

Physician Assistant Education

Preceptor Newsletter



New Telehealth Curriculum Development

In recent years, telehealth has emerged as a viable option to provide health care services to patients in isolated or rural communities, those with decreased functional capacity or individuals without adequate access to transportation. Telehealth also serves as connection for consultation and practice support for providers. The 2020 COVID-19 pandemic rapidly drove the expansion of telehealth delivery into mainstream healthcare, requiring academic institutions to revise curriculum to train students in professions that have not traditionally engaged in telehealth care delivery. Medical Nutrition Therapy, Physician Assistant, Genetic Counseling, Occupational Therapy, Physical Therapy and Medicine programs formed a committee to develop modular, interprofessional learning experiences that address standard elements of telehealth delivery.

Through interdisciplinary collaboration and curricular development, this activity sought to improve patient health and outcomes by providing a didactic opportunity that prepares our clinical year students and graduates to deliver high-quality, evidence-based contemporary clinical care to patient populations by utilizing telehealth. To meet patient needs in the current pandemic climate, clinical providers have rapidly developed telehealth capacity and will continue to deliver care virtually in the future, necessitating academic institutions to continue to incorporate telehealth training in pre-professional phase curriculum. This innovative activity will allow students the opportunity to develop awareness of telehealth resources and comfort with the utilization of telehealth in patient care prior to exposure in the clinical year and practice setting.

Legislative Corner

In May 2021 the AAPA House of Delegates passed a resolution to affirm the official title change to “Physician Associate” for the PA profession. The approval was based on a majority vote of 198 to 68.

There are many questions as to the next steps and the process that all involved parties will incorporate with this decision. AAPA advises all PAs to refrain from referring to themselves as physician associates to their patients or colleagues at this time, until strategies are built and executed to encompass legislative and regulatory changes.

The following link to AAPA provides a current and routinely updated webpage with frequently asked questions: [Title Change FAQs](#)



Incorporating Telehealth in an Interprofessional Simulation Event

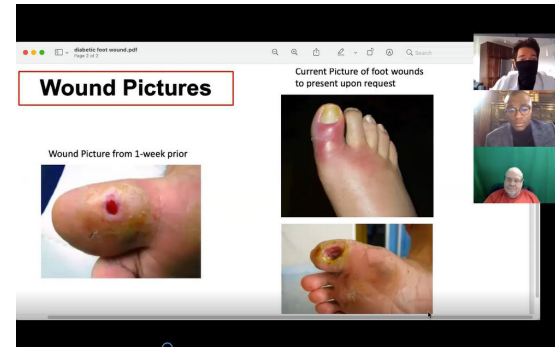
The PA program put the new telehealth curricular concept into practice in April 2021 by developing an interprofessional telehealth simulation with the College of Medicine and the College of Pharmacy. The event included 64 first year PA students, 125 fourth year MD students, 73 third year pharmacy students, 14 standardized patients and 14 faculty/provider facilitators. A diabetic standardized patient presented via Zoom to a rural satellite clinic PA for follow-up of a diabetic foot wound.

As the foot wound (shared remotely by photo) was becoming more severe, the PA (PA1) collaborated remotely with a supervising physician (M4) regarding

the need for probable inpatient care. In turn, the supervising physician (M4) contacted a hospitalist (M4) to discuss transfer of care for inpatient management. The hospitalist (M4) then consulted remotely with the pharmacist (P3) regarding complex diabetic wound pharmaceutical options. The practice of closed-loop communication and patient care handoffs was a priority, as well as observing roles and responsibilities within professions. Following the event, a debriefing session was held to discuss challenges and successes.

Students were very pleased with this opportunity and found great promise in their ability to apply the knowledge

from this “real-world scenario” to future practice. We look forward to continuing to develop interprofessional activities with these programs to enhance the team approach to patient care.



Screenshot of telehealth simulation event in action

Preceptor Spotlight



Rodolfo “Rody” Fields, PA-C

Rodolfo “Rody” Fields, PA-C has been a preceptor for UNMC PA students since August 2019. He serves remote areas of Northwest Alaska for the Maniilaq Association, providing health care to residents within the Northwest Arctic Borough and the village of Point Hope.

Rody is originally from Boston, MA. He attended UC Berkeley briefly before entering the Army. He spent 30 years in the US Army in a medical capacity, predominantly in Special Operations. He also served as a Ranger Medic, Special Forces Medic, Special Forces Medic Instructor, Special Forces Battalion PA and Special Forces Group Senior PA/Deputy Surgeon. He also trained as a Flight Surgeon and a Diving Medical Officer. Rody entered

the Interservice Physician Assistant Program (IPAP), through which he received his MPAS degree from UNMC. He has yet to set foot in Nebraska, but is hoping to change that this year with a visit to UNMC’s Omaha campus.

What does a typical day look like for a PA student on rotation with you?

One of the things that makes this such a great rotation is that no one day is like the next. A student could be working with me in the outpatient clinic, the Emergency Department, or seeing patients in a remote village (that requires transport in a 4-passenger plane). Additionally they usually have a few days working with the Inpatient Hospitalist. All of these activities take place on relatively foreign soil, in a foreign culture, and to a smaller extent in a foreign language (Inupiaq – Northwestern Alaska Native).

What motivates you to be a preceptor?

I did not enjoy Phase I of PA school. I LOVED Phase II. I believe, much like learning a language, the schoolwork is necessary, however, you make your money from a learning standpoint when you are out there speaking the language – interacting with patients, asking questions and receiving feedback in a controlled environment. I had great preceptors, and not-so-great preceptors. This is my way of paying it

back, and hoping that I can avoid the potholes that I encountered as a Phase II student.

What advice do you have for others considering precepting students?

It was not an easy process to establish a PA student clinical rotation program, nor was it daunting. A military friend posted on Facebook that he was going to start precepting. With very little contemplation, I realized it was something I wanted to do, and that my facility would represent a very unique rotation. I cold-called the Program Director of the UNMC PA program, and he put me in touch with Mia Hyde. From there I approached my Medical Director, who thankfully was very supportive. Less than 6 months later, the first UNMC PA-S landed inside the Arctic Circle. My advice is just DO IT! I didn’t do it because I wanted/expected it to be rewarding, but it is. When you get a note from a former student, when a former student applies for a job at your facility, when you see how far they have progressed watching their careers unfold on Facebook, it is SO rewarding. You will not regret it. AND GOOD preceptors and GOOD rotations are needed and important to the development of the next generation of PAs.

Student Testimonials to Alaska Rotation

Tara Pianko, (2nd year PA-S)-

In April of this year, I had the opportunity to spend my primary care rotation in Kotzebue, AK at the Maniilaq Health Center with Rodolfo (Rody) Field, PA-C – and it was the experience of a lifetime! Prior to my arrival, Rody explained that I would not be receiving the typical primary care experience as he became the lead of the COVID-19 response team, so much of our time would be revolved around the local pandemic response. Every day we took multiple flights on bush planes to get to the local villages and deliver COVID-19 vaccines. Rody taught me how to give injections and by the end of my rotation I had given over 400 COVID-19 vaccinations. However, Rody taught me so much more than that. He taught me how to

always put the patient and their health needs first because we must be their advocates as healthcare providers. Rody was committed to vaccinate all who were willing so that we could help stop the spread of infection, even if that meant we had to take an extra flight to pick up more vaccines or spend the night because of an impending blizzard. His commitment to his patients and his community was inspiring and directly translated to his commitment to me as a student. When we weren't vaccinating, we were spending our evenings in the ED. Rody always took this time to challenge me, test my knowledge, and teach me about how to practice medicine with limited resources. He ensured I never stopped learning and was truly dedicated in preparing me for how to take care of patients in any situation. I am so thankful for the time I was able to spend with Rody and the people of Alaska. I will carry what I

learned from this experience with me for the rest of my life and career!

Laura Tracey, (2nd year PA-S)-

Medical care in the Northwest Arctic Borough is not appreciably different from that seen in the lower 48, but the manner in which it's provided is unique owing to the people served, the remoteness of the region, and the difficulties of travel between its villages. Seeing the health system in action was an education in itself. I spent time in the ED, inpatient unit, and clinic in Kotzebue, and happily also had the opportunity to visit two of the villages to help with chronic care visits and school physicals. I saw the start of berry picking season, caught near-daily glimpses of subsistence fishing amidst long daylight hours (once the rain stopped!), and met many people who helped me better understand the Iñupiat way of life.



2nd year PA-S Tara Pianko travels to remote villages via bush plane with Rody Fields, PAC and crew



2nd year PA-S Connor English en route to remote villages via bush plane



2nd year PA-S Laura Tracey with preceptor Rody Fields, PAC



2nd year PA-S Tara Pianko outside the Point Hope Health Clinic

Students in Research

UNMC PA students have been actively participating in research. Wayne Mathews, PA Program Research Director, shares that Erin Lundeen, 2nd year PA student, completed original research in Summer 2020 related to massive transfusion protocols in obstetric patients and whether there is a need for a standardized protocol. Erin has taken it to the next level this year with an IRB-approved project to examine correlations between Nebraska hospital massive transfusion policies, birthing statistics and maternal mortality rates.

A group of 1st year PA students, Anne Meyer, Rebecca Frick and Shayla Tschakert, are investigating correlations between the COVID impact and the number of nursing home falls and bedsores in Douglas County long-term care facilities. See their poster for further details and conclusions.

Click the poster to view



COVID-19 Pandemic's Impact on Falls and Pressure Ulcers in Long Term Care Facilities in Douglas County.

Anne Meyer, PA-S; Rebecca Frick, PA-S; Shayla Steinley, PA-S; Wayne Mathews, MS, PA-C, DFAAPA
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Abstract

The COVID-19 Pandemic has led the geriatric population in long term care facilities with cognitive vulnerability and side effects due to isolation, decreased immune system, and at the heart of the underserved nursing facility. The mental health and loneliness of the population is proven to be negatively impacted by the pandemic (1), but the increase in physical systems in these facilities has not been researched. Falls and pressure ulcers are two serious and common injuries that are a result of living in a long term care facility. Previous research on this topic in the long-term care facilities includes studies consisting higher education and prevention education improving occurrences of falls and pressure ulcers. No studies were found regarding falls and pressure ulcers during the COVID-19 pandemic. This research is an observational, descriptive study. It was conducted using a free-question survey sent out to all directors of nursing in long-term care facilities in Douglas County. The survey was created to quantify falls and pressure ulcers in 2019 and 2020 to compare before and during the COVID-19 pandemic. Twenty-four surveys were sent out to contact every long-term care facility in the county. These surveys were returned anonymously. The results of the study found a 72% increase in falls in the facilities from pre-pandemic (2019) to during the COVID-19 pandemic (2020). Pressure ulcers decreased 6% in Douglas County LTC facilities from 2019 to 2020. The COVID-19 pandemic led to adjustments in each facility. The top changes during the pandemic that could have led to the increase in falls were increase in staff sick days, decrease in residents' income, decrease in patient physical activity, and decreased PPE decreased treatment response time. These survey responses can infer the correlation between the COVID-19 pandemic and falls in long-term care facilities in Douglas County. Pressure ulcers cannot be correlated with the pandemic.

Procedure

Using the State of Nebraska's Roster for Long Term Care Facilities from the Department of Health and Human Services, names of all Douglas County long-term care facilities were acquired. Twenty-five long-term care facilities are in Douglas County. A survey was created to evaluate the number of falls and pressure ulcers pre-COVID-19 (2019) and post-COVID (2020) and possible causes for a change in occurrence. The study is directed towards responses from Directors of Nursing of the long-term care facilities. Emails of the Directors of Nursing in Nebraska were listed on the department of health website, so the LTC facilities in Douglas County were called to acquire the emails. Directors of Nursing at each facility were emailed the survey along with an explanation of our research. After the first email was sent out, one response was obtained. Two weeks later, a second, reminder email was sent out to the same 25 Douglas County facilities. After the reminder email, there were two responses. Exclusion criteria were those outside of Douglas County and those who did not respond to the survey. These completed surveys brought our total to three. Answers were recorded and analyzed.

Changes in Facilities

Results

A significant increase in falls was seen during COVID-19 compared to pre-COVID-19 (Figure 1). On average, there was a 72% increase in falls between the three facilities. In 2019, there was an average of 280 falls, and in 2020 there was an average of 387 falls. Conversely, there was a decrease in the number of pressure ulcers during COVID-19 compared to pre-COVID-19 (Figure 2). On average, there was a 6% decrease between the three facilities. In 2019, there was an average of 22 pressure ulcers, but only an average of 21 pressure ulcers in 2020. Of the five facility changes inquired about in the survey (Figure 3), four were selected by all three facilities: increased number of sick days from nursing staff, decrease time spent in patient's room, decrease in patient physical activity, and donning PPE. Decreased treatment response time. In contrast, no facilities indicated severity of pressure ulcers and response time to falls were affected during the COVID-19 pandemic.

Survey Questions

Introduction

The COVID-19 pandemic impacted many populations across the world, but the geriatric population had one of the most drastic repercussions. The question of the impact from loneliness and isolation for this population has been discussed, but there is a gap in the research pertaining to other patient nursing home consequences of COVID-19. These include falls and pressure ulcers that may have led to an increase in mortality in long-term care facilities. COVID-19 is still present in our daily lives, yet there are still many unknowns of the ongoing effects of the pandemic. Currently, there is no research bringing together COVID-19, falls, and pressure ulcers in long-term care facilities, making this a novel research idea. Other studies have shown pressure ulcers and falls to be large contributors to increased mortality and disability among nursing home residents, and this research study aims to identify how the COVID-19 pandemic may have contributed to these factors (1).

Studies Reviewed

Two case studies were reviewed. A Systematic Review analyzed 15 different articles to evaluate the relationship between falls of nursing staff and nursing sensitive outcomes. The target populations were nursing staff and residents of long-term institutional care (LTC) facilities. The review assessed nursing-sensitive outcomes, such as level of education, and if that correlated to an increase in falls and pressure ulcers (4). The second study was a correlational study that compared the effectiveness of implementing a guideline-based clinical support system for the prevention, assessment, and management of pressure ulcers (2). Study methods included implementing a visualization program monthly to evaluate risk assessment and prevention when there was not a pressure ulcer, and pressure ulcer wound management when there was at least one pressure ulcer present.

Falls and Pressure Ulcers

Conclusion and Future Directions

SNRT Recommendation B

Based on the results, it can be inferred that there was a positive correlation between the impact of COVID and the number of falls that occurred in nursing homes. Possible explanations for this include an increased number of sick days from nursing staff, decreased time spent in the patient's room, a decrease in patient physical activity, and donning PPE. Decreased treatment response time. It is also inferred that there was no impact on the number of pressure ulcers. The null hypothesis is rejected for falls, but data fails to reject the null hypothesis for pressure ulcers. It is also inferred that there was no impact on the number of pressure ulcers. Correlation can be inferred with our results that a decrease in nursing staff, regardless of cause, contributes to an increase in falls among residents. Should the COVID-19 pandemic resurge, or a similar public health crisis arise, measures can be taken to ensure residents have sufficient access to staff to prevent increases in falls and pressure ulcers, as these are leading causes of mortality among this population.

Limitations of our research are generalizability and internal validity, due to the specific county sampled from and small sample size, respectively. Additionally, data cannot be compared to national numbers specifically relating to the impact of COVID-19 as studies like this have not been conducted. In future studies, a larger sample size and expanded location could be used to improve these two factors. Furthermore, this research study can be used as a foundation for further research.

References

1. Centers for Disease Control and Prevention. (2020). COVID-19. Retrieved from <https://www.cdc.gov/coronavirus/2019-nCoV/>
2. Wang, L., & Wang, L. (2020). The impact of COVID-19 on the elderly population. *Journal of Geriatrics and Gerontology*, 65(1), 1-10.
3. American Medical Association. (2020). COVID-19. Retrieved from <https://www.ama-assn.org/practice-management/covid-19>
4. Wang, L., & Wang, L. (2020). The impact of COVID-19 on the elderly population. *Journal of Geriatrics and Gerontology*, 65(1), 1-10.

Student Photos

UNMC 1st year PA students have spent numerous days in the Clinical Skills lab in the Spring and Summer semesters practicing techniques in application of their didactic knowledge, including IV insertion, IM application, ultrasound, casting/splinting, suturing, joint injection and vital sign collection.



Kearney Skills – IV Insertion



Kearney Skills – Suturing

Kearney Skills – Ultrasound



Kearney Skills – Vital Signs



Omaha – Casting/Splinting



Omaha – Joint Injection



Omaha – Casting/Splinting



Omaha – Casting/Splinting

Preceptor Pearls

Part I – Establish a Learning Environment

According to Frances Biagioli, MD and Kathryn Chappelle, MA, providers “should focus on six areas to be efficient and effective preceptors.” We will present each of these areas in succession in the next six newsletter issues. The first area we will discuss is establishing a learning environment.

A positive teaching experience begins with an appropriate match between student and preceptor. Make sure the educational programs you work with know your personality and work-style preferences. The programs should also know the makeup of your practice, such as patient population, and the learning experiences you can offer students, such as different types of procedures.

Logistically, your scheduling template may need to be revised to maximize clinical efficiency and quality teaching. There are several ways you can do this:

- Book urgent care visits and complex visits simultaneously. You can conduct one or more brief visits while the student sees a patient with more complex problems.
- Block 15 minutes of your schedule in the morning and afternoon to allow time for student review and teaching.

- Double-book your first appointment and block your last appointment. This allows you and your student to start seeing patients at the same time, and it provides catch-up time at the end of the day.

At the beginning of each day the student is in the office, review the schedule and consider which patients you would like to include in the student’s schedule. Have the staff member rooming the patient ask whether it is OK if a student conducts the visit. Use positive phrasing like, “Your physician is teaching a student. Is it OK if the student sees you first?”

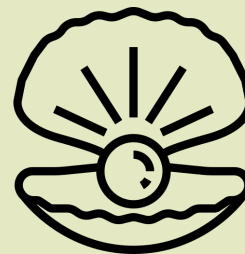
These selections should be based on patient and visit type and the student’s educational needs. Some patients take forever even for experienced physicians, so they may not be appropriate for beginning students, but patients who need or desire more in-depth interactions may be ideal for students. Students can help set up appointments for these patients, arrange needed ancillary services and explain their test results.

When possible, plan any follow-up appointments with these patients for a day when the student is in the office. This continuity gives

students the opportunity to discover whether treatment plans they helped develop are working. In addition, some patients may appreciate the extra attention and enjoy seeing the student’s educational growth.

Ultimately it is important for both preceptor and student to be flexible. Occasionally you may need to ask the student to do other work while you see several patients in a row, because of the nature of the visits or because you need to catch up.

Prior to the student’s arrival, arrange for the student to have a computer workstation and access to patient records, including log-in information for electronic health records as needed. Ask a staff member to orient the student either prior to or on his or her first day. Introduce the student to colleagues and staff and ensure they have completed all required trainings.



1. Biagioli, FE, Chappelle, KG. (2010). *How To Be An Efficient and Effective Preceptor*. *Family Practice Management*, 2010 May/June, 18 - 21.



Who can be a Preceptor?

If you are a licensed health care provider and have an interest in educating students in your medical practice, please contact the Clinical Education Team for the University of Nebraska Medical Center Physician Assistant Program at mia.hyde@unmc.edu or call 308-865-1128.

unmc.edu/alliedhealth/education/pa

Adjunct Faculty Status for Clinical Preceptors

You can become an adjunct faculty member of the UNMC PA Program! To qualify, preceptors should meet the following criteria:

- Active PA Preceptors that host student rotations
- Preceptors committed to continuing to host rotations in consecutive years **AND/OR**
- Commitment to ongoing lecture presentations or clinical skills teaching in the didactic year

If you are interested in inquiring about qualification, benefits with adjunct faculty status, or application, please contact:

Mia Hyde at mia.hyde@unmc.edu.



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CME Credit for UNMC PA Preceptors

PA preceptors may earn a total of 2 AAPA Category 1 CME credits per 40-hour work week of PA student preceptorship, with a maximum of 20 AAPA Category 1 CME credits awarded per calendar year. This will allow PA preceptors to satisfy 80% of their Category 1 CME requirement. And with the ability to claim additional time precepting as Category 2 CME, clinical teaching can now satisfy up to 90% of the 2-year NCCPA certification maintenance requirement!

Physician and Nurse Practitioner preceptors can request certificates of clinical teaching hours completed with UNMC PA students as well.

For CME requests and questions, please contact: Kailee Strawmier at kailee.strawmier@unmc.edu

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