



**University of Nebraska
Medical Center™**

COLLEGE OF ALLIED HEALTH PROFESSIONS

CLINICAL PRECEPTOR HANDBOOK

**University of Nebraska Medical Center
Physician Assistant Program**

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Dear Preceptor:

Volunteering to be a preceptor for physician assistant students is a challenging task. As a preceptor you assume the responsibility for assisting in the preparation of a future health care professional for his or her clinical role through your teaching, mentoring, and experience. Your experience, knowledge and expertise in clinical medicine will be relied on by students to guide their learning through their clerkship time with you. Perhaps most significantly, you will serve as an important role model for students in establishing the foundational attitudes and values they must acquire as health care professionals. That is why we want to, first, extend a heartfelt thanks to you for volunteering, and second, prepare you for your task with this handbook by giving you some essential information.

The goal of the University of Nebraska Medical Center (UNMC) Physician Assistant (PA) Program is to prepare medically knowledgeable, clinically skilled, caring health professionals to competently assist physicians in the delivery of primary and specialty health care. To accomplish this goal, PA students are required to complete fifteen months of clinical clerkships. During these clerkships, it is the Program's plan to expose each student to a wide variety of patients and medical conditions. The Program anticipates that these experiences will acquaint the student with the rewards and satisfaction as well as the frustrations and problems encountered in clinical practice. It is the Program's expectations that these experiences will be intensely practical in that the students have primarily hands-on experiences with examining, treating, and managing patients within the student-preceptor relationship.

The PA faculty has prepared this handbook for preceptors to describe the expectations and requirements for both preceptors and PA students as the students rotate through the clerkships during Phase II or the Clinical Phase of the Program.

This handbook contains the general learning objectives for all clerkships. These general learning objectives are those assumed to be a part of every clerkship and are basic to the professional functioning of the PA. These include the ability to evaluate, monitor, perform therapeutic procedures, educate, counsel, and refer patients. They also include the ability to demonstrate professional behaviors and attitudes.

The specific clerkship learning objectives for your particular specialty are also included as an attachment with this handbook. These learning objectives contain both cognitive (knowledge) and skill (competency) objectives. Preceptors are urged to become thoroughly familiar with the objectives for their own specialty clerkships to be able to provide the learning opportunities called for in the objectives.

The responsibilities that you as a preceptor assume, as well as those the Program assumes as part of the University of Nebraska Medical Center, can be found in this handbook. The section also includes a summary of student responsibilities as they rotate through each clerkship.

The handbook contains an explanation of the PA policy on grading of clerkships. Preceptors should be familiar with how the final student grades for their clerkships are calculated.

The Student Clerkship Evaluation Questionnaire can be found in the handbook. This is a questionnaire that is completed by each student as he or she completes the clerkship. This questionnaire will be the instrument that will provide feedback to the Program about the student's perceptions of the clerkship experiences. This feedback is also available to Preceptors upon request.

The section titled “Legal Issues” addresses a few of the most frequently asked (as well as the most critical) questions that touch on the legal aspects of the clerkships. Preceptors will want to take special note of this section for their own legal protection as well as that of the students.

We hope that this manual will be a useful tool for you, the preceptor, as you work day by day with the students. We welcome and invite your comments and suggestions about how the manual could be improved at any time.

Once again, thank you for volunteering to be a preceptor for our students. We are well aware of your importance to us as a teacher and supporter of PA students, and we are very grateful for your time, energy and patience. We hope your time with our students will be productive as well as rewarding.

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We encourage you to keep in touch with the PA Program throughout the year. We certainly want to know about any problems or concerns whenever they may arise. We would be happy to hear about your successes as well. Please feel free to contact us at any time.

Introduction to Precepting

Clinical Rotations

Sites are chosen based on the preceptor's teaching experience, commitment to a quality teaching environment, ancillary staff acceptance and physical plant. In turn an impetus is placed on the student to reciprocate by interacting in a positive fashion with the patients and staff alike. The student is expected to spend a minimum of five days per week and 40 hours per week at your practice. If your schedule does not accommodate this requirement, our hope is that you might facilitate other learning opportunities, with other providers in your practice, for the student on the days/hours you are away so that the student can meet our attendance requirement of 160 hours per 4-week rotation and 320 hours per 8-week clerkship.

Precepting Students

During their clinical education, our students will be exposed to a variety of clinical situations and experiences. The fifteen-month experience has been designed to provide students with a minimum of 2200 hours of supervised clinical practice. Your contribution to providing as rich an experience as possible is very much appreciated.

Some suggestions:

- On the first day of the rotation, meet with the student and introduce them to your staff and colleagues. Arrange for a tour and an "orientation" to your practice including operating policies, procedures, medical records, dictation or EMR, safety issues, etc.
- Clearly define how you would like the rotation to proceed and describe your expectations.
- Assess student expectations and experience, review rotation objectives, and review the Final Student Evaluation with the student.
- Discuss your patient care schedule (days and nights), call schedules and weekend responsibilities. Define your expectations for the student's participation in your schedule. Our expectation is a minimum of 5 days and/or 40 hours per week of clinical experience.
- Discuss how the student will be supervised when you will be away from your practice for a brief time (in the event of an anticipated extended absence please notify the program).
- Discuss expectations regarding student illness or absence during their rotation.
- Discuss a plan for providing ongoing feedback to the student. We encourage feedback (at least weekly) to help the student identify his/her strengths and weaknesses and to provide time, under your guidance, for them to grow and mature.

University of Nebraska Medical Center PA Program Information

Administration

The Physician Assistant Program is part of the University of Nebraska Medical Center (UNMC), a comprehensive academic health sciences center located in Omaha, Nebraska. The Program is administered as the Division of Physician Assistant Education within the College of Allied Health Professions in the UNMC College of Medicine. While the Program has its own administrative policies for PA students, as a Division within the College of Allied Health Professions and the College of Medicine, PA students are governed by the same general regulations and share in the same privileges that apply to all students on the UNMC campuses in Omaha and Kearney, Nebraska.

Mission

The mission of the Physician Assistant Program at the University of Nebraska Medical Center is to provide innovative leadership in physician assistant education, developing diverse clinicians who practice evidence-based medicine and provide exceptional, team-based care to all individuals and communities.

Degree Offered

Upon successful completion of the physician assistant professional program at UNMC, students receive an entry-level Master of Physician Assistant Studies (MPAS) degree.

Accreditation

The Physician Assistant Program is fully accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) and approved by the Nebraska Department of Education. Graduates of the Program are eligible to sit for the national certification examination administered by the National Commission on the Certification of Physician Assistants (NCCPA). Graduates are required to pass this examination to practice in Nebraska and most other states.

Additionally, UNMC enjoys full accreditation (of all its colleges, programs, and sites) by The Higher Learning Commission and is a member of The North Central Association of Colleges and Schools, 30 North LaSalle Street, Suite 2400, Chicago, IL 60602-2504, telephone 800-621-7440.

Facilities for Instruction

The University of Nebraska Medical Center (UNMC) is a major urban academic health center with facilities for health care education in multiple disciplines and comprehensive patient care at all levels. In recent years, this medical center has become a major health resource for Nebraska and surrounding areas. A member of the University of Nebraska system, UNMC is home to Colleges of Medicine, Nursing, Pharmacy and Dentistry, a College of Allied Health Professions and a Graduate College with programs in the medical sciences. UNMC has access to teaching hospitals, a comprehensive cancer center and rehabilitation institute. More than 3,000 students are enrolled in programs at UNMC.

The Physician Assistant Program is offered concurrently on campuses in Omaha, NE and Kearney, NE. The instruction is shared, and students will have a nearly identical learning experience at both campuses.

Students who enroll at either UNMC site find that the campus is a small community in itself. There is a large faculty whose members are outstanding in their specialties and are readily accessible to students. PA students learn with other health professional students, fostering a better understanding of the “team approach” to taking care of patients. Clinical experiences are available to PA students in the hospital and the outpatient clinics on campus, as well as in affiliated institutions in Omaha and the region. An extensive network of private physicians throughout Nebraska also provides excellent individualized clinical experiences for PA students.

Plan of Instruction

The Program requires 28 continuous months (7 semesters) of instruction divided into two phases. **Phase I**, the Didactic Phase, consists of 13 months of basic medical sciences, pre-clinical sciences, and professional studies course work. The basic medical and pre-clinical science courses introduce students to the fundamentals of scientific and clinical medicine. The professional studies courses are designed to provide understanding of professionalism, legal aspects of practice, medical ethics, practice-based learning and improvement, research applications and systems-based practice.

Phase II, the Clinical Education phase, consists of 9 months of *Required* clerkships (Family Medicine, Primary Care, General Surgery, Emergency Medicine, Pediatrics, OB/GYN, Psychiatry and Internal Medicine) and 5 months of *Elective* clerkships. The required clerkships are in specific areas of clinical medicine, designed to provide a broad foundation for primary care clinical practice. Elective clerkships may be selected from specialty or primary care areas.

General Learning Goals

For Phase II (Clinical Phase) of the UNMC Physician Assistant Program

Based on the role of the graduate PA, the general clinical clerkship learning goals for all students include six areas. The requirement for all students is that they demonstrate competency in each area to the preceptor's satisfaction as evidenced by the preceptor's evaluation on the Student Clerkship Evaluation form (see pages 15-17). It is the expectation of the PA Program that each student on rotation will be afforded the opportunities to practice and master, with "hands-on" experience, the competencies designated below. In addition to these general learning goals, there are specific cognitive and skill objectives for your particular clerkship which you have received.

The general learning goals for the six areas are:

1. **Medical Knowledge**

The student will, to the preceptor's satisfaction as evidenced by the preceptor's evaluation:

1. Demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in the preceptor's area of practice.

2. **Interpersonal & Communication Skills**

The student will, to the preceptor's satisfaction as evidenced by the preceptor's evaluation:

1. Demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients' families, physicians, and other individuals within the health care system.

3. **Patient Care**

The student will, to the preceptor's satisfaction as evidenced by the preceptor's evaluation:

1. Demonstrate care that is effective, safe, and of high quality.
2. Demonstrate appropriate critical thinking skills for level of experience.
3. Demonstrate culturally informed care when working with diverse populations.

4. **Professionalism**

The student will, to the preceptor's satisfaction as evidenced by the preceptor's evaluation:

1. Demonstrate ethical practice with integrity and adherence to legal requirements.
2. Demonstrate an appreciation of their professional and personal limitations.

5. **Practice-Based Learning and Improvement**

The student will, to the preceptor's satisfaction as evidenced by the preceptor's evaluation:

1. Demonstrate the ability to integrate new knowledge/skills with appropriate application to patients in accord with the medical system.

6. **Systems-Based Practice**

The student will, to the preceptor's satisfaction as evidenced by the preceptor's evaluation:

1. Practice cost-effective health care and resource allocation that does not compromise quality of care.
2. Accept responsibility for promoting a safe environment for patient care and identifying systems-based factors which may exist, that negatively impact patient care.

CLINICAL PHASE RECOMMENDED TEXTBOOKS

** McPhee, SJ, et al. Current Medical Diagnosis & Treatment (current edition), McGraw-Hill
Hay, W, et al. Current Pediatric Diagnosis & Treatment (current edition), McGraw-Hill
DeCherney, AH & Nathan, L. Current Obstetric & Gynecologic Diagnosis & Treatment (current edition), McGraw-Hill
Cydulka, R, et al. Tintinalli's Emergency Medicine Manual, (current edition), McGraw-Hill
Doherty GM: Current Surgical Diagnosis & Treatment (current edition), McGraw-Hill
Feldman, MD, et al. Behavioral Medicine- A Guide for Clinical Practice, (current edition), McGraw-Hill
Levine, BJ: EMRA Antibiotic Guide, 18th edition
Pfenninger and Fowler's Procedures for Primary Care, (3rd ed, 2010), Mosby

OTHER SUGGESTED TEXTS

Cardiology:

Crawford, M., et al. Current Diagnosis & Treatment in Cardiology, (5th ed, 2017), McGraw-Hill

Drug information:

Mosby's Drug Reference for Health Professions (6th ed, 2017), Mosby

Dermatology:

Wolff, K, et al. Fitzpatrick's Color Atlas & Synopsis of Clinical Dermatology (8th ed, 2017), McGraw-Hill

Emergency:

Stone, CK, et al. Current Emergency Medicine Diagnosis & Treatment (8th ed, 2017), McGraw-Hill.

Geriatrics:

Kane R, Ouslander J, et al. Essentials of Clinical Geriatrics (8th ed, 2017), McGraw-Hill

Neurology:

Greenberg D., et al. Clinical Neurology, (10th ed, 2017), McGraw-Hill

Orthopedics:

Skinner, HB. Current Diagnosis & Treatment in Orthopedics (5th ed, 2013), McGraw-Hill

Psychiatry:

American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, (5th ed, 2013), American Psychiatric Press

Radiology:

Chen, MYM, et al. Basic Radiology (2nd ed, 2010), Lange

Rheumatology:

Imboden, J, et al. Current Rheumatology Diagnosis & Treatment (3rd ed, 2013), McGraw-Hill

Fluids - Surgery:

Fluids & Electrolytes Made Incredibly Easy (6th ed, 2015), Lippincott

** Required textbook

Updated: 2/2022

Responsibilities of Preceptors, Program and Students

A. Preceptor Responsibilities

1. The Preceptor agrees to provide careful supervision of the clinical activities of the student, ensuring the highest standards of patient care and safety, while providing a sound educational experience for the student. The student may not initiate or terminate patient care which is not supervised by a licensed provider.
2. The Preceptor agrees to allow the student to utilize the medical record system for patient care activities. In addition, provides student with opportunities to document patient encounters and provides feedback on the student's progression.
3. The Preceptor agrees to delegate gradually increasing levels of responsibility to the student for clinical assessment and management as the student's skills evolve.
4. The Preceptor acknowledges that they will NOT provide money or material goods to the student in return for his/her assistance in the provision of medical care to patients. However, the Preceptor may wish to aid with the student's room and board.
5. The Preceptor agrees to take responsibility for introducing the student to personnel at the practice site and local medical facilities as appropriate. The Preceptor shall inform these persons of the proposed student clinical activities to clarify the role and responsibilities of the student.
6. The Preceptor agrees to initiate and complete, prior to the student's arrival, any necessary credentialing procedures at the local hospital (or other health care facility) so that the student's educational experiences are not unnecessarily limited.
7. The Preceptor agrees not to discriminate against any student because of race, color, religion, sex, national origin, handicap, special disabled veteran status, or Vietnam era veteran status. The Preceptor agrees to comply with the Educational Rights and Privacy Act of 1974 governing the privacy of student records.
8. The Preceptor agrees to review the learning objectives provided by the Program and to assist the student in attaining the competencies and skills listed in the objectives.
9. The Preceptor agrees to evaluate the student's performance by providing verbal and/or written feedback to the student at intervals throughout the clerkship so that the student is informed of his/her progress.
10. The Preceptor agrees to promptly inform the Program if significant problems of a personal or professional nature develop which require faculty attention, knowledge, or consultation.
11. The Preceptor agrees to complete formal electronic evaluation form provided by the Program at the conclusion of the rotation. This includes determining the student's letter grade based on your overall impression, clerkship objectives, and experience.

12. The Preceptor agrees to notify the student and the Program as early as possible in the clerkship if the student is not making satisfactory progress, especially if the student is in danger of failing the clerkship.
13. To ensure provision of quality medical care, the Preceptor agrees to monitor (to the point he/she deems necessary) the clinical performance of the student. The Preceptor also agrees to countersign all orders, chart entries, etc. as stipulated by local custom and rules.
14. The preceptor agrees to discuss personal safety issues specific to their clinical sites with the students.
15. The Preceptor agrees that in the event of an onset of illness or injury of a student during the clinical rotation, the same emergency care will be provided to the student as is extended to the employees of the practice. The student will be liable for the cost of such care.

B. Program Responsibilities

1. The Program will coordinate the assignment of students with the Preceptor and designate a clinical team member who shall act as a liaison and information resource to the Preceptor.
2. The Program will provide the Preceptor with appropriate evaluation forms and instructions for their completion.
3. The Program will withdraw any student from a rotation on request of the Preceptor when it is deemed that the student's work, conduct, or health is considered detrimental to patients or the practice site(s).
4. The Program will, through the University of Nebraska Medical Center Administration,
 - a. keep in force professional liability insurance in the amount of \$1,000,000.00 per occurrence and \$3,000,000.00 in the aggregate covering students of the University for claims involving bodily injury, or death on account of alleged malpractice, professional negligence, failure to provide care, breach of contract, or other claim based upon failure to obtain informed consent for an operation or treatment; and
 - b. keep in force professional liability insurance in the amount of \$1,000,000.00 per occurrence and \$3,000,000.00 in the aggregate covering students of the University for claims not falling under the Nebraska-Medical Liability Act for bodily injury or death on account of alleged errors or omissions or negligent acts in the performance of professional services rendered or that should have been rendered.
5. The Program will be responsible for assuring that during the clinical assignment each student keeps in force personal health insurance and disability insurance as stipulated by the UNMC.
6. The Program will be responsible for complying with the Educational Rights and Privacy Act of 1974 governing the confidentiality of student records.
7. The Program will maintain regular contact with the student and provide the student with a supportive network outside each clerkship.

8. The Program will maintain an open dialogue with preceptors and students about the progress of each clerkship.

C. Student Responsibilities

1. The student will be punctual, notify the UNMC PA Program of any absence of one day (workday) or more, and notify the Preceptor if he/she is unable to be on time for assigned student responsibilities.
2. The student will always act professionally when providing clinical services. This means the student will strive to be competent, reliable, responsible, and respectful when caring for any patient.
3. Students will observe a dress code when working in any clinical situation. This means that a professional appearance is mandatory for all students unless otherwise specified by the clinical preceptor. In all clinics a white coat with their nametag and the PA emblem will be worn with appropriate dress to reflect a professional or business appearance (i.e., no blue jeans, shorts, tennis shoes, etc.). Personal grooming and hygiene must be a priority. Tattoos should be covered, and piercing jewelry should be removed from the face areas except for earrings. For men, a shirt and tie with appropriate dress pants are required. For women, a skirt and blouse, dress, or dress slacks are required. In certain clerkships, the requirement for the white coat may be waived by the preceptor.
4. The student will make all reasonable efforts to always maintain good relationships with patients, staff, and Preceptors.
5. The student will promptly advise the Program of any problems which seem to be detracting from the purpose of the rotation.
6. The student will comply with the Program requirements for documenting patient encounters.
7. The student will be responsible for keeping his/her immunizations, background check results and drug screen results current and available for review as required by University Policy.
8. The student will be responsible for obtaining information and implementing suggestions pertaining to their own personal safety while at each clinical site.

Policy on Mid-Clerkship Evaluation

A **Clinical Mid-Clerkship Evaluation** form must be completed for each student at the mid-point of each 2-month family medicine clinical clerkship (after 4 weeks for the 8-week clerkship). Each student will set up a time to have the preceptor evaluate and review his or her performance in five general areas as below average, average, above average, or outstanding. The evaluation by the preceptor presents an opportunity for the student to receive feedback from the preceptor regarding performance on the clerkship. The mid-term evaluations will be emailed to Preceptors and should be completed at the end of the fourth week of rotations. Mid-term evaluations are not required for elective rotations. If there are concerns at any time during a student rotation, please contact a clinical director for further discussion.

Paper copies may be faxed to the Program at 402-559-7996

**UNMC Physician Assistant Program
Family Medicine
MID-TERM CLERKSHIP EVALUATION**

Instructions: Please have the preceptor complete and sign this form at the mid-point of the family medicine rotation. Have the preceptor grade your performance up to this point in the rotation for all the areas listed, including any comments that he or she wishes. **Please sign and fax the form to the Program as soon as possible after completion.**

Student: _____ **Clerkship Dates:** _____
Preceptor: _____ **Class of:** _____

	Below Average	Average	Above Average	Outstanding	Comments
Medical Knowledge - Diff Dx - Therapeutics					
History & Physical exam skills					
Organization and Case Presentation Skills					
Writing Skills					
Professionalism and Professional Attributes					

Additional Comments: _____

I have discussed this form with the student: Yes No

Date of Evaluation: _____ Preceptor's Signature: _____

Student's Signature: _____

Fax Mid-Clerkship Evaluation to the PA Program at 402-559-7996.

Omaha Campus
 984300 Nebraska Medical Center
 Omaha, NE 68198-4300
 Phone: (402) 559-9495

Kearney Campus
 2402 University Drive
 Kearney, NE 68849-4509
 Phone: (308) 865-1128

Evaluation of the PA student

During the clinical experience, you will be constantly assessing the student's ability to perform the myriad of tasks required to function in the clinical setting. Beginning with their appearance, attitude, and demeanor to creation of a differential diagnosis and development of a management plan, you will be asked to assess their ongoing development. As a clinician with years of experience, you will be able to assess whether the student is accomplishing these tasks and where they are on the continuum of progression. Many of these tasks will be assessed based on your professional training, knowledge, and previous experience.

When deciding if the student has met a specific learning objective to "the preceptor's satisfaction," this should be based on your level of knowledge of the topic and previous experience in managing patients. When evaluating the student's performance, the level of knowledge, integration, and application should be between that of a third- or fourth-year medical student.

Policy on Grading of Clerkships

1. Preceptors will assign a letter grade at the completion of the clerkship based on evaluation of clinical skills performance and medical knowledge. The preceptor will also be asked to provide feedback to the student using the feedback form. The feedback form scores will NOT be used to calculate the grade but are strictly for feedback purposes. (See Student Clerkship Evaluation form below).
2. When there are multiple evaluators, the coordinator for the clinical clerkship will summarize the evaluations and submit one composite evaluation to the Program.
3. For **required clerkships**, the letter grade assigned by the preceptor(s) will be converted to a percent score which will determine 60% of the final grade. A written test score will provide the other 40% of the grade. For **elective clerkships**, no written test will be required. The preceptors score will determine 60% of the final grade. A written assignment will provide the other 40% of the elective grade.

The Grade Scale below will be used to determine the final grade:

GRADE
A+, A, A-
B+, B, B-
C+, C, C-
D+, D, D-
F

4. The "Professional Concerns" section of the evaluation form is considered an important feature of the clerkship evaluation. Comments made in this section will be reviewed by the clinical directors and program faculty. Negative comments will be discussed with the student and the preceptor. The professionalism evaluation may be used for disciplinary action.

UNMC Physician Assistant Program Student Clerkship Evaluation

Student: _____ Dates: _____ Rotation: _____

Preceptor: _____ Location: _____

PLEASE CIRCLE the student's grade for this rotation.

A+	A	A-	B+	B	B	C+	C	C-	D+	D	D-	F
----	---	----	----	---	---	----	---	----	----	---	----	---

The grade above is independent of the evaluation below.

Please rate the student on the following skills:	Superior	Above Average	Average	Below Average	Poor
Collection/recording of patient history					
Physical exam and interpretation of findings					
Oral case presentation					
Documentation of clinical encounter					
Appropriate selection & interpretation of diagnostic tests					
Ability to perform clinical procedures					
Prioritize data and identification of problems					
Problem-Solving and critical thinking					
Overall medical knowledge base					
Establishment of tentative diagnosis & differential					
Ability to develop treatment plan					
Ability to implement treatment plan					
Provides appropriate patient education					
Effective & efficient communication with team & staff					
Effective & efficient communication with patient & family					
Professionalism					

OVERALL LEVEL OF TECHNICAL SKILLS: ____ Excellent ____ Good ____ Adequate ____ Poor ____ N/A

Please indicate your level of agreement with each of the following statements regarding the student's Professional Attributes.	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Accepts responsibility for education & self-learning				
Demonstrates appropriate response to criticism and feedback				
Demonstrates ethical behavior, truthfulness, integrity				
Seeks additional learning opportunities				
Recognizes own limitations; Seeks help when needed				
Team orientated, works well with other professionals				
Sensitive & responsive to culture, gender, age, disabilities & ethnicity of others				
Completes tasks in timely manner / Makes good use of time				
Shows initiative				
Is appropriately self-confident				
Is respectful to others in all situations				
Attitude is positive, approachable & appropriately assertive				

Strengths: 	
Areas needing Improvement: 	

Remarks:

We would welcome any suggestions on how we might strengthen our curriculum: _____

Evaluation discussed with student: Yes No (Please circle)

Number of days student absent: _____

Preceptor signature: _____

Date: _____

Please fax completed form to: **402-559-7996.**

Student Clinical Clerkship Site Evaluation

At the end of each rotation, the UNMC PA Student is required to complete an evaluation of the clinical site they just completed. This information will be available to the preceptor site after the student's class graduates. Below is a summary of the information collected as part of the site evaluation.

1. The clinical site provided a student friendly environment for learning?
2. I was able to access necessary medical records?
3. I was able to document patient encounters?
4. The clinical site encouraged me to see patients on my own?
5. Patients seen by me were also seen by a supervising provider?
6. The preceptor showed interest in teaching?
7. The preceptor was an appropriate role-model?
8. I would be highly likely to recommend this clerkship to other students?
9. The stated objectives helped to direct my learning during this clinical rotation?
10. This clinical rotation was valuable in fulfilling my educational expectations?
11. The clinical site provided beneficial hands-on experiences for clinical skills activities?
12. The preceptor was appropriately engaged in my clinical learning?
13. Was student housing available?
14. Estimate of the number of hours worked in: outpatient, inpatient, surgery, ER, nursing home.
15. Overall rating of the clinical rotation (excellent, good, fair, poor). Please explain.
16. Other written comments about the clinical site and preceptors.

Legal Considerations

By agreeing to be a physician assistant preceptor you have accepted a legal responsibility to properly supervise the student's activities. This section of the handbook is intended to briefly answer frequently asked questions regarding legal aspects of the clerkship. If this section does not satisfactorily address your concerns, please contact the PA Program for further clarification and/or information.

WHAT MEDICAL SERVICES CAN BE PERFORMED BY A STUDENT IN MY PRACTICE?

The following statute taken from the 2006 State of Nebraska, Statutes, Relating to Acupuncture Medicine and Surgery Osteopathic Medicine and Surgery Physician Assistants provides authorization for students (trainees) to perform medical services.

38-2048. Physician assistants: trainee: services performed. Notwithstanding any other provision of law, a trainee may perform medical services when he or she renders such services within the scope of an approved program.

Source: Laws 1973, LB 101, '4; R.S. Supp., 1973, '85-179.07; Laws 1985, LB 132, '4; R.S. 1943, (2003), ' 71-1,107.18; Laws 2007, LB463, ' 706. Operative date December 1, 2008.

Thus, physician assistant students or trainees are authorized, by law, to provide "medical services" within the scope of an approved program. Your practice site has been approved and thus becomes an extension of the UNMC's approved PA Program while you are precepting a PA student.

The "medical services" may include activities such as obtaining histories, performing physicals, making initial assessments, formulating, and implementing treatment plans and planning for follow-up. Minor surgical procedures and basic hospital duties such as rounds, progress notes, admission histories and physicals are also included. The PA student is allowed to perform most medical tasks as long as 1) you are supervising directly, **or** 2) you are satisfied that the student has demonstrated competence in the assigned task, **and** you are readily available for backup. The statute makes no specific exclusions.

WHAT IS THE DEFINITION OF ADEQUATE SUPERVISION?

Adequate supervision does not imply nor always require your physical presence. You are encouraged to supervise your PA student closely until you are confident that a competent proficiency skill level has been attained. The PA student can function without your direct supervision as long as those medical services are provided either in your office or in the hospital where you have staff privileges. You must be readily available (15-30 minutes). All patients seen by the PA student must also be seen by you or another provider who has agreed to supervise in your absence.

WHAT IF I WILL BE ABSENT FROM MY PRACTICE FOR A PERIOD OF TIME?

A PA student who prescribes for or treats disease in the absence of the supervising physician makes both parties liable and will not be protected by the law or by the University and its agents.

("Absence" is defined as not immediately available or available within the time required for an emergency.) If you plan to be away from your practice for any length of time it is strongly recommended that the PA student not see any patients during your absence. If you are called away suddenly and are unable to cancel all appointments, then it would be permissible to have the student see uncomplicated problems as long as you have provided a readily available physician backup. It is essential that your substitute know of the arrangements and conditions of being a preceptor. In the case of any prolonged absence, the student should not see patients, and should notify the Director of Clinical Development at the Program.

DO I HAVE TO INCLUDE THE STUDENT IN MY MEDICAL LIABILITY COVERAGE?

The University of Nebraska's physician assistant students are insured under the UNMC's professional staff and student liability policy. As an approved preceptor site your practice is an extension of the UNMC's PA Program. Any student who is providing medical services within the scope of his/her PA training and who is adequately supervised is insured and protected. The amount of coverage is \$1 million/claim; \$3 million aggregate. You should contact your medical liability agent to ascertain if you need additional coverage.

HOW ARE SIGNED ORDERS, HOSPITAL CHARTS, MEDICAL RECORDS AND PRESCRIPTIONS HANDLED?

The PA student should have the learning experience of signing (initialing) chart orders and progress notes. You should countersign all orders as soon as possible. The hospital rules and bylaws may set conditions pertaining to medical and PA students.

The PA student may write the prescribing information. However, any and all prescriptions must be **signed by you**. Be sure the information is accurate and complete on the prescription before you sign it. The practice of issuing pre-signed prescription blanks to students is not condoned by this program and is **illegal**. Some physicians allow students to transmit prescribing information by telephone. This practice often does not allow for adequate preceptor supervision. However, you may find this method to be occasionally necessary and should give explicit instructions to the student as to when, where, and under what circumstances the student may do this. Please make sure that the local pharmacist is informed that the student will be doing this under the circumstances you describe.

WHAT ABOUT HOSPITAL ACTIVITIES?

It is considered essential that the PA student be allowed to learn in the hospital setting and assist in medically caring for the preceptor's patients. The PA student is authorized by law to do so with proper supervision. (See Question #1.) In-hospital activities that are considered important and encouraged are:

1. Performing histories and physical examinations
2. Writing progress notes
3. Writing orders (that will be countersigned)
4. Writing discharge summaries
5. Assisting in obstetrical deliveries

6. Assisting in surgical operations
7. Managing simple, non-complicated emergencies
8. Assisting with life-threatening emergencies
9. Assisting in making rounds
10. Assisting with autopsies
11. Other activities considered essential learning experiences.

Rotation Safety

It is the responsibility of the clinical site, preceptor, the UNMC PA Program and student to be aware of issues related to safety while on clinical rotations. The clinical site and preceptor must ensure that students are provided with information and training associated with safety in their specific practice and community. Review practice safety policies with students, who has access to the clinical space, use of chaperones for exams, and what to do in the case of an emergency. Review blood borne pathogen policy and how to handle sharps and contaminated materials in your facility.

The Centers for Medicare & Medicaid Services: Guidelines for Teaching Physicians, Interns, and Residents

Evaluation and Management Documentation Provided by Students

Any contribution and participation of a student to the performance of a billable service must be performed in the physical presence of a teaching physician or resident in a service that meets teaching physician billing requirements (other than the review of systems [ROS] and/or past, family, and/or social history [PFSH], which are taken as part of an E/M service and are not separately billable). Students may document services in the medical record; however, the teaching physician may only refer to the student's documentation or an E/M service that is related to the ROS and/or PFSH. The teaching physician may not refer to a student's documentation of physical examination findings or medical decision making in his or her personal note. If the student documents E/M services, the teaching physician must verify and re-document the history of present illness and perform and re-document the physical examination and medical decision-making activities of the service.

Reference: www.cms.gov/Outreach-and-.../Medicare.../gdelinesteachgresfctsh.pdf

Procedure for using a non-physician provider as a scribe for documentation of services, as it relates to payers:

1. The use of Scribes to document services performed by physician providers:
 - a. Physician providers who bill for services may use a scribe to concurrently document findings of a patient's clinical encounter. Documentation provided by a scribe must demonstrate to any knowledgeable reviewer that the billing provider performed the services and the scribe's role was limited to recording the clinical findings of the billing provider.
 - b. The use of a scribe to document clinical information to support professional fee billing by UNMC Physicians providers must meet the following criteria:

- i. The individual responsible for concurrent documentation (the scribe) must document their name and role in the medical record.
- ii. The billing provider must be present for the entire encounter and perform all activities recorded in the scribed documentation.
- iii. The billing provider must indicate that he/she personally treated the patient and developed the treatment plan as documented. For example, the billing provider could attest to the following by making a statement that ‘he/she personally treated the patient.’”
- iv. When electronic signatures are used for verification of the medical documentation, this signifies that the billing provider personally treated the patient and developed the treatment plan as documented.

Reference: UNMC Physicians Scribe Documentation, Policy Number CD09, 12/2007

Scribe Example:

“In my presence, Dr.... personally obtained the history and performed the physical exam. We discussed the findings, differential diagnosis, and treatment. However, Dr.... personally specified the diagnosis and treatment for (patient’s name).”

CME Credit for Teaching Students

For Physicians:

AMA PRA Category 2 Credit activities

AMA PRA Category 2 Credit is defined as all educational activities not designated for Category 1 that: comply with the AMA definition of CME; comply with the AMA ethical opinions on Gifts to Physicians from Industry and on Ethical Issues in CME (i.e., are not promotional); and a physician finds to be a worthwhile learning experience related to his/her practice.

Physicians may claim AMA PRA Category 2 Credit for such learning activities as: teaching residents, medical students, or other health professionals; unstructured online searching and learning (i.e., not Internet PoC); reading authoritative medical literature; or participating in live activities not designated for AMA PRA Category 1 Credit.

Documentation: self-documented; physicians should self-claim credit for appropriate AMA PRA Category 2 activities on their AMA PRA certificate application form.

Credit assignment: as with live activities, physicians may self-claim one (1) AMA PRA Category 2 Credit for each 60-minute hour engaged in the learning activity. Physicians may claim credit in 15 minute, or 0.25 credit increments, and round to the nearest quarter hour.

Source: The Physician’s Recognition Award and credit system: Information for accredited providers and physicians. 2010 Revision:
<http://www.ama-assn.org/resources/doc/cme/prs-booklet.pdf>

For Physician Assistants:

Physician Assistants may claim Category I CME credit for precepting PA students. Individual preceptors may be awarded a maximum of 20 hours of Category 1 CME for clinical teaching per clinical year. PA programs are responsible for having a mechanism in place to document credits awarded.

Source: http://www.aapa.org/cme/cme_providers/resources/item.aspx?id=6743

Physician Assistants may claim Category II CME credit on an hour-for-hour basis for teaching PA students or other health care students. There is no maximum on the number of hours that you can earn for any Category II activity.

Policy on Blood and Body Fluid Exposures

- All blood and body fluid exposures are to be reported immediately to Employee Health in person or by pager. OUCH PAGER - 24 HOUR/DAY AND 7 DAYS/WEEK.
- **REPORT ASAP!** High risk HIV exposures need post-exposure prophylactic (PEP) medication begun within the first 1-2 hours after an exposure!
- All exposures should immediately be washed with soap and water or irrigated if mucous membrane contact. DO NOT try to force blood from wound!
- Do risk assessment of exposure following Center for Disease Control guidelines.
- Arrange source testing for HbsAG, HCV antibody and HIV antibody. Rapid HIV testing will be done on source.
- State law requires informed consent for any HIV testing.
- Employee baseline testing will be HIV antibody, HCV antibody and HbsAB when past positive titer not documented.
- Tetanus status will also be reviewed.
- Education and counseling will be provided to all Employee/Physician/Student or Volunteer reported exposure incidents to human blood/body fluids, including safer sex and birth control, and side effects of PEP medications when prescribed.

CONTACT NUMBERS FOLLOWING EXPOSURE

Needle stick pager numbers:

On Campus = *9 888-OUCH (6824)

Off Campus = 888-OUCH (6824)

Out of Area Code = 1-402-888-OUCH (6824)

OUCH pager available 24 hours per day,
7 days a week

Employee Health 402-552-3563
Office Hours, Monday - Friday, 7 am to 4:30 pm

Policy on Student Service Work

To avoid practices which might conflict with the professional and educational objectives of the University of Nebraska Physician Assistant Program during Phase I and Phase II, and to avoid practices in which students are substituted for regular staff, the following policy shall be in effect regarding service work.

1. Students may not be hired as employees for any private or public practice, clinic, or institution to perform medical services during any time they are part of the physician assistant educational program under the sponsorship of that specific practice, clinic, or institution.
2. Students may not take the responsibility or place of qualified staff.
3. Students may not be given any payments, stipends or other remuneration for medical services performed as part of the physician assistant educational program.
4. Students may volunteer their medical services to charitable, humanitarian or community service organizations when such services are assigned or approved within the physician assistant educational program.

The One-Minute Preceptor

A Method for Efficient Evaluation and Feedback

The one-minute preceptor is a strategy for efficiently structuring an interaction with a learner. It consists of the following steps:

1. Get a learner commitment

So, what do you think is going on with this patient?
How would you like to treat this patient?
Why do you think the patient came in today?
What would you like to accomplish on this visit?

2. Probe for supportive findings/evaluate the thinking leading to that commitment

How did you reach that conclusion?
What makes you....?
What findings support your diagnosis?
What else did you consider?

3. Reinforce what was correct/give positive feedback

I agree with your interpretation.
I am pleased that you included...that aspect of the physical exam.
I appreciate your consideration of the patient's financial situation in prescribing...

4. Constructive guidance about errors or omissions/give negative feedback

I disagree with...the scope of your differential diagnosis.
What else do you think you might have included?
Including the abdominal exam would have been important....
A more efficient way to....

5. Teach a general principle/clarify "the take home" lesson

So, in general, it's important to remember...
It is always important to think about...
In general, taking a little extra time...
Why don't you read up on this tonight and report back tomorrow...

Adapted by the UNMC Physician Assistant Program with credit to the Department of Family Medicine, University of Washington, Seattle.
Reference: Nether JO, Gordon KC, Meyer B, Stevens N. A five-step "Microskills" model of clinical teaching. J Am Brd of Fam Prac, July-Aug, 1992; Vol. 5 No. 4, 419-424.

Addendum I

Professionalism – Ideals to which we expect our students to strive:

Excellence in the educational process, through

- Striving for the highest standards of competence in skills and knowledge •
Accepting responsibility for educational challenges and self-learning
- Accepting correction and guidance graciously and corrects shortcomings
- Respecting clinicians and their teaching endeavors

Appropriate level of Humanism, through

- Showing respect, compassion, and empathy for others
- Honoring the choices and rights of others
- Being sensitive and responsive to culture, gender, age, disabilities, and ethnicity of others

Accountability, through

- Being Punctual and prepared for all obligations
- Dependably completes assigned tasks
- Appearing neat in grooming, dress, and hygiene

Altruism, through

- Responding to the needs of others without regard to self-interest

Ethical/Legal Understanding of medical practice, through

- Maintaining confidentiality standards
- Being Truthful to patients and colleagues
- Being Committed to ethical principles of the PA profession
- Possessing personal and academic integrity

Effective Communication Skills, through

- Being able to effectively relate to patients, peers, and colleagues
- Establishing positive rapport with others
- Effectively identifies patient concerns
- Maintaining composure during adverse interactions or situations

Clinical Competence, through

- Commitment to ongoing professional development
- Dedication to providing the highest quality of care to patients
- Promoting the emotional and physical well-being of patients
- Using a holistic approach to patient care

Professionalism Concerns

- Lacks Initiative
 - Needs excessive direction
 - Little self-directed learning
- Lacks Self-Confidence
 - Performance is limited by a lack of self-confidence
 - Does Not Know Limitations
 - Overestimates abilities
- Condescending
 - Makes demeaning comments about others
- Arrogant
 - Displays an attitude of superiority or self-importance
- Abrasive
 - Is overly aggressive in a manner that annoys others
- Sarcastic
 - Excessive use of sarcasm in inappropriate settings
- Impulsive/Reactive
 - Displays inappropriate behavior when frustrated or angry
- Disruptive
 - Socializes during lectures/class
- Uncooperative
 - Unable to cooperate or work well with others

Class of 2023 Clinical Year Calendar

2022	
SEPTEMBER 26 – OCTOBER 21	Rotation 1
OCTOBER 21	EOR Return Omaha OR Kearney
OCTOBER 24 – NOVEMBER 18	Rotation 2
NOVEMBER 21 – DECEMBER 15	Rotation 3
DECEMBER 15	EOR Return Omaha
DECEMBER 16 - JANUARY 1	WINTER BREAK
2023	
JANUARY 2 – JANUARY 27	Rotation 4
JANUARY 30 – FEBRUARY 24	Rotation 5
FEBRUARY 24	EOR Return Omaha
FEBRUARY 27 – MARCH 24	Rotation 6
MARCH 25 – APRIL 2	SPRING BREAK
APRIL 3 – APRIL 28	Rotation 7
APRIL 5 – APRIL 8	NAPA Spring Conference Kearney
APRIL 28	EOR Return Omaha
MAY 1 – MAY 26	Rotation 8
MAY 20 – MAY 24	AAPA Annual Conference Nashville, TN
MAY 29 – JUNE 23	Rotation 9
JUNE 22- 23	EOR Return Omaha
JUNE 24 – JULY 2	SUMMER BREAK
JULY 3 – JULY 28	Rotation 10
JULY 31 – AUGUST 25	Rotation 11
AUGUST 24 - 25	EOR Return Omaha
AUGUST 28 – SEPTEMBER 22	Rotation 12
SEPTEMBER 25 – OCTOBER 20	Rotation 13
OCTOBER 20	EOR Return Omaha
OCTOBER 23 – NOVEMBER 17	Rotation 14
NOVEMBER 20 – DECEMBER 15	PHAS 799- Advanced Practicum Omaha
DECEMBER 15	Graduation Omaha

University of Nebraska Medical Center Observed Student Holidays

- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day