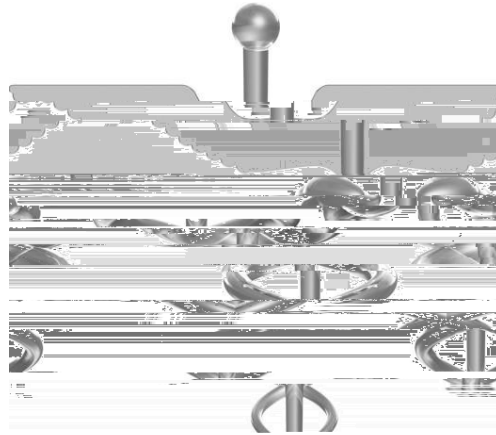




## DEPARTMENT OF PHYSICIAN ASSOCIATE

# Preceptor Quick Guide



*E c c PA E c a c 1972*

Handbook Revised 6/2024

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## Clinical Team Contact Information

Stephen Lewicki, DMSc  
Director of Clinical Education

Julie Slade, PA

## Welcome to our Educational Team!

Our vision at the Wichita State University's Physician Associate Program is "excellence in PA education." As a clinical preceptor, you are an integral part of our success, the success our students, and ultimately the high-quality healthcare that our future PAs will provide to the residents of Kansas and beyond.

In this new era of our profession, your support of our clinical year students will help lead the next generation of providers that will respond to the ever-changing needs of our healthcare system. As the demands from this system increases, our profession needs to respond through availability, affordability, and ability. We believe the high-quality education provided at WSU's PA program, and your clinical training, is responding to the call to increase availability of providers, creating a culture of providers





- o Will the preceptor be busier?
- o How patients will be scheduled for the student

The staff of a clinical site 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.

Please encourage your office staff to contact the program if they have questions or would like additional information:  
PAClinical@wichita.edu or (316)78-5682 or 978-9 (m)-1i-1dumtveyar (-o)4al2.6 (P)(,)o-6..913 0 (-o)q1n)(m)t-(o)o

## Student Evaluations (Overview)

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competency in these basic skills is essential for the graduating PA. Students are NOT expected to acquire all these skills within a single rotation. This preceptor assessment is not calculated into the course grade for an individual rotation; however, preceptors are asked to assess their performance at the end of each rotation to ensure that they are making adequate progress. Students are expected to achieve a rating of "3 – able to perform independently" for each clinical skill prior to Program completion. Student proficiency in performing the listed clinical skills should be assessed utilizing the following scale:

3 – a b l e t o p e r f o r m i n d e p e n d e n t l y

2 – able to perform with supervision

1 – attempted but needs further training

0 – not applicable/not observed

## Student Responsibilities (Overview)

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### 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:

- x 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
- x Perform and/or interpret common lab results and diagnostics
- x Educate and counsel patients across the lifespan regarding health-related issues
- x Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them
- x Demonstrate emotional resilience and stability, adaptability, and flexibility
- x Notify preceptors of all absences (planned or otherwise) in a timely manner
- x Be sure all financial obligations are satisfied before leaving a rotation (e.g. room-key, deposits, returning all rotation property)

### Student Attendance Expectations

1. Designated State/University holidays Students are aware there are not guaranteed holidays during the clinical year. Students are expected to be at the clinical rotation site for any days surrounding holidays when the rotation site is in operation. If the clinic/office is closed the day prior to the holiday and the preceptor will not be available, students may be given the day off as well. Students will be given rotation schedules to include Program approved holiday breaks for Thanksgiving and Christmas prior to starting second year clinical rotations.
2. Planned Absences Expected absences must be approved in advance with the preceptor and with the Program. If the Program requires the student to be gone from a rota.7 (u)5.3 (r)3.2 (r)1(in)25.3 (e)8.3 (p)-0)2.7 (r)10.5c)-1.9 i)2e1 (v)-5.6 (a)

# Learning Outcomes and Instructional Objectives

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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 skill refinement and expanded knowledge as a practicing PA. Mastery of clinical knowledge and skills is gradual and does not occur with any single exam, course, or rotation. The process takes time, study, and focused effort. Typically, during the first three months of clinical training, students begin to develop basic skills. During the fourth through seventh months, students gain confidence and improve clinical skills. From the eighth month forward, students refine their clinical skills and continue to build medical knowledge. Students must fully engage during the clinical year to improve their history taking, diagnostic, therapeutic, communication, critical-thinking and decision-making skills.

Multiple Instructional Objectives are provided with each Learning Outcome. The primary goal of the Instructional Objectives is to guide students in their studies by describing what the learner will be able to do after completing a unit of instruction. Some of the Instructional Objectives are written to assist students in achieving the intended behavior (the Learning Outcome) during the clinical rotation, while other instructional objectives are written to indicate the behaviors expected of students at the end of the clinical rotation.

# Emergency Medicine: Learning Outcomes and Instructional Objectives

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E M O: Demonstrate core **medical knowledge** of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, as demonstrated by the following instructional objectives:

- E M O Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors to the car(A)3.7 (324 (r)-54)-2.1 (a)
- E M O Select and use appropriate (A)3.7 (324 (r)-54)-2.1 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

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# Appendix A - Mid-Rotation Evaluation of Student Progress

T h i s

4) Acknowledge the scope and personal limitations and demonstrate a high level of responsibility, ethical perspective and consistent public adherence to legal and regulatory requirements

EzX



## Healthcare System

17. Understand healthcare delivery systems (e.g. coding/billing, documentation, health policy, patient safety, and quality improvement)
18. Understand roles of other health professionals and seek interprofessional collaboration and appropriate referrals

## OVERALL EVALUATION

19. Is this student performing at a level appropriate for his/her current stage of professional education? [\[See the 3 answer options below. This question is NOT scored. We would like to be notified for all answers of "Yes with reservation" and "No."\]](#)

Yes	Yes, with reservation	No
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20. List two to three specific ways this student can improve performance on clinical rotations. [\[This is open ended\]](#)
21. List two to three specific strengths of this student. [\[This is open ended\]](#)
22. Approximately how many days did the student miss during the rotation? [\[This is open ended\]](#)



## Appendix C - Evaluation of Clinical Skill Proficiency

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The following are the components of the evaluation form that will be distributed to you two weeks prior to the end of the rotation. They

-34 (r) i-34 300A-at.000Tc 01 (T9 011)A-tC73Tā- /C1030(kTc 01.1 8 /9)1.1 li-

## Appendix D - Clinical Performance Evaluation

C L I N I C A L   P E R F O R M A N C E   E V A L U A T I O N   ( N C E P   E )

**Instructions:** With the GENERAL SURGERY rotation learning outcomes in mind (see back), rate the student's level of performance, taking into consideration the last five (5) patient interactions you have directly observed. The desired benchmark is "EXPECTED LEVEL of performance with supervision" for surgical patients.

Evaluator Name: \_\_\_\_\_  
 Evaluator Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Learning Outcome	EXPECTED LEVEL of performance	NEEDS IMPROVEMENT with additional
<b>Medical History</b> [ L O 1, 2 ]	Conducts adequate comprehensive & focused histories for patients presenting for surgical consultation; most critical information gathered	Difficulty conducting comprehensive & focused histories; fails to gather some critical information
<b>Physical Exam</b> [ L O 1, 2 ]	Completes most PE components well; usually recognizes signs & symptoms of surgical conditions & complications	Difficulty completing some PE components; fails to recognize signs & symptoms of surgical conditions or complications
<b>Differential Diagnosis</b> [ L O 1 ]	Formulates adequate differential diagnoses for common problems presenting in the post-operative setting	Difficulty formulating differential diagnoses for common problems presenting in the post-operative setting
<b>Treatment Plan</b> [ L O 2, 3 ]	Develops adequate plans for further evaluation, treatment, and prevention considering patient-centered compliance, cost, risk factors, & involving the interprofessional team	Difficulty developing evaluation, treatment, and prevention plans; does not use a patient-centered approach;

# Appendix E - Clinical Site Visit Evaluation Form

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## C l i n i c a l   S i t e   V i s i t

Name of Faculty Reviewer: \_\_\_\_\_

Date of Eval: \_\_\_\_\_

Name of Clinical Site: \_\_\_\_\_

