2cr.)
- ❖ Clinical Skills Lab (1cr.)
- ❖ Fundamentals of Surgery (1cr.)

Clinical Year Curriculum

- ❖ Professional Seminar IV (1cr.)
- ❖ Professional Seminar & Capstone I (1cr.)
- ❖ Professional Seminar & Capstone II (1cr.)
- ❖ Preceptorship / Rotation – Family Medicine (8cr.)
- ❖ Preceptorship / Rotation– Emergency Medicine (8cr.)
- ❖ Preceptorship / Rotation– General Surgery (8 cr.)
- ❖ Preceptorship / Rotation– Internal Medicine (8 cr.)
- ❖ Preceptorship / Rotation– Elective (8 cr.)

Clinical Year Overview

The clinical year is comprised of 5 required 2-month (8wk) rotations. These rotations are to occur in the following areas: Family Medicine, Emergency Medicine, General Surgery, Internal Medicine and an Elective. General Surgery, Internal Medicine and the Elective rotation can be split into two 4-week experiences. It is required that there is a minimum of 4 weeks of General Surgery and 4 weeks of General Internal Medicine however. We allow this flexibility to ensure students get the opportunity for experience in a sub-specialty within these areas if it is of interest to them. In addition, students are required to complete at the

minimum one rotation in a medically underserved (MUA), rural area, or with a medically underserved population (MUP).

Our program is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA.) This accrediting body protects the interests of the public and physician assistant profession by defining the standards for physician assistant education and evaluating physician assistant educational programs within the territorial United States to ensure their compliance with those standards

The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. To this end, the goals of the clinical year include:

- ❖ Apply didactic knowledge to supervised clinical practice
- ❖ Develop and sharpen clinical problem-solving skills
- ❖ Expand and develop the medical fund of knowledge
- ❖ Perfect the art of history taking and physical examination skills
- ❖ Sharpen and refine oral presentation and written documentation skills
- ❖ Develop an understanding of the PA role in health care delivery
- ❖ Prepare for the Physician Assistant National Certifying Exam
- ❖ Develop interpersonal skills and professionalism necessary to function as part of a medical team

PRECEPTOR OVERVIEW SECTION

Definition of the Preceptor Role

The preceptor is an integral part of the teaching program. Preceptors will serve as role model for the student and, through guidance and teaching, will help students perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:

- ❖ Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation
- ❖ Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the Director of Clinical Education by completing and submitting various evaluations
- ❖ Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care
- ❖ Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise
- ❖ Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting
 - Direct evaluation of presentations (including both oral and written)
 - Assignment of outside readings and research to promote further learning
- ❖ Dialogue with faculty during site visits to evaluate student progress and assist the learning process
- ❖ Evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans
- ❖ Complete and promptly return the evaluation forms provided by the program reflecting on student knowledge and skills as well as their improvement throughout the rotation
- ❖ Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
- ❖ Maintain an ethical approach to the care of patients by serving as a role model for the student
- ❖ Demonstrate cultural competency through interactions with patients
- ❖ Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationship
- ❖ Be familiar with the Blood Borne Pathogen (Appendix G) process for students while on rotations.

Preceptors will be responsible for completing the following required program documents:

- ❖ Review and sign student goals for rotation (end of first week of rotation)- View Appendix J
- ❖ Mid Point and Final Evaluation of student – View Appendix J
- ❖ Mini CEX's (Oral, History, Physical) – View Appendix J

FERPA

FERPA – the Family Educational Rights and Privacy Act of 1974, as amended – is a federal law that governs the privacy of student educational records, access to those records, and disclosure of information from them. Under the law, information in a student's education record may not be disclosed without the student's written consent.

Education records are records that are directly related to a student and that are maintained by an educational agency or institution or a party acting for or on behalf of the agency or institution. These records include but are not limited to grades, transcripts, class lists, student course schedules, health records (at the K-12 level), student financial information (at the postsecondary level), and student discipline files. The information may be recorded in any way, including, but not limited to, handwriting, print, computer media, videotape, audiotape, film, microfilm, microfiche, and e-mail.

Source: 34 CFR § 99.2 “Education Records” and “Record”

A few Do's and Don'ts for preceptors:

Do:

- ❖ Only keep student education records necessary to fulfill preceptor responsibilities
- ❖ Refer requests for information to UW PA Program
- ❖ Limit use of information in education records to educational purposes only
- ❖ Consider treating clinical education paperwork with the same privacy standards that would apply to HIPAA-protected medical records
- ❖ Use discretion when sending information about a student via email

Don't:

- ❖ Store student education records (evaluations, health information, information received from the UW PA Program) in publicly accessible places
- ❖ Access or request student information without a legitimate educational interest
- ❖ Share information from a student's education record with faculty, staff, or patients who are not directly responsible for the clinical training of the student

Student Patient Encounter Goals

The program sets patient encounter goals for the students to strive for while on rotations. While the program continuously monitors student's progress towards these goals we encourage preceptors to be aware of these goals and work with students in accomplishing.

Goal Category	Goal
Medical Care Across the Life Span	
Infants (<2 years)	20
Children (2-10 years)	50
Adolescents (11-17 years)	20
Pediatrics	90
Adults (18-64 years)	500
Elderly (> 64 years)	200
OB/GYN	
Prenatal care	10
Women's health	60
OBG Total	70
Surgical Management	
Preoperative	10
Postoperative	50
Miscellaneous	
Emergency management	100
Behavioral/Mental Health - SKILLED	10
Behavioral/Mental Health	100
Settings	
Outpatient	500
Inpatient	100
Emergency Department	100
Operating Room (Intraoperative)	25
Supervision	
Family medicine	200
Internal medicine	200
General Surgery	60
Total patient encounters during clinical year	1300

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, NP 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, diabetes educator, 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 of 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.**

The Preceptor Student Relationship

The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be 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, Twitter) is highly discouraged 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 Director of Clinical Education with any questions.

The Preceptor Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the Clinical Year Team. All members of the team should share contact information.

If a preceptor has a question or concern about a student, they should contact the Director of Clinical Education. 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.

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. Below are some models that can assist you when working with PA Students:

The General Model – Ambulatory Settings

- ❖ Student follows/observes the first 1-2 days
- ❖ Student sees patients and formally presents
- ❖ Patient then seen by supervising preceptor with student - student feedback provided
- ❖ Student degree of independence to be governed by student experience and preceptor comfort level

The General Model – Inpatient Settings, Medicine, Surgery

- ❖ Assigned inpatient teams
- ❖ Daily rounds, assigned patients, patient presentations
- ❖ Call as is customary, admission H&Ps, admission orders
- ❖ Daily progress notes, orders, labs
- ❖ Involve student in patient management decisions
- ❖ Periodic team educational conferences as is customary
- ❖ Grand Rounds
- ❖ Outpatient clinic duties if applicable
- ❖ As much "hands on" as possible

Benefits of being a Preceptor

The University of Wisconsin Physician Assistant program offers benefits to our preceptors. We understand that as rewarding it is to be a preceptor it can also take time and commitment to provide a great learning environment to students. The University of Wisconsin Physician Assistant program offers benefits to our preceptors to help extend our thank you.

- ❖ “Preceptor Appointment” for NP/PA preceptors or “Clinical Adjunct Assistant Professor Appointment” for MD/DO preceptors in the Department of Family Medicine and Community Health:
 - Eligibility: Perform at least 25 hours in the following activities:
 - Supervise or teach PA students in the clinical setting
 - Lecturer for PA Students

Benefits include:

Faculty/staff identification card, which permits access to the University of Wisconsin-Madison facilities such as the Natatorium, Nielsen Tennis Stadium, libraries, and student unions. Fees and/or an additional identification card may be required to use certain facilities; contact the facility for specific information.

- ❖ Category 1 CME Credit (PA preceptors ONLY):
 - Eligibility: PA preceptors

Benefits include:

PA Preceptors can earn 0.5 AAPA Category 1 CME credit for each two (2) weeks of clinical teaching. If a preceptor has more than one student at a time, that preceptor may be awarded an additional 0.25 CME credit for each additional student for each two weeks of teaching.

A 4-week rotation can earn 1 credit of category CME credit!

Please contact any member of the Clinical Year Team with questions.

Preceptor Development

Tools specific to each of the resources listed below can be found in the Appendix section at the conclusion of this handbook. These resources in addition to others can be accessed on the UW Madison Physician Assistant website at: <http://www.fammed.wisc.edu/pa-program/preceptors/> , under Preceptors and Preceptor Resources.

- A. Integrating the Student into a Busy Practice
 - Time-Efficient Preceptors in Ambulatory Care Settings
- B. Evaluation and Teaching Strategies
 - Evaluation Using the GRADE Strategy
 - The One-Minute Preceptor
 - Feedback and Reflection: Teaching Methods for Clinical Settings
 - Characteristics of Effective Clinical Teachers
- C. Providing Effective Feedback
 - Getting Beyond “Good Job”: How to Give Effective Feedback
 - Feedback in Clinical Medical Education
 - Feedback: An Educational Model for Community-Based Teachers
- D. 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
- E. Developing Expectations
 - Setting Expectations: An Educational Monograph for Community-Based Teachers
- F. Conflict Resolution
 - Aspects of Conflict Resolution

ORIENTATION & PROCESSES SECTION

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 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 on in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regards to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation.

Expectations should include:

- ❖ Hours (minimum 40 hours averaged per week)
- ❖ 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

Time Away

Students are allocated the following holidays off during their clinical year (per SMPH policy):

- July 4th
- Memorial Day
- Thanksgiving Day
- Martin Luther King Day

Students can work on any of the holidays listed above if they choose to do so. Students may also have off for other program required activities (PACKRAT exam, additional testing, etc.). The student will be required to be in communication with you when these additional days off will be required.

We advise students to schedule any personal appointments outside of clinical rotations. In the event that appointments or other personal matters cannot be arranged outside of clinical rotation it is the students responsibility to work with their preceptor to make up any time missed. Absences exceeding 4 days total for the entire clinical year or 2 days per rotation will be required to be made up. If rotation time is missed that cannot be made up the preceptor will be required to report the number of days missed on the Final Evaluation form.

The student is expected to communicate with both the Preceptor and Director of Clinical Education well in advance for any time missed that is not made up.

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 patient care
- ❖ Expected effect of the student on office operation: Will fewer patients be scheduled? Will the preceptor be busier?
- ❖ How patients will be scheduled for the student

Informing Patient of Student Involvement

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 physician assistant 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.

Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Director of Clinical Education. 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.

Medicare Policy

Medicare reimbursement requires limited student participation in regards to documentation. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. Following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

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.

STUDENT OVERVIEW SECTION

Student Evaluation

There are multiple evaluations that are completed on students while they are on rotation. These include: Midpoint and Final Evaluations and Mini CEX's (oral, history and physical). The evaluations are designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses so as to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation, and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important. Students are required a passing final evaluation from the preceptor to graduate. If deemed "not passing," the student may be requested to repeat the rotation or undergo procedures specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty.

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student's professionalism and effectiveness as a team player with all members of the health care team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

Student Responsibilities

Students have many responsibilities and standards that they must accomplish not only while on rotations but also throughout their clinical phase of the program. Students are expected to perform the following during their clinical rotations:

- ❖ Work a minimum of 40 hours averaged per week
- ❖ Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings
- ❖ Wear identification bearing her/his photo and name and the words. 'Physician Assistant Student' during working hours at the preceptorship site
- ❖ Comply with preceptorship dress requirements
- ❖ Perform and/or interpret common lab results and diagnostics
- ❖ Educate and counsel patients across the lifespan regarding health-related issues
- ❖ Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them
- ❖ Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year
- ❖ Adhere to Blood Borne pathogen policy and process as set forth by SMPH (view Appendix G)
- ❖ Responsible for locating living arrangements for rotations
- ❖ Complete patient logging data in a timely manner

- ❖ Complete Site Critique evaluation of sites at the conclusion of rotation
- ❖ Conform to the highest standards of ethical and professional conduct. These include, but are not limited to:
 - Respect
 - Flexibility
 - Academic integrity
 - Honesty and trustworthiness
 - Accountability
 - Cultural competency

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 of Wisconsin-Madison and by the Physician Assistant program.

If preceptors observe any concerns about a student's performance or professionalism, please contact the Director of Clinical Education immediately.

Liability Insurance

Each PA student is covered through language in the Wisconsin State Statute. The official memo can be found in the Appendix section of this handbook (Appendix H)

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 graduation 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 through language in the state statute 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 state's liability coverage does not cover the student in these circumstances.

APPENDIX SECTION

Appendix A - Integrating the Student into a Busy Practice

Time-Efficient Preceptors in Ambulatory Care Settings³

This case-based article gives the reader time-saving and educationally effective strategies for teaching students in the clinical setting. <http://www.paeaonline.org/index.php?ht=a/GetDocumentAction/i/80706>

Appendix B - Evaluation and Teaching Strategies

The One-Minute Preceptor⁵

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

<http://stfm.org/fmhub/fm2003/jun03/stevens.pdf>

<http://www.paeaonline.org/index.php?ht=d/sp/i/80183/pid/80183>

Feedback and Reflection: Teaching Methods for Clinical Settings⁶

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

<http://www.uthscsa.edu/gmc/documents/FeedbackandReflection.pdf>

Characteristics of Effective Clinical Teachers⁷

This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors. <http://stfm.org/fmhub/fm2005/january/tamara30.pdf>

Appendix C - Providing Effective Feedback

Getting Beyond “Good Job”: How to Give Effective Feedback⁸

This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback. <http://pediatrics.aappublications.org/cgi/reprint/127/2/205>

Feedback in Clinical Medical Education⁹

This article provides effective guidelines for giving feedback. <http://jama.ama-assn.org/content/250/6/777.full.pdf+html>

Feedback: An Educational Model for Community-Based Teachers¹⁰

This document 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. <http://www.sنهاec.org/feedback.cfm>

Appendix D - Managing Difficult Learning Situations

Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers¹¹

These documents outline strategies for both preventing and managing difficult learning situations. <http://www.sنهاec.org/diffman.cfm>

Providing Difficult Feedback: TIPS for the Problem Learner¹²

This article provides an easy-to-use “TIPS” strategy to address difficult learners or learning situations. <http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf>

Appendix E - Developing Expectations

Setting Expectations: An Educational Monograph for Community-Based Teachers¹³

This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher. <http://www.sنهاec.org/expectations.cfm>

Appendix F - Conflict Resolution

Aspects of Conflict Resolution¹⁴

This article discusses the causes of conflict, approaches to conflict resolution, and techniques/strategies to resolve conflict effectively.

<http://www.traqprogram.ca/index.php/en/resources/traq-library/item/303-aspects-of-conflict-resolution>

Appendix G – Blood Borne Pathogen Policy / Process

Policy Title: Management of Bloodborne Pathogen Exposures

Origin Date: 5/10/2010 Last Revised: 1/2016 Proposed Review Date: Annually

Responsibility (*Person/Title responsible*): per SMPH

Approving Committee: per School of Medicine and Public Health

Category: Administration

ARC-PA Associated Standard: A3.08 (4th ed.)

Process Statement:

MANAGEMENT OF BLOODBORNE PATHOGEN EXPOSURES

Information For Health Sciences Students

Exposure to bloodborne pathogens can occur in many ways. Although needle-stick and other sharps injuries are the most common means of exposure for health care workers, bloodborne pathogens also can be transmitted through contact with mucous membranes and non-intact skin. Hospitals and clinics must evaluate and manage exposure incidents that occur in their *employees*, and usually (but not always) provide the same services to students on clinical rotation at their facility. These guidelines are designed to assist you in the event that you sustain a bloodborne pathogen exposure.

What is an “exposure”?

An exposure incident means a specific eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.

What are “infectious materials”?

Blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, mixtures of fluids where you can’t differentiate between body fluids, unfixed human tissue or organs (other than intact skin), and certain cell, tissue or organ cultures and mediums.

If you have an exposure incident:

1. Seek care for your injury (immediately)

At UWHC, call Employee Health Services during daytime hours, or go to the Emergency Room after hours. At some sites, baseline testing may be offered to you; however, this is no longer recommended for exposed persons and does not need to be done routinely.

2. Notify the facility’s coordinator for employee health and/or infection control issues (immediately).

They will:

- Make an assessment of your exposure to determine if it is significant. This must be done by someone other than the exposed/injured person.
- Arrange for testing of the source patient, if necessary. This is the responsibility of the site.
- At UWHC, call Employee Health Services (days) or the ER (nights).

3. Notify your preceptor or clinical instructor (as soon as practical)

4. Contact your school or program office (the next business day)

for the PA Program (608) 263-5620, (800) 442-6698

5. Contact University Health Services for advice, consultation, or follow-up (prn):

Marj Wall, RN

(608) 262-0955

UHS appointments/info

(608) 265-5600 8:30 am - 5 pm weekdays

A clinician is available on call after-hours from 5 pm - 9 pm weekdays, and 12 pm - 9 pm weekends

Employee health staff in most facilities are generally very experienced in the management of exposures and in the issues that surround them. For follow up care, you should use University Health Services (UHS). UHS provides primary care for students enrolled at UW-Madison, but we do not cover services provided

elsewhere. If it is not practical to come to UHS for care, the cost of services incurred is the responsibility of the student or the student's insurance.

It should be noted that the effect of infectious or environmental disease or related disability may impact a student's learning experience. This will be dealt with on a cases-by-case basis.

While the exact implementation of procedures will vary from place to place, here are some common themes that will be part of the management of an exposure incident.

<p>CARE OF THE INJURY OR EXPOSED AREA</p>	<p>Prompt and thorough cleaning of the blood spill or splash or of the injury is an important step in preventing blood-borne infection. A tetanus booster may be needed.</p>
<p>REPORTING THE INCIDENT</p> <p>Staff at the clinical site must make an assessment of the exposure incident: is it a <i>significant exposure</i>?</p>	<p>Another health professional should assist you, and to make sure the proper steps will be followed to collect the information that is needed to manage the exposure and to care for you.</p> <p>There is a specific definition of <i>significant</i> exposure; it takes into account the type of body fluid, the integrity of the skin surfaces, and the mechanism of the injury.</p> <p>Facilities use an <i>incident report</i> as a tool in evaluating such situations</p> <p>Some thought should be given to understanding how the incident happened and how it could be prevented in the future. That might not be the first thing on your mind, but it should be part of the process.</p>
<p>EVALUATION OF THE SOURCE PATIENT for bloodborne pathogens. This typically includes:</p> <p>HIV antibody</p> <p>hepatitis B surface antigen or panel</p> <p>hepatitis C antibody</p> <p>Source patient test results should be provided to you</p>	<p>One may not rely on medical or social history to assess the risk of bloodborne pathogens. A practice of testing every source patient is the standard. This usually requires the patient's consent for testing. You may not obtain the consent yourself, and there should be a mechanism in place for that to be done.</p> <p>Testing the source patient should done as soon as possible. Time is of the essence, especially with short hospital stays, or exposures in outpatient settings. In particular, the source patient should be tested for HIV within a few hours of the exposure.</p> <p>Since exposures may take place in a surgical or delivery room area, the source patient's ability to give consent for testing may be delayed.</p>
<p>EVALUATION OF THE EXPOSED PERSON</p> <p>Hepatitis B surface antibody, if needed</p>	<p>Routine baseline testing is <u>not</u> necessary for the exposed person.</p> <p>If you have not had Hepatitis B vaccine and a post-vaccine determination of immune status, that should be done now.</p>

<p>Post-exposure prophylaxis</p>	<p>Chemoprophylaxis with immune globulin or antiviral medications may be recommended in some situations, or if the source patient is positive for a given infection.</p>
<p>WHAT TO DO IN CASE OF A BLOOD/FLUID EXPOSURE</p> <ul style="list-style-type: none"> • Take care of the injury or exposed area • Report the incident • Clinic site/EHS will test the source patient • Follow up to learn source patient test results • If the source patient is negative, no further action is needed • Contact UHS for advice about follow-up tests if needed or desired 	<p>Phone numbers for assistance: (area code 608)</p> <p>University Health Services:</p> <p>Appointments and info 608-265-5600</p> <p>Joel Malak PA-C 608-262-0955</p> <p>(communicable disease epidemiologist)</p> <p>pager 608-376-9470</p> <p>UWHC</p> <p>Employee Health Service 608-263-7535</p> <p>UW School of Medicine and Public Health</p> <p>Student Services:</p> <p>PA Program (608) 263-5620, or (800) 442-6698</p>

Approved by: Faculty Committee, 1/2015 **Reviewed:** 01/11/2016

Appendix H - Liability Memo



Re: Liability Protection for University of Wisconsin-Madison Physician Assistant Program

Please accept this letter as our Certificate of Coverage for liability protection for officers, employees and agents, of the University of Wisconsin-Madison Physician Assistant Program.

The State of Wisconsin and, consequently, the Board of Regents of the University of Wisconsin System, as an agency of the State, is self-funded for all liability (including general, professional, and automobile) under s. 895.46(1) and 893.82 of the Wisconsin Statutes. This protection provides coverage for our officers, employees, and agents, while in the course and scope of their employment, in accordance with the statutes. In addition to the self-funded statutory protection, the University and the State of Wisconsin also have substantial amounts of excess liability protection through commercial carriers. Since this is statutory indemnification, there is no policy on which to name any other entity as additional insured. There is no cancellation provision. Coverage is continuous under the law.

Our employees are covered for Workers' Compensation & Employer's Liability under Wisconsin Statutes, Section 102. This coverage is in compliance with applicable federal and state workers' compensation and occupational disease statutes.

Should you have questions regarding this coverage, please feel free to contact Debbie Beich at 608.262.8926 or by e-mail at debbie.beich@wisc.edu.

Sincerely,

Martha Kerner
Assistant Vice Chancellor
Division of Business Services

Risk Management

University of Wisconsin-Madison • 21 N Park Street, Ste 5301 • Madison, WI 53715
P: 608.262.8926 • F: 608.262.9082 • http://www.bussvc.wisc.edu/risk_mgt •
debbie.beich@wisc.edu

Appendix I - Clinical Year Schedule - 2017-2018 Academic Year

Prof Sem. 716 and Clinical Year Orientation – Monday 6/12/17 - Friday 6/16/17
White Coat Ceremony – Friday 6/16/17

Rotation 1 – Monday 6/19/17 - Friday 8/11/17

1A: 6/19/17 - 7/14/17 (19 days) **Student off: July 4th**

1B: 7/17/17 - 8/11/17 (20 days)

EOR 1 / Prof Sem. 716 – Monday 8/14/17 - Wednesday 8/16/17

Break – 8/17/17 - 8/20/17

Rotation 2 – Monday 8/21/17 - Friday 10/13/17

2A: 8/21/17 - 9/15/17 (19 days) **Student off: September 4th**

2B: 9/18/17 - 10/13/17 (20 days)

EOR 2 / Prof Sem. 717– Monday 10/16/17 - Wednesday 10/18/17

Break – 10/19/17 - 10/22/17

Rotation 3 – Monday 10/23/17 - Friday 12/15/17

3A: 10/23/17 - 11/17/17 (20 days)

3B: 11/20/17 - 12/15/17 (19 days) **Student off: November 23rd**

EOR 3 / Prof Sem. 717– Monday 12/18/17 - Wednesday 12/20/17

Break – 12/21/17 - 1/7/18

Rotation 4 – Monday 1/8/18 - Friday 3/2/18

4A: 1/8/18 - 2/2/18 (19 days) **Student off: January 15th**

4B: 2/5/18 - 3/2/18 (20 days)

EOR 4 / Prof Sem. 718 (and Summative Evaluation) – Monday 3/5/18 - Wednesday 3/7/18

Break – 3/8/18 - 3/11/18

Rotation 5 – Monday 3/12/18 - Friday 5/4/18

5A: 3/12/18 - 4/6/18 (20 days)

5B: 4/9/18 - 5/4/18 (20 days)

EOR 5 / Prof Sem. 718 – Monday 5/7/18 - Friday 5/11/18

Commencement – Friday 5/11/18

Appendix J – Student Evaluations

FINAL CLINICAL PRECEPTOR EVALUATION

Your evaluation of the student's progress accounts for about half of the overall grade for the rotation. Please see grading rubrics for further explanation.

*Please explain all "Approaching," "Below Expectations," "No" OR "Inconsistent" marks in the comments box below.

Student Name:						EXCEEDS EXPECTATIONS, knowledge/skills better than expected (5)	MEETS EXPECTATIONS, knowledge/skills as expected (4)	APPROACHING EXPECTATIONS, Knowledge/skills not meeting expectations (3)	BELOW EXPECTATIONS, Poor/Unacceptable performance (2) *	NOT OBSERVED/NOT APPLICABLE
Clinical Preceptor Name:										
Clinic Name:										
Rotation Type: IM FM SURG EM OTHER: <i>(please circle one)</i>										
Rotation: 1 2 3 4 5 <i>(please circle one)</i>										
CLINICAL KNOWLEDGE / SKILLS										
1. Medical Interview										
2. Physical Examination										
3. Oral Presentation										
4. Written Patient Record										
5. Knowledge of Diagnostic Test										
6. Problem-solving/ Critical Thinking										
7. Factual Knowledge and Concepts										
8. Assessment/Differential Diagnosis										
9. Ability to Form & Implement Appropriate Management Plan										
10. Patient Education										
11. Ability to Perform Clinical Procedures (if applicable)										

INTERPERSONAL SKILLS/PROFESSIONALISM	YES (2)	Inconsistent (1)*	No (0)*
12. Overall demonstrates professionalism (ethical behavior, protects confidentiality, etc.)			
13. Exercises sound judgment			
14. Recognizes own limitations; seeks help when needed			
15. Is motivated, self-directed, possesses initiative			
16. Demonstrates appropriate response to criticism & feedback			
17. Team player, works well with clinic staff & other clinicians			
18. Communicates effectively with patients; develops rapport			
19. Is dependable, reliable & punctual			
20. Understands the role of the PA on the healthcare team			
21. Demonstrates cultural competency			
22. Displays self-confidence with patients & staff			
23. Please list the number of days that the student missed while on rotation: _____	<i>Comments:</i>		

Overall Impression: Do you feel that the student should pass this rotation (13) (Please circle one): Yes No*

Overall, how prepared was the student to participate at this clinical site? (Please circle one)

Very prepared		Adequately Prepared*					Underprepared*			
10	9	8	7	6	5	4	3	2	1	0

**General Comments and Explanation of all "Approaching," "Below Expectations," "No" or "Inconsistent" marks:*

Have you discussed the content of this evaluation with the student? Yes No
Do you have suggestions regarding the program's curriculum? Yes (view comments below) Yes/Call Me No

Clinical Preceptor Signature: _____

Clinical Preceptor (PRINT Name): _____

Date: _____

Student Signature: _____

Date: _____

PRECEPTOR: Please return evaluation to the students OR fax to the PA Program 608-265-4973

STUDENT: Please upload this completed evaluation to the Dropbox in Learn@UW, Thank you!

Beverly Speece, PA-C, Director of Clinical Education, phone: 608-265-6723, email: speece@wisc.edu

Preceptors should take into account the timing of this clerkship with respect to the student's clinical training.

Please read the description of the expectations carefully and base your evaluation on the student's demonstrated achievements.

Ratings:

5- EXCEEDS EXPECTATIONS, overall performance constantly better than expected. Very good.

4- MEETS EXPECTATIONS, overall knowledge and skills are as expected. Good, but still room for improvement.

3- APPROACHING EXPECTATIONS, overall performance not meeting expectations. Still room for much improvement. Barely does what is needed.

2- BELOW EXPECTATIONS, overall poor and unacceptable performance. Omissions are made, techniques are not completed in a manner which provides appropriate information, skills not developed despite multiple attempts.

NOT OBSERVED/NOT APPLICABLE

MIDPOINT CLINICAL PRECEPTOR EVALUATION
MID-POINT CLINICAL PRECEPTOR EVALUATION

Please provide feedback on our student's progress mid-way through his/her rotation.

Student Name: _____ Clinic Name: _____

Clinical Preceptor Name: _____

Rotation Type (please circle one): IM FM SURG EM OTHER:

Rotation (please circle one): 1 2 3 4 5

<i>Please check the appropriate box for each category. *Please explain 'Area of Concern' below</i>	On the right track, learning appropriately	Emphasize more study and practice in this area	*Area of concern	Not Applicable
Medical Fund of Knowledge				
History Taking Skills				
Physical Exam Skills				
Interpreting Labs-Tests				
Formulating Differential Diagnoses				
Management and Treatment Plans				
Written Documentation Concise and Pertinent				
Oral Presentation Concise and Pertinent				
Communication Skills: Patient education & interaction				
Professional Behavior:				
Enthusiasm & self-motivation				
Accepts criticism				
Recognizes own limitations				
Functions well in a team				
Displays cultural competency				
Rapport with clinic staff				
Dependable & Punctual				

General Comments/Explanation of 'Area of Concern':

Clinical Preceptor (Signature):

Date:

Clinical Preceptor (PRINT Name):

Student Signature:

Date:

Preceptor: Please return evaluation to the students OR fax to the PA Program 608-265-4973

Student: Please submit on Learn@UW Dropbox on "Physician Assistant Program-Clinical Year Resources

Beverly Speece, PA-C, Director of Clinical Education, phone: 608-265-6723, email: speece@wisc.edu

MINI CEX'S EVALUATION

Mini-CEX History

Student:

Evaluator:

Date:

History-taking (The following descriptors can be used as a guide for the evaluation.)

- Seven dimensions of cardinal symptom (quantity, location, setting, chronology, aggravating/alleviating factors, associated manifestations)
- Chronological and well-organized
- Incorporates pertinent elements of PMH, FHx, and SHx
- Pertinent ROS addressed
- HPI reflects knowledge of differential diagnosis

Rating/Points (circle one): 1 2 3 4 5

(1= needs remediation, 2= acceptable, 3= good, 4= very good, 5= exemplary)

Comments:

What did the student do well?

What is an area for improvement?

Suggested next step:

Evaluator Signature: _____

Mini-CEX Oral Presentation

Student:

Evaluator:

Date:

Oral Presentation (The following descriptors can be used as a guide for the evaluation.)

- Organization
- Conciseness (avoids presenting extraneous details or irrelevant information)
- Demonstrates general understanding of major issues
- Participates in discussion/formation plan

Rating/Points (circle one): 1 2 3 4 5

(1= needs remediation, 2= acceptable, 3= good, 4= very good, 5= exemplary)

Comments:

What did the student do well?

What is an area for improvement?

Suggested next step:

Evaluator Signature: _____

Mini-CEX Physical Exam

Student:

Evaluator:

Date:

Physical Exam (The following descriptors can be used as a guide for the evaluation.)

- Focuses exam appropriately
- Technique
- Ability to describe findings
- Correctly identifies normal and abnormal findings

Rating/Points (circle one): 1 2 3 4 5

(1= needs remediation, 2= acceptable, 3= good, 4= very good, 5= exemplary)

Comments:

What did the student do well?

What is an area for improvement?

Suggested next step:

Evaluator Signature: _____

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Handbook Adapted from Preceptor Handbook from PAEA