

Preceptor Orientation Handbook

Tips, Tools, and Guidance for Physician Assistant Preceptors



**Institute for Physician Assistant Education
College of Health and Humans Services
Widener University
One University Place
Chester, PA 19013-5792**

About This Handbook

Through their volunteer efforts with PAEA, PA educators created this Preceptor Orientation Handbook for PA programs to use and adapt to their clinical sites.

Acknowledgments

PAEA would like to give a special thank you to the 2021 Clinical Coordinator Workshop faculty who revamped this handbook, building upon the previous work of the 2011 Clinical Education Committee:

- Mitzi D'Aquila (University of Southern California)
- Laura Gerstner (Campbell University)
- Susan McDiarmid (Westfield State University)
- Elana Min (Northwestern University)
- Amanda Moloney-Johns (University of Utah)
- Bobbie Morici (DeSales University)
- Craig Myers (Case Western Reserve University)
- Lisa Tshuma (A.T. Still University)

Thank you to the 2011 Clinical Education Committee for their initial work on this document and for sharing their program materials:

- Patrick Enking
- Jerry Glavaz
- Rosana Gonzales-Colaso
- Carol Gorney
- Amanda Moloney-Johns
- Thomas Parish
- Jack Percelay
- Jacqueline Sivahop
- Michel Statler
- Jeanette Smith (Editorial Support)

We would also like to thank Daytheon Sturges and the PAEA Diversity, Equity, and Inclusion Mission Advancement Commission for reviewing the diversity and inclusion strategies added in this latest version of the handbook.

PAEA Staff Contributors

- Karen Hills (Chief, Educational Development)
- Christine Vucinich (Instructional Specialist)
- Elizabeth Alesbury (Editorial Support)

Table of Contents

Introduction	1
Core Competencies for New Physician Assistant Graduates	1
Program Specific Core Values	1
Definition of the Preceptor Role	2
Preceptor Responsibilities	2
The Preceptor–Student Relationship	3
Orientation and Communicating Student Expectations	3
Preparing Staff	4
Supervision of the PA Student	4
Informed Patient Consent Regarding Student Involvement in Patient Care	5
Documentation	5
Medicare Policy	6
Prescription Writing	6
Expected Progression of PA Student	6
Student Evaluation	7
Feedback to Students	7
Student Logging	7
Clinical Rotation Learning Outcomes and Instructional Objectives	7
Student Responsibilities	8
Standards of Professional Conduct	8
Specific Program Policies	8
Diversity and Inclusion Strategies	12
The Preceptor–Program Relationship	13
Liability Insurance	13
Program Mission, Vision, Core Values, Competencies	14
Rotation Timeline	17
Curriculum Overview	18
Site Visits	20
Preceptor Benefits	20
Preceptor Development Resources	20
Statement of Accreditation	21
Appendix A Preceptor Attestation Form	22

Introduction

We would like to take this opportunity to express our sincere gratitude to you, our preceptors, for your contributions and dedication to this program and our physician assistant (PA) students. The clinical experiences that the student gains in your practice are vital to student success in our program. The clinical setting synthesizes concepts and applications of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. Working closely with you, the PA student learns from your expertise, advice, and examples. The student progressively develops and strengthens the skills and clinical judgment necessary to become a practicing PA through your supervision. Thank you for your commitment to PA education.

Core Competencies for New Physician Assistant Graduates

“Core Competencies for New Physician Assistant Graduates” identifies the knowledge, skills, attitudes, and behaviors that all PA students should be able to demonstrate by the end of their PA training program. There are 47 specific competencies related to knowledge, abilities, or skills that are measurable and observable. These competencies are tailored explicitly for PAs entering practice for the first time and were developed using the “Competencies for the PA Profession” foundation. The Core Competencies for New Physician Assistant Graduates are organized using the following eight domains:

1. Patient-centered practice knowledge
2. Society and population health
3. Health literacy and communication
4. Interprofessional collaborative practice and leadership
5. Professional and legal aspects of health care
6. Health care finance and systems
7. Cultural humility
8. Self-assessment and ongoing professional development

More details are available on the PAEA website:

<https://paeaonline.org/our-work/current-issues/core-competencies>

Program Specific Core Values

1. Excellence in Teaching
2. Commitment to Service
3. Diversity and Inclusion
4. Professionalism
5. Scholarship
6. Collaboration
7. Kindness and Compassion

Definition of Preceptor Role

The preceptor is an integral part of the teaching program, serving as a role model for the student. Through guidance and teaching, they help students improve skills in history-taking, physical examination, effective communication, physical diagnosis, accurate and succinct documentation, reporting, problem assessment, and plan development, including coordination of care. Additionally, by providing feedback, preceptors are a vital resource as students develop and progress.

Preceptor Responsibilities

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

- Orient, assess each student at the onset of the rotation with the practice/site policies and procedures, including safety and emergency policies and procedures.
- Review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback to the student regarding clinical performance, clinical knowledge, skills, attitudes, behaviors, and critical thinking skills.
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and professionalism ensuring high-quality patient care.
- Delegate increasing responsibilities based on a 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
 - Immediate evaluation of presentations (including both oral and written)
 - Assignment of outside readings and research to promote further learning
- Demonstrate cultural humility in all interactions with patients, families, health care teams, and systems.
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
- Review and add supplementary documentation to student notes to evaluate the student's clinical reasoning and documentation skills.
- Demonstrate an ethical approach to the care of patients by serving as a role model for the student.
- Complete and return the student evaluation forms to assess performance and improvement throughout the supervised clinical experience.
- Promptly notify the PA program of any circumstances that might interfere with student safety or wellness or accomplishing the above goals or diminish the overall experience.

The Preceptor–Student Relationship

The preceptor should always maintain a professional relationship with the PA student in the clinical setting and adhere to appropriate professional boundaries. Social activities and personal relationships outside the professional learning environment should be appropriate and carefully selected to avoid putting the student or preceptor in a compromising situation. Contact through web-based social networking platforms (e.g., Facebook, Instagram) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. Please consult the clinical coordinator regarding specific school or university policies.

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, before 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. The preceptor should provide an orientation to emergency/safety procedures and preparedness, including, but not limited to the facility emergency plan, emergency evacuation routes, location of emergency eyewashes and other emergency equipment, and contact details for emergency services.

Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals regarding 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 and weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Anything else that the preceptor thinks is necessary

Students are expected to communicate with preceptors any special scheduling needs that they might have during the rotation, particularly when they might be out of the clinical setting for personal reasons or program-required educational activities. Please consult the clinical coordinator regarding specific school or university attendance policies.

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

Preparing Staff

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. Helping the student learn about office, clinic, or ward routines and the location of critical resources helps them become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient's visit. Students should have conversations with staff about expectations and make sure they understand office policies and 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 the student's role. The preceptor should inform the staff about how the student is expected to interact with them and patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss the:

- Student's name and pronouns
- Student's daily schedule
- Student's expected role in patient care and what they are permitted to do with and without the preceptor present in the room
- Anticipated impact of the student on office operation (i.e., Will fewer patients be scheduled? Will the preceptor be busier? etc.)
- Process for how patients will be scheduled for the student

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. Educational continuity should be maintained when using multiple preceptors. Although the supervising preceptor might not be with a student during every shift, it is essential to assign students to another MD, DO, or PA who will serve as the student's preceptor for any given time interval. Sharing preceptorship duties exposes students to important variations in practice style and feedback, which can help learners develop the professional personality that best fits them. If supervision is not available, students may be given an assignment or spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be valuable. The preceptor should be always aware of the student's assigned activities.

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 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 before 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. Laws for Medicare patients 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.

Informed Patient Consent Regarding Student Involvement in Patient Care

Patients are essential partners in the education of PA students. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students must complete HIPAA training before their clinical year. However, patients must be informed that a PA student will participate in their care, and their consent must be obtained. Consent is given through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA students and must also verbally identify themselves as such. If the patient requests a physician, PA, or other licensed clinician 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 payers view student notes related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator. 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. Students' notes are legal and are contributory to the medical record.

Additionally, writing a brief note that communicates effectively is a critical skill that PA students should develop. 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.

The introduction of EMRs (electronic medical records) can present obstacles for students if they lack a password or are not fully trained in using a specific institution's EMR system. In these cases, students are encouraged to handwrite a note and review it with their preceptors for feedback whenever possible.

Medicare Policy

CMS no longer requires that clinicians serving as preceptors re-perform student-provided documentation. As of January 1, 2020, preceptors can now verify (sign and date) student documentation. This makes the role of preceptor significantly easier as they are able to spend more time teaching and less time documenting. Students also benefit from increased experience with electronic health records, better preparing them for practice.

All physician, PA, and nurse practitioner preceptors are allowed to verify medical record documentation provided by PA students. It is important to note that there are no restrictions on the verification of student-provided documentation based on the profession (i.e., a preceptor does not have to be a PA to verify the documentation of a PA student).

<https://paeaonline.org/our-work/advocacy-for-pa-education/emerging-advocacy-issues>

Prescription Writing

Students may write or input electronic prescribing information for the preceptor, **but the preceptor must sign/send all prescriptions.** The student's name is not to appear on the prescription. The preceptor MUST log into the system under their password for clinical rotation sites that use electronic prescriptions and personally sign and send them. Students should practice handwriting prescriptions on clinical rotations where the opportunity to electronically input prescriptions is not available.

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 develop an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may just 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 progressively increase supervised autonomy. If the preceptor thinks that a student is not performing clinically at the expected level for where they are in their training, they are encouraged to address this with the clinical program faculty early in the rotation.

Student Evaluation

The Preceptor's Evaluation of the Student is especially important and typically serves as the primary mechanism for feedback to the program regarding a student's ability to meet the learning outcomes for the rotation. Preceptors are encouraged to discuss the evaluation with the students, focusing on strengths and opportunities for growth, and documentation including specific comments regarding performance is strongly encouraged. Preceptors are also encouraged to familiarize themselves with the program's syllabus and evaluation tools and reach out to the program with any questions. Considerations such as the timing of the rotation (first versus last rotation) and improvement and receipt of feedback throughout the rotation should be noted when completing evaluations.

Clinical rotation courses are Pass/Fail. The student must pass or complete all the following to pass the clinical rotation course: (B4.02)

- | | |
|---------------------------------|------|
| 1. End of Rotation Exam Score | P/F* |
| 2. Written Case Report | P/F |
| 3. Preceptor evaluation | P/F |
| 4. Patient Logging | P/F |
| 5. Mid-rotation Reflection | P/F |
| 6. Interim Education Activities | P/F |

*Exception: there is no end of rotation exam for elective rotations

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to gain additional insight into the student's professionalism and effectiveness, as health care team members' 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.

Please contact the clinical coordinator for specific evaluation forms and policies relating to the Clinical Student Handbook.

Feedback to Students

While students may have only one formal evaluation during the clinical rotation, they must regularly receive positive and constructive feedback from their preceptors to help improve their clinical performance. Daily or weekly check-ins are recommended and can provide avenues to address any student questions as well as encourage dialogue between student and preceptor.

Evaluations

The Preceptor Evaluation of Student will be accessed and submitted through the EXXAT clinical management system. The student must achieve a ranking of 3 or higher in all categories (5-point Likert scale). A score of 1 or 2 in any category, the PA program will initiate remediation. If an item is not observed, the PA program will supplement exposure to this item to allow for competency.

Student Logging

Student logging is completed through the EXXAT system.

Clinical Rotation Learning Outcomes and Instructional Objectives

Learning outcomes and instructional objectives are listed in each clinical syllabus. The Program will provide the syllabi containing rotation specific learning outcomes and instructional objectives as part of the orientation process prior to student placement at the site.

Student Responsibilities

In addition to adhering to the standards of professional conduct outlined later in the handbook, students are expected to perform the following during their clinical rotations:

- Obtain detailed histories, conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.
- Assist or perform and interpret common lab results, diagnostics tests, or procedures.
- Complete any assignments, tasks, and presentations as assigned by their preceptor.
- Educate and counsel patients across the lifespan regarding health-related issues.
- Attend and engage in 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.

Standards of Professional Conduct

As health care practitioners, PA students are required to conform to the highest standards of ethical and professional conduct required of certified PAs in addition to their program-defined standards. These may include, but are not limited to:

- Respecting flexibility
- Demonstrating academic integrity
- Being honest and trustworthy
- Demonstrating accountability
- Promoting cultural humility

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 the physician assistant program. If preceptors are concerned about a student's professionalism, please contact the clinical coordinator immediately.

PROGRAM POLICIES

The following are policies that you can expect the students to know and abide by. These are for your information and are framed from the perspective of the student.

CLEARANCES

All students are required to complete the following federal guidelines, as well as any additional requirements mandated by each clinical institution:

1. Child abuse
2. Criminal background check
3. FBI fingerprinting and results
4. Random urine drug screening

DRESS CODE

Exhibiting a professional appearance is always mandatory. It is, therefore, imperative that students strictly follow the dress code established by each clinical rotation's needs and standards. Unless otherwise specified by the preceptor, in all clinical sites a short, white lab coat must be worn, with your Widener student ID clearly visible (see below). This, along with the appropriate attire, will reflect an image of professionalism and self-confidence. Personal hygiene and grooming must be a priority. Tattoos must not be visible. Facial piercings, except for modest earrings, must be removed for the duration of your training.

Men are required to wear a shirt and tie, dress pants and business-like shoes. Women are required to wear a skirt and blouse, dress or dress slacks, with appropriate shoes. You should always have your lab coat with you. In certain clinical settings, i.e., pediatrics, the lab coat requirement may be waived by the facility or preceptor. In any case, you are required to always display your Widener University identification badge. Scrubs may be an acceptable alternative based on the clinical sites' specific dress code.

ATTENDANCE

Attendance is mandatory during your clinical education. You are required to be present for clinical duties as scheduled by your preceptor. Bear in mind, based on the preceptor's discretion, this may require evening hours, overnight hours, on-call hours, weekends and possibly holidays. You are expected to have at least 38 hours of clinical experience each week.

Students are not permitted any time-off during the clinical year. Absences are acceptable only for personal illness, family emergencies and/or court appearances. Should a personal absence be necessary, the student is required to contact the Director of Clinical Education and the clinical preceptor. Students are required to produce documentation on absenteeism and may be responsible for making up all lost time due to excused absences. Making up for lost time will be at the discretion of the Director of Clinical Education. Unexcused absences are not acceptable and may result in disciplinary action including, but not limited to, a reduction in professionalism grade, repeating the entire rotation and possible dismissal from the Institute.

For those students serving in the National Guard or other military obligations, absences for deployment will, of course, be considered excused. The students' academic status will be evaluated on an individual basis. Military students may be required to decelerate, but under no circumstances will their military obligation be a cause for dismissal from the Institute.

PROFESSIONALISM

It is the student's obligation to present themselves in the most professional manner possible – at all times. As a clinical physician assistant student, you represent not only yourselves, but your institution and the entire PA profession. You will be held accountable for your words, actions and deeds while on clinical rotation. As such, at no time will unprofessional, unethical or behavior unbecoming a physician assistant student, be tolerated. Failure to conduct oneself in a professional manner will jeopardize your continued clinical participation.

Your faculty is responsible for making your clinical year as safe, pleasant, and educational as possible. Frustrations, however, are inevitable. If you find yourself in a difficult position – IMMEDIATELY CONTACT a clinical principal faculty member or your academic advisor for urgent guidance and assistance. If we do not know, we cannot help. Every possible measure will be taken to rectify the situation so as to ensure your learning experience is the best it can be.

Please refer to the AAPA [Guidelines for Ethical Conduct for the PA Profession](#).

BLOOD AND BODILY FLUIDS EXPOSURES – NEEDLE STICK POLICY

During your clinical rotation you will be at risk for being exposed to patients' blood and other bodily fluids, including urine, saliva, vaginal and penile discharges, feces, sputum, mucous, CSF, and abscesses, etc. Exposures can occur in a variety of ways, such as needle-sticks, lacerations, open wounds, respiratory inhalation and eye contact. Additionally, you will be handling sharp objects and other instruments that may cause you bodily harm, i.e., scalpels, scissors and clamps, suture needles, etc. You must always use extreme caution when handling medical instruments and equipment.

If you experience an exposure of any kind, you are to report it immediately to your preceptor or another appropriate person at your clinical site. They will follow the standard protocols relative to the facilities guidelines for exposures. You must also inform the Director of Clinical Education and submit an Incident Report (located in Appendix B of the Clinical Year Handbook). Should an exposure occur outside of normal practice hours or on weekends or holidays, you are to follow the office or institutions exposure protocol.

BLOOD-BORNE PATHOGENS TRAINING (OSHA)

The Occupational Safety and Health Administration (OSHA) requires that all health care workers understand the dangers of blood borne pathogens and how to protect themselves and others. The Institute for Physician Assistant Education and many of our clinical facilities require that students have the same education. This education is provided during a required course during the first year of the program. This session is mandatory, and students must sign a declaration that they have received such training. The original of this declaration will be maintained in the student's clinical education file in Exxat.

A copy of this declaration will be provided to the student's clinical facility upon request. During clinical experiences, students are required to follow facility policy regarding blood borne pathogens. This includes, but is not limited to, regular hand washing and the appropriate use of personal protective equipment such as gloves, gowns, masks, and goggles. Any potential exposure to body fluids must be reported via the facility's reporting mechanism with an additional report made to the PA program. Any follow-up care will be on the advice of a physician.

POST-EXPOSURE POLICIES

Injury and illness related to exposure to blood/or body fluids may occur during the course of the professional program. If medical attention is required at any point in the program didactic or clinical, any cost incurred is the students' responsibility. It is important to note that faculty cannot

be involved in the health care of the student at any time unless it is a medical emergency. All injuries or illness must be immediately documented with the program by completing an incident report and submitting the report to your assigned faculty advisor. If injury or illness due to exposure occurs during clinical experiences, the facility will facilitate access to emergency medical care for the students who become ill or injured. The student may be expected to provide proof of immunization. The student is also responsible for maintaining health insurance while enrolled in the physician assistant program. Exposure to blood borne pathogens is a risk assumed by all healthcare providers. Students will receive training to minimize their risk during orientation to the program and in the clinical skills course the semester before the clinical phase of the program. Individual clinical sites may also provide orientation sessions regarding blood borne pathogens. Observing universal precautions is one method to reduce risk.

The principle of universal precautions recognizes that any patient may be infected with microorganisms that could be transmitted to other persons. Of particular concern are the primarily blood-borne pathogens HIV (human immunodeficiency virus) and HBV (hepatitis B virus). However, body fluids other than blood, secretions, and excretions are included in universal precautions. Since infected patients may be asymptomatic, it becomes necessary to use basic precautions with every patient. Observance of universal precautions will help to provide better protection for every staff member. Students should also familiarize themselves with the hospital/clinical sites' specific policies regarding universal precautions.

UNIVERSAL PRECAUTIONS GUIDELINES

1. Act as though all patients with whom you have contact have a potentially contagious borne disease
2. Avoid direct contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions
3. Wear proper PPE when indicated
4. Use gloves to prevent contact with blood, or body fluids, contaminated surfaces or instruments
5. Wear face protection when droplets may be generated during a procedure
6. Dispose of all contaminated articles and materials in a safe manner prescribed by law
7. Dispose of sharps promptly in the appropriate, puncture resistant containers

IMMEDIATE POST-EXPOSURE ACTIONS

1. Wash needlestick and cuts with soap and water immediately
2. Flush splashes to the nose, mouth, or skin with water
3. Irrigate eyes with clean water, saline or sterile eyewash
4. Report the incident to a supervisor
5. Immediately seek medical treatment

HARASSMENT POLICIES AND PROCEDURES

Widener University and the Institute for Physician Assistant Education do not and will not tolerate harassment of any kind. The university recognizes that harassment based on sex, race, religious or political affiliation, or gender identity is a violation of the laws of the Commonwealth of Pennsylvania.

Harassment is defined as “Aggressive pressure or intimidation.” Widener University provides clinical environments free from both explicit and implicit coercive sexual misconduct. Sexual misconduct is unacceptable and grounds for disciplinary action, which may include arrest and incarceration. Any student who feels they have been the victim of an unwanted sexual advance should immediately report the incident to the local authorities, your preceptor and the Director of Clinical Education. If, however, the perpetrator is the preceptor, contact the Director of Clinical Education at once.

In highly stressful areas of medical practice, i.e., emergency departments, operating rooms, and psychiatric facilities, humor, especially what is referred to as, “gallows humor”, is oftentimes used as a means of releasing tension. It is important to not take such humor personally. Should you encounter an incident that makes you feel threatened or harassed, or places you in an uncomfortable position, clearly convey your discomfort to those involved. If, however, an incident occurs in which you feel places you in imminent peril, safely remove yourself from the situation and immediately contact the appropriate authorities, as well as the Director of Clinical Education.

For more information on Widener University policies, please refer to:

<https://www.widener.edu/sites/default/files/2019-10/Equal-Opportunity-Harassment-Nondiscrimination-Policy-10-2019.pdf>

The following link to the U.S. Department of Education's Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age discrimination: <http://www2.ed.gov/about/offices/list/ocr/know.html>.

DIVERSITY AND INCLUSION STRATEGIES

PA education is committed to growing diversity and inclusion among its faculty, students, and preceptors. A 2020 report from the NCCPA indicates that 80.8% of practicing PAs identify as white.ⁱ Additionally, a Diversity Standard (A1.11) was added to the ARC-PA 5th Edition Standards. PA programs continue to develop recruitment and retention efforts to support underserved populations. Furthermore, it is important that students are provided with opportunities to demonstrate their ability to understand and care for diverse patient populations. Clinical preceptors can contribute to these efforts using some of the following strategies:

1. Recognize that students come from a variety of backgrounds with differences that contribute to variations in habits, practices, beliefs, and/or values.ⁱⁱ
2. Encourage the PA student and preceptor to discuss personal biases and/or fears at the beginning of the rotation and ongoing as needed.
3. At the beginning of the rotation, the preceptor should discuss any considerations unique to the student's practice setting and patient population. Additionally, the preceptor may

provide the student with suggested resources for further research on the unique practice settings and patient population.

4. Intentionally seek opportunities for students to care for patients with diverse backgrounds, habits, practices, beliefs, and/or values.
5. Engage the student in dialogue about their encounters with diverse patients and team members and provide formative feedback regarding their interactions and perceptions.
6. Encourage the student and preceptor to challenge their own beliefs and understand their impact on their care of patients and development as a compassionate, inclusive learner.
7. Provide opportunities for the student to interact with community outreach activities as available at the clinical site and in the local community.
8. Become a mentor for prospective PA students who are from underrepresented minority groups.
9. Encourage students and preceptors to engage in conversations about health equity and social determinants of health.

PAEA has available in the Digital Learning Hub a Diversity, Equity, and Inclusion Toolkit (<https://paea.edcast.com/pathways/diversity-equity-and-inclusion-toolkit>) and best practices guidelines. Ask your clinical coordinator to download and share this resource if you do not have access.

The Preceptor–Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the students, the PA program clinical faculty and staff, and preceptors. All members of the team should share their preferred contact information. If a preceptor has a question or concern about a student, they should contact the clinical coordinator or designee. Programs strive to maintain open faculty–colleague relationships with their preceptors and believe that if 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 troubleshooting may help avoid a diminution in the educational experience.

Liability Insurance

Each PA student is fully covered for liability insurance by the PA program/university for any clinical site with a fully executed and valid affiliation agreement. Students completing a formal elective rotation with a preceptor or clinical site that might become an employer must maintain a “student” role in the clinic and should not assume an employee’s responsibilities until after completing the PA program and successful certification and licensure. This includes appropriate routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This relationship is vital in preserving the professional liability coverage provided by the PA program/university and is critical to protect both the student and the employer if a patient seeks legal action. Even more concerning is the occasional opportunity or suggestion from a potential employer that a student participate in patient care activities outside of the formal rotation assignment before PA program completion. While these opportunities may be appealing 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 healthcare-related capacity at 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.

PROGRAM DESCRIPTION/CURRICULUM/MISSION

Program Overview

The Physician Assistant program at Widener University is a lock-step Master of Health Science program that builds medical knowledge, encourages civic engagement, and the development of leadership skills. Students will progress through a sequential curriculum and experience dynamic teaching, experiential learning, and civic engagement. Students will have opportunities to grow personally and professionally through civic engagement and interprofessional collaboration.

Program graduates will be prepared to work clinically, engage in collaborative relationships with other health care professionals and advance skills and knowledge through evidence-based practice and life-long learning.

Mission- The PA program at Widener University will graduate excellent health care professionals to meet the growing need for patients to have access to medicine both locally and globally. The PA program will educate highly effective healthcare professionals equipped to provide patient-centered medical care to diverse populations across the life span. Students will learn to be competent clinicians, culturally sensitive, socially conscious health care providers able to work in collaboration with other members of the healthcare team.

Vision- The PA program at Widener University will be the leader in physician assistant education by providing experiential and collaborative learning, and interprofessional experiences through community and civic engagement, developing leaders in health care and ultimately improving the lives of the patients they serve.

Core Values

1. Excellence in teaching
2. Commitment to service
3. Diversity and inclusion
4. Professionalism
5. Scholarship
6. Collaboration
7. Kindness and compassion

Widener PA Program Competencies

The Widener University Institute for Physician Assistant competencies represent the requisite medical knowledge, interpersonal skills, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving skills required for each student to satisfactorily demonstrate in order to graduate from the Widener Physician Assistant Program.

1. Medical Knowledge

- Recognize healthy patients and ill patients at different stages of illness including acute, emergent, and chronic.
- Synthesize the pathophysiology, etiology, and patient presentation in order to deliver high quality patient-centered care.
- Apply evidence-based medicine in clinical practice
- Synthesize the history, physical exam, and diagnostic studies to formulate a differential diagnosis.
- Differentiate pharmacologic, and non-pharmacologic treatment strategies, including patient education and counseling for patients who present for various medical conditions.
- Understand health promotion and preventative medicine

2. Interpersonal Communication Skills

- Demonstrate an ability to communicate with patients as partners and use shared decision making to involve patients in their medical care.
- Recognize any barriers to communication or comprehension and work to correct them.
- Recognize the significance of health literacy in the patient population they serve.
- Understand that a patient's community, culture, religion, sexual orientation, or other individual characteristics affect their health and strive to understand them.
- Recognize and understand the effect of a patient's community on their health and vice versa

3. Clinical and Technical Skills

- Demonstrate medical, behavioral, clinical and technical skills needed to promote health, evaluation, and management of patient presentations across the lifespan.
- Conduct effective, patient-centered history and physical examination for comprehensive and problem-focused patient visits
- Perform procedural and clinical skills considered essential for PA practice
- Counsel and educate patients and their families in with consideration for diverse backgrounds to empower shared decision making.

4. Professional Behaviors and Legal Aspects of Care

- Demonstrate integrity, honesty, beneficence, and professionalism in practice.
- Recognize and adhere to standards of care in the role of the PA in the healthcare team.
- Recognize one's own personal biases, work to overcome them, and do not allow them to affect the delivery of quality patient care.
- Demonstrate cultural humility and responsiveness to diverse populations.

5. Clinical Reasoning and Problem Solving

- Demonstrate an ability to use the latest scientific evidence to inform clinical reasoning and problem solving.
- Understand the effect that social determinants of health and health disparities can have on patient care and work to minimize these effects when engaged in clinical decision making
- Demonstrate investigative and critical thinking in the clinical setting.

Clinical Rotations (4 weeks):

Surgery
Family Medicine
Emergency Medicine
Behavioral Health
Women's Health
Pediatrics
Internal Medicine
Electives I & II (B3.07)

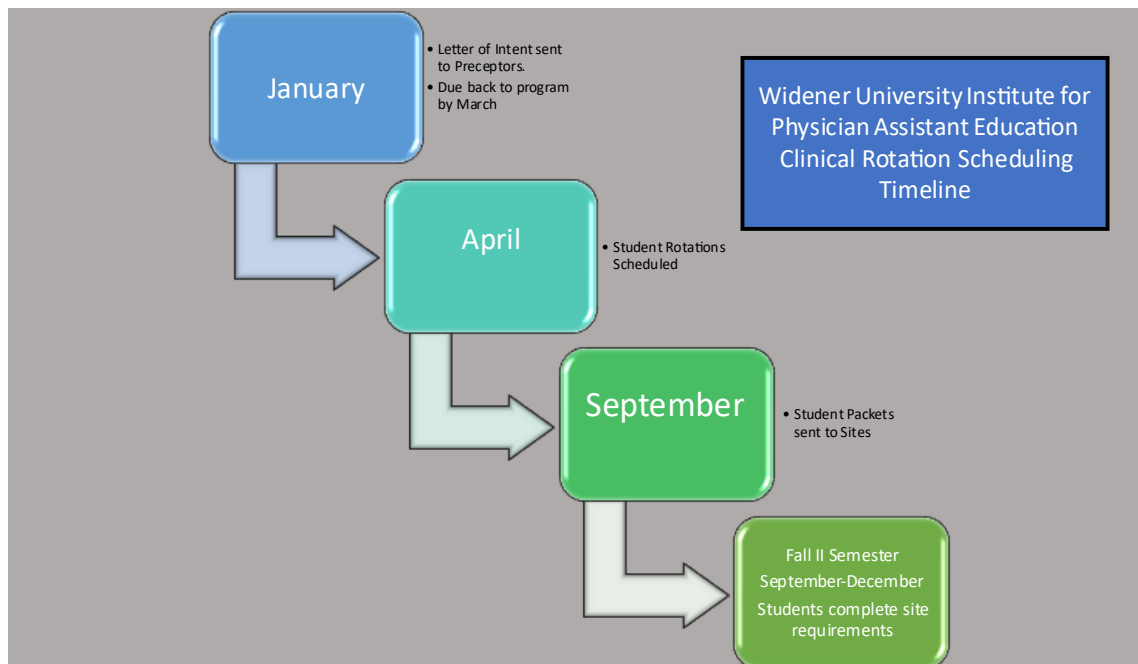
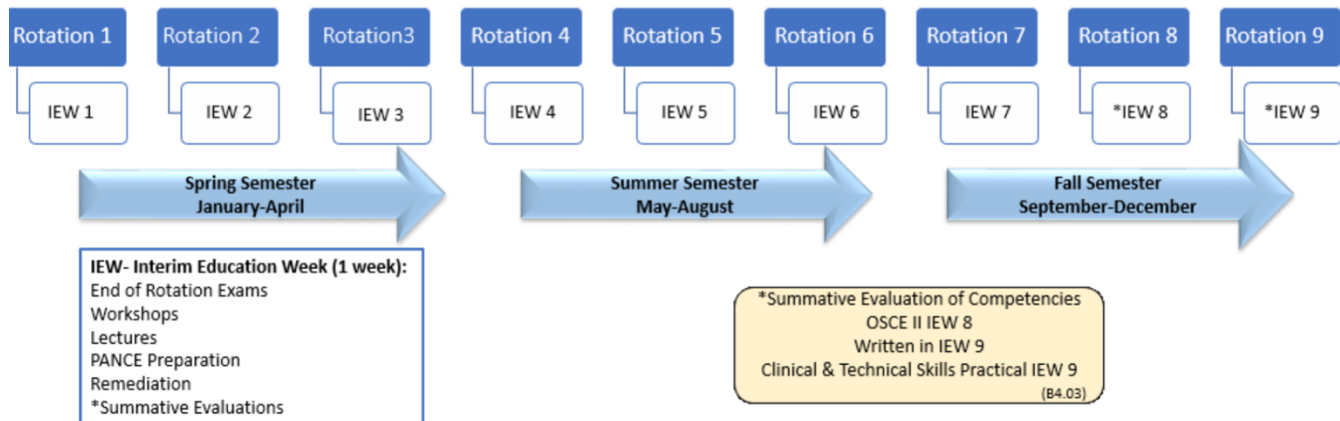


Widener University

**Institute for Physician Assistant Education
Clinical Year Timeline**

Settings:

Emergency Department
Inpatient
Outpatient
Operating room (B3.04)



Curriculum Overview

Phase	Academic Credits
Didactic Curriculum	64
Clinical Curriculum	44
Total	108

DIDACTIC PHASE

Fall I (15 credits)

Course	Academic Credit
PAS 508 Anatomy	6
PAS 503 Medical Physiology	2
PAS 504 Introduction to Patient Assessment	3
PAS 501 Foundations of Professional PA Practice	1
PAS 516 Global Health	2
PAS 670 Grand Rounds	1
	15

Spring I (18 credits)

Course	Credit
PAS 510 Clinical Pharmacology I	2
PAS 512 Pathophysiology I	3
PAS 520 Clinical Medicine I	5
PAS 521 Clinical Medicine II	5
PAS 511 Microbiology & Molecular Mechanisms of Health/Disease	1
PAS 518 Health Promotion and Wellness	2
	18

Summer I (12 credits)

Course	Credit
PAS 513 Clinical Pharmacology II	2
PAS 519 Pathophysiology II	3
PAS 522 Clinical Medicine III	5
PAS 620 Medical Genetics	1
PAS 500 Foundations for Interprofessional Practice	1
	12

Fall II (19 Credits)

Course	Credits
PAS 523 Clinical Medicine IV	5
PAS 640 Emergency Medicine	2
PAS 632 Clinical Skills Laboratory	2
PAS 636 Clinical Decision Making	2
PAS 642 Behavioral Medicine	2
PAS 633 Medical Ethics	2
PAS 530 Evidence Based Inquiry	2
PAS 631 Clinical Nutrition	1
PAS 550 Summative Assessment I	1
	189

The Widener University PA Program does not give academic credit for advanced placement or work experience.

CLINICAL PHASE

Spring II, Summer II, Fall III Clinical Rotations (44 Credits)

Course	Credits
PAS 634 Family Medicine	5
PAS 635 Surgery	5
PAS 637 Behavioral Medicine	5
PAS 638 Internal Medicine	5
PAS 639 Pediatrics	5
PAS 641 Emergency Medicine	5
PAS 642 Women's Health	5
PAS 643 Elective I	4
PAS 644 Elective II	4
PAS 650 Summative Assessment II	1
	44

Clinical Rotations: The Widener University PA Program has clinical agreements with a large variety of clinical sites. All students will complete 7 core rotations and 2 elective rotations. Students will experience a variety of settings, locations, and communities. **Students are NOT expected to solicit clinical sites for their rotations. Students ARE responsible for any travel and housing costs associated with their clinical placements.**

Site Evaluations and Clinical Year Check-Ins

Clinical principal faculty will conduct Initial and On-going Site Evaluations. The Initial Site Evaluation will have occurred prior to the start of any clinical rotations. On-going Site Evaluations will occur periodically as determined by the PA program.

Clinical principal faculty members will be conducting periodic check-ins with preceptors and students while students are out on rotations. These check-ins may be in person or virtual. Preceptors may reach out to the clinical principal faculty members at any time to discuss concerns or challenges during rotations.

Preceptor Benefits

Benefits for the preceptor are in development. This may include the following:

- professional development
- CME credit (Category II for PAs)
- institution-specific benefits- discount on courses
- Access to the library services

Preceptor Development Resources

PAEA's Committee on Clinical Education created a set of one-pagers for preceptors to help streamline and enhance this essential experience:

- Incorporating Students into Patient Care/Workflow
- The One-Minute Preceptor
- Ask-Tell-Ask Feedback Model
- SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education
- Introducing/Orienting a PA Student to Your Practice
- Tailoring Clinical Teaching to an Individual Student

The one-pagers are available on the PAEA website: <https://paeaonline.org/how-we-can-help/faculty#clinical>. They combine some of the committee's own resources with the best precepting practices outlined in the literature.

Additional resources for preceptors can be found in the Preceptor Channel within the PAEA Digital Learning Hub: <https://paea.edcast.com/channel/preceptor-development>.

Statement of Accreditation

Widener University Institute for Physician Assistant Education has applied for Accreditation - Provisional from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Widener University Institute for Physician Assistant Education anticipates matriculating its first class in September 2024, pending achieving Accreditation - Provisional status at the March 2024 ARC-PA meeting. Accreditation - Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC- PA Standards or when a program holding accreditation-provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students.

ⁱ National Commission on Certification of Physician Assistants, Inc. (2021). *2020 Statistical Profile of Certified Physician Assistants: Annual Report*. <https://www.nccpa.net/wp-content/uploads/2021/07/Statistical-Profile-of-Certified-PAs-2020.pdf>.

ⁱⁱ Accreditation Review Commission on Education for the Physician Assistant, Inc. (2019). *Accreditation Standards for Physician Assistant Education*. 5th edition. <http://www.arc-pa.org/wp-content/uploads/2021/03/Standards-5th-Ed-March-2021.pdf>.

Appendix A
Preceptor Attestation Form

This Preceptor Orientation Packet contains general information on the clinical year based on individual core rotation-specific requirements and goals. Included are the course-specific syllabi where you will find specialty specific learning outcomes and instructional objectives, a Preceptor Handbook, and the student evaluations.

I acknowledge I have received and reviewed the contents of the Widener University Preceptor Orientation Packet, including the Preceptor Handbook, syllabus including specialty specific learning outcomes and instructional objectives.

Initials: _____

I understand that I am responsible for the policies and procedures stipulated in this handbook. If I have additional questions regarding any of the material covered in this handbook, I will contact the Program Director of the Institute for Physician Assistant Education.

Preceptor Name (Print): _____

Preceptor Signature: _____

Date: _____