

Preceptor Orientation Handbook

Tips, Tools, and Guidance for Physician Assistant Preceptors

Contact Information

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Introduction

We extend our sincere gratitude to our preceptors for their dedication to our physician assistant (PA) students. Your contribution is vital to their success. The clinical experiences gained in your practice are essential components of their education, where theoretical knowledge meets practical application.

General Goals of the Clinical Year

The general goals of clinical year education include:

1. Application of didactic knowledge to supervised clinical practice
2. Enhancement of clinical problem-solving skills
3. Expansion of medical fund of knowledge
4. Excellence in concise history taking
5. Excellence in physical examination skills
6. Refinement of oral presentation
7. Precision in written documentation skills
8. Expression of understanding physician assistant's role in the delivery of healthcare
9. Preparation for the Physician Assistant National Certifying Exam (PANCE)
10. Development of interpersonal and professional skills

Core Competencies for New PA Graduates

PAEA “Core Competencies for New PA Graduates” focuses on the knowledge, skills, attitudes, and behaviors that all PA students should be able to demonstrate by the time they graduate.

PA students must demonstrate competency in eight key domains by graduation:

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 healthcare
6. Healthcare finance and systems
7. Cultural humility
8. Self-assessment and ongoing professional development

For detailed competency information, visit the [PAEA website](#).

Definition of Preceptor Role

Preceptors serve as essential role models and mentors. They guide students in developing:

- History-taking skills
- Physical examination techniques
- Effective communication
- Clinical diagnosis abilities
- Documentation practices
- Care coordination
- Problem assessment
- Treatment planning

Preceptor Responsibilities

Key responsibilities include:

Orientation and Assessment

- Orient students to site policies and procedures
- Review rotation expectations and objectives
- Ensure understanding of safety protocols

Teaching and Supervision

- Provide ongoing feedback on clinical performance
- Supervise and demonstrate clinical activities
- Assign appropriate levels of responsibility
- Evaluate skills through direct observation
- Review and assess student documentation

Professional Development

- Model ethical patient care
- Demonstrate cultural humility
- Support student growth and learning
- Complete evaluation forms
- Maintain communication with PA program

Preceptor-Student Relationship

The preceptor should maintain a professional relationship with the PA student in the clinical setting at all times and adhere to appropriate professional boundaries. Social activities and Page 3 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 Page 4 students that you host, with each "subsequent" student adding to a document that you, as the preceptor, maintain and edit.

Student Supervision and Documentation

Direct Supervision Requirements

- Preceptors must be available for consultation and teaching
- Students cannot substitute for clinical staff
- Every patient must be seen by the supervising clinician
- All procedures require direct supervision
- Documentation must clearly identify student involvement

Medical Record Documentation

- Students may enter information if permitted by facility
- All entries must be identified as "student" documentation
- Entries must include "PA-S" designation

- Preceptors must review and authenticate all student notes
- Medicare documentation rules must be followed

Evaluation and Feedback

Clinical Rotation Outcomes

Clinical rotation objectives and learning outcomes are included in the rotation (course) syllabus. The syllabus will be included in the welcome communication from the Clinical Coordinator. Preceptor evaluations of the student are based off the syllabi learning outcomes.

Grade Breakdown Example:

- Preceptor Evaluation: 40%
- EOR Exam: 30%
- Discipline Specific Clinical/Technical Skills: 20%
- Patient Logging: 5%
- Professionalism/Attendance: 5%

Preceptor Evaluation

- Individual outcomes assessed all on a scale 1-5
- Overall grade is average of all components
- Remediate deficit LOs/individual evaluation scores <3

End of Rotation (EOR) Exam

- PAEA standardized tests
- Passing score requirements

Discipline Specific Skills Assessment:

- FM, IM, ER OSCE (100)
- Peds WCC OSCE (100)
- Behavioral Med Case Review and Preceptor Presentation (100)
- Surgical closure skill (100)
- WH pelvic and pap with order (100)
- Grand Rounds and assignment*

Patient Logging

- Logging compliance and timeliness
- Total 60 patients, all or nothing by end of rotation

Attendance/Participation

- Fulfill mirroring preceptor clinical hours/schedule confirmed via logging and student calendar
 - Minimum 180 hours
 - Maximum 360 hours
- Call back day and grand rounds attendance
- Timely completion of midpoint and final site/preceptor evaluation (participation)

Point Distribution (Total = 500 points):

- **Preceptor Evaluation (40%)**
 - 40% of 500 = 200 points
- **EOR Exam (30%)**
 - 30% of 500 = 150 points
- **Discipline Specific Skills Assessment (20%)**
 - 20% of 500 = 100 points
- **Patient Logging (5%)**
 - 5% of 500 = 25 points
- **Attendance (5%)**
 - 5% of 500 = 25 points

PRECEPTOR EVALUATION GRADING SCALE (200 POINTS MAX)

Preceptor Evaluation (40%)

- **Total Points Available**
- 40% of 500 points = 200 points maximum for preceptor evaluation

Score Conversion Table

Rating	Points	Percentage	Letter Grade
5	200	90-100%	A
4	180	80-89%	B
3	160	70-79%	C
2	140	60-69%	F
1	120	Below 60%	F

Professional Standards

Students must maintain high professional standards including:

- Ethical conduct
- Cultural sensitivity
- Patient confidentiality
- Professional boundaries
- Appropriate communication
- Reliable attendance
- Proper documentation
- Safe patient care practices

Program-Specific and Additional Information

Specific Program Policies

Please click this link to be taken to the Ursuline College PA program website for program-specific policies.

[Ursuline College PA Policies](#)

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: [Office of Civil Rights Student Protections](#)

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. They 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 participates in patient care activities outside the formal rotation assignment before the 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.

PA Program Mission

The mission of the Ursuline College Physician Assistant Program is to recruit exceptional individuals from diverse backgrounds and provide education expressed through the Ursuline tradition to develop adept, versatile, and compassionate physician assistants committed to delivering evidence-based whole-person healthcare.

PA Program Vision

The vision of the Ursuline College Physician Assistant Program is to set the standard of PA education through transformative educational experiences that foster personal and professional growth. We are committed to developing leaders who adapt to the emerging challenges in healthcare and who innovate and inspire positive transformation in the communities they serve.