**Preceptor Orientation Handbook**

***Tips, Tools, and Guidance for Physician Assistant Preceptors***

******

Mississippi College

Clinical Coordinator, Jade Hayes

200 S Capitol Street, Clinton MS 39056

601-925-7371

**About This Handbook**

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

**Acknowledgments**

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

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

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

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

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

PAEA Staff Contributors

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

MCPA Contributors

* Justin Goebel, PA-C
* Jade Hayes

**Table of Contents**

Introduction 1

General Goals of the Clinical Year 1

Core Competencies for New Physician Assistant Graduates 1

Definition of the Preceptor Role 2

Preceptor Responsibilities 2

The Preceptor−Student Relationship 3

Orientation and Communicating Student Expectations 3-4

Preparing Staff 5

Supervision of the PA Student 5

Informed Patient Consent Regarding Student Involvement in Patient Care 6

Documentation 6

Medicare Policy 6

Prescription Writing 7

Expected Progression of PA Student 7

Student Evaluation 7

Feedback to Students 7

Student Responsibilities 8

Standards of Professional Conduct 8

Specific Program Policies 8

Diversity and Inclusion Strategies 8

The Preceptor−Program Relationship 9

Liability Insurance 10

Program-Specific Topics to Be Added by Individual Program if Desired 10

Preceptor Development Resources 11

Learning Outcomes 12

Clinical Student Procedural Protocol 12

**Introduction**

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

**General Goals of the Clinical Year**

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 refinement of skills and expanded knowledge as a practicing PA. To this end, the goals of the clinical year include:

* Apply didactic medical knowledge and skills to supervised clinical practice
* Advance clinical reasoning and problem-solving skills
* Expand and strengthen the medical fund of knowledge
* Perfect the art of history-taking and physical examination skills
* Refine oral presentation and written documentation skills
* Broaden understanding of the PA role in health systems and healthcare delivery
* Apply principles of diversity and inclusion to patient-centered care
* Develop interpersonal skills and professionalism necessary to function as part of a medical team
* Experience a wide variety of patient demographics, types of patient encounters, and clinical settings representative of the breadth and depth of PA scope of practice
* Prepare for the Physician Assistant National Certifying Exam

**Core Competencies for New Physician Assistant Graduates**

“Core Competencies for New Physician Assistant Graduates” identify the knowledge, skills, attitudes, and behaviors that all PA students should be able to demonstrate by the end of their PA training program. There are 45+ specific competencies related to knowledge, abilities, or skills that are measurable and observable. These competencies are tailored explicitly for PAs entering practice for the first time and were developed using the “Competencies for the PA Profession” foundation.

The Core Competencies for New Physician Assistant Graduates are organized using the following eight domains:

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

More details are available on the PAEA website:

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

**Definition of Preceptor Role**

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

**Preceptor Responsibilities**

To maximize the educational opportunities for PA students and to avoid misunderstandings between students and clinical staff, preceptors are expected to:

1. Maintain medical malpractice insurance.
2. Provide the Program with a current CV and other requested information.
3. Notify the Program if there is a change of preceptor.
4. Review course Learning Outcomes and Instructional Objectives on the syllabus. \*Provided upon scheduling of the student.
5. Meet with the student on the first day of rotation to review:
	1. Educational objectives for the rotation.
	2. Work schedules and on-call assignments.
		1. These are under the local control of the preceptor.
		2. Students should check with the preceptor about call responsibilities, especially if the site is hospital based.
	3. Local policies and procedures.
6. Introduce the student to essential clinical and auxiliary personnel in the practice.
7. Provide clinical instruction in accordance with the rotation objectives and the availability of patients and other clinical resources.
	1. Clinical assignments should be consistent with the role of a Physician Assistant.
	2. A “hands-on” clinical experience is required. Students should not only shadow a preceptor.
	3. Self-study assignments and library research of clinical topics are encouraged.
	4. PA students are particularly eager for knowledge and insights from the preceptor's own clinical experience.
	5. See all patients seen by the student prior to discharge; co-sign all chart notes and orders written by the student.
8. Provide the PA student with frequent feedback on clinical and professional performance.
9. Meet with the student during the second and the last week of rotation and electronically complete a Student Clinical Performance Evaluation.
	1. **Mid-term preceptor evaluations** are *optional* and should be completed by the preceptor(s) and reviewed with the student during the second or third week of rotation. It is the student’s responsibility to secure this evaluation for feedback. This grade is formative and intended as an assessment tool of the student’s progress. It will not count towards the student’s final rotation grade.
	2. **Final preceptor evaluations** must be completed via the online Typhon Group (https://typhongroup.com/) system or on paper by the preceptor(s) and submitted to the Program by the end of the week following the completion of the rotation. Preceptors will receive an email from the online Typhon Group system with instructions on completing the evaluation. While not required, it is suggested that preceptors discuss the evaluation with the student.
		1. Preceptors can review the evaluation SCORE prior to submission.
		2. A preceptor evaluation grade below 70% will be considered a failing grade for the course and will require the student to repeat the rotation in its entirety at another clinical site.
		3. Should a student receive a low score, the PA Program’s Director of Clinical Education will contact the preceptor for further discussion.
	3. Evaluations should be frank and accurate as a reflection of the student's clinical competence and professionalism.
	4. Students should be rated as though they were being considered for employment in the preceptor's practice (taking into account their level of training and experience).
	5. Written comments are especially important, but if the preceptor feels written comments are not enough and desires an open discussion, please call the Director of Clinical Education.
10. Notify the PA Program of any unexpected absences, professionalism issues, or other concerns: (601) 925-7371.

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

Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals regarding what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation.

Expectations can include:

* Hours
* Interactions with office and professional staff
* General attendance
* Call schedules
* Overnight and weekend schedules
* Participation during rounds and conferences
* Expectations for clinical care, patient interaction, and procedures
* Oral presentations
* Written documentation
* Assignments
* Anything else that the preceptor thinks is necessary

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

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

**Preparing Staff**

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. Helping the student learn about office, clinic, or ward routines and the location of critical resources helps them become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient's visit. Students should have conversations with staff about expectations and make sure they understand office policies and procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know the student’s role. The preceptor should inform the staff about how the student is expected to interact with them and patients. Consider having a meeting or creating a memo with/for staff in advance of the student’s arrival to discuss the:

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

**Supervision of the PA Student**

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

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor’s supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student’s responsibility to ensure that the supervising physician or preceptor sees all of the student’s patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student’s demonstrated level of expertise. However, every patient must be seen, and every procedure evaluated before patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Laws for Medicare patients are slightly different in terms of what a student is able to document, and this is explained further in the following “Documentation” section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

**Informed Patient Consent Regarding Student Involvement in Patient Care**

The patients are essential partners in the education of PA students. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students must complete HIPAA training before their clinical year. However, patients must be informed that a PA student will participate in their care, and their consent must be obtained. Consent is given through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA students and must also verbally identify themselves as such. If the patient requests a physician, PA, or other licensed clinician and refuses the PA student’s services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

**Documentation**

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator. Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Students' notes are legal and are contributory to the medical record.

Additionally, writing a brief note that communicates effectively is a critical skill that PA students should develop. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit.

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

**Medicare Policy**

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

All physician, PA, and nurse practitioner preceptors are allowed to verify medical record documentation provided by PA students. It is important to note that there are no restrictions on the verification of student-provided documentation based on the profession (i.e., a preceptor does not have to be a PA to verify the documentation of a PA student). <https://paeaonline.org/our-work/advocacy-for-pa-education/emerging-advocacy-issues>

**Prescription Writing**

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

**Expected Progression of PA student**

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to develop an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may just observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student’s skills and abilities, the student should progressively increase supervised autonomy. If the preceptor thinks that a student is not performing clinically at the expected level for where they are in their training, they are encouraged to address this with the clinical program faculty early in the rotation.

**Student Evaluation**

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

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to gain additional insight into the student's professionalism and effectiveness, as health care team members’ comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

Please contact the clinical director for specific evaluation forms and policies relating to the student handbook.

**Feedback to Students**

While students may have only one formal evaluation during the clinical rotation, they must regularly receive positive and constructive feedback from their preceptors to help improve their clinical performance.

Daily or weekly check-ins are recommended and can provide avenues to address any student questions as well as encourage dialogue between student and preceptor.

**Student Responsibilities**

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

* Obtain detailed histories, conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.
* Assist or perform and interpret common lab results, diagnostics tests, or procedures.
* Complete any assignments, tasks, and presentations as assigned by their preceptor.
* Educate and counsel patients across the lifespan regarding health-related issues.
* Attend and engage in clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them.
* Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.

**Standards of Professional Conduct**

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

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

The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and the physician assistant program.

If preceptors are concerned about a student's professionalism, please contact the clinical director immediately.

**Specific Program Policies**

Program policies and student handbook can be found:

<https://www.mc.edu/academics/departments/pa/students/student-handbook>

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

**Diversity and Inclusion Strategies**

PA education is committed to growing diversity and inclusion among its faculty, students, and preceptors. PAEA has available in the Digital Learning Hub a Diversity, Equity, and Inclusion Toolkit (<https://paea.edcast.com/pathways/diversity-equity-and-inclusion-toolkit>) and best practices guidelines. More info can be found at: <https://paeaonline.org/wp-content/uploads/2024/10/EDI-Forum-one-pager-2024-final.pdf>

**The Preceptor−Program Relationship**

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program clinical faculty and staff, and preceptors. All members of the team should share their preferred contact information.

If a preceptor has a question or concern about a student, they should contact the clinical coordinator or designee. Programs strive to maintain open faculty–colleague relationships with their preceptors and believe that if problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early troubleshooting may help avoid a diminution in the educational experience.

**Liability Insurance**

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

In addition, if a PA student is working in a paid position in a different healthcare-related capacity at any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

**Program-Specific Topics**

The physician assistant curriculum is closely related to the purpose and goals of the institution as well as to the degree. The Mississippi College Physician Assistant Program offers a master’s degree program that promotes lifelong learning, critical thinking, and varied academic experiences to provide students with the expertise and work ethic required to achieve personal and professional fulfillment.

**The goals of the program are to:**

1. Recruit highly qualified students who demonstrate predictors of success.
	* **Rationale**: Entering PA school is highly competitive. The MC PA Program has a rigorous application process to ensure we admit the most qualified students. The MC PA Program recognizes that ‘Overall GPA’ is a reliable metric as a predictor of success in the Program.
	* **Benchmark**: The Program has set a goal benchmark of > 3.40 undergraduate GPA and has consistently recruited students who met that benchmark.
	* **Outcome**: [Overall GPA of recruited students](https://www.mc.edu/academics/departments/pa/application/files/6717/4671/2277/GPA_on_Admission.png)
2. Matriculate an inclusive and diverse student cohort.
	* **Rationale**: Maintaining Inclusion and diversity is an important Program goal, particularly to train PAs who can meet the demands of a diverse patient population. The Mississippi College PA Program recognizes the importance of inclusivity and diversity.
	* **Benchmark**: The Program has set benchmarks for matriculated cohorts of qualified students who are > 5% racially/ethnically diverse and are from > 10% economically or educationally disadvantaged socioeconomic backgrounds.
	* **Outcome**: [Racially/ethnically diverse](https://www.mc.edu/academics/departments/pa/application/files/1017/4671/3055/Race_and_Ethnicity_Data.png) and [economically](https://www.mc.edu/academics/departments/pa/application/files/4617/4671/3331/Socioeconomic_Indicators.png) or [educationally](https://www.mc.edu/academics/departments/pa/application/files/6617/4671/3682/Educational_Indicators.png) disadvantaged socioeconomic backgrounds
3. Attain a high graduation rate for each matriculated cohort.
	* **Rationale**: The Mississippi College PA Program recognizes the importance of a high graduation rate.
	* **Benchmark**: The Program has set a goal benchmark of > 90% for each cohort.
	* **Outcome**: [Graduation rate](https://www.mc.edu/academics/departments/pa/application/files/3117/4671/4313/Graduation_Rate.png)
4. The Program will maintain a high five-year first-time pass rate on the Physician Assistant National Certifying Examination (PANCE). ​​​​​​​
	* **Rationale**: Passing the PANCE is required in all fifty states to obtain initial licensure as a PA. The Mississippi College PA Program recognizes the importance of preparing students to pass the PANCE.
	* **Benchmark**: The Program has set a goal benchmark of > 90% five-year average for first-time takers.
	* **Outcome**: [PANCE five-year first-time pass rate](https://www.mc.edu/academics/departments/pa/application/files/2817/4671/4491/5_Year_PANCE_Pass_Rate.png)
5. Educate students in each of the Program’s defined competency domains in preparation for clinical practice.​​​​​​​
	* **Rationale**: The Mississippi College PA Program endeavors to educate students in each competency domain to prepare them for clinical practice.
	* **Benchmark**: The Program has set a goal of 3.5 / 5.0 (5-point Likert scale) in each domain as reported by students, clinical preceptors, and faculty.
	* ​​​​​​​**Outcome**: Competency domains for [students](https://www.mc.edu/academics/departments/pa/application/files/4117/4671/4533/Student_Self_Evaluation.png), clinical [preceptors](https://www.mc.edu/academics/departments/pa/application/files/8017/4671/4574/Preceptor_Evaluation.png), and [faculty](https://www.mc.edu/academics/departments/pa/application/files/7717/4671/4701/Faculty_Evaluations.png)​​​

**Preceptor Development Resources**

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

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

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

Additional resources for preceptors can be found in the Preceptor Channel within the PAEA Digital Learning Hub: <https://paea.edcast.com/channel/preceptor-development> Ask your clinical coordinator to download and share these resources if you do not have access.

**Curriculum and Learning Outcomes**

For a detailed overview of the Mississippi College Physician Assistant Program curriculum and learning outcomes, please visit: <https://www.mc.edu/academics/departments/pa/academics/curriculum>

**MCPA Clinical Student Procedural Protocol**

Physician Assistant students must be supervised clinically by an appropriately credentialed healthcare provider, who is in good standing with the medical staff. Physician Assistant students are not to function independently. They must be under personal supervision for the items noted below, which means that the precepting provider must be in attendance in the room during the performance of the procedure. The student may perform the subsequent procedures without physical presence of the supervising physician after they have deemed the student fully competent. The preceptor may delegate precepting activities including "personal supervision" of PA students to an Advanced Practice Clinician (APC), NP or PA, for any tasks that are within the scope of practice of that APC and which the provider is authorized to perform at the facility.

Physician Assistant students may:

* Perform history and physical exam under direction of surgeon/physician and cosigned by surgeon/physician or qualified, physician-delegated APC
* Perform documentation and prescription writing under direction of surgeon/physician and cosigned by surgeon/physician, or qualified, physician-delegated APC
* Perform duties as assigned and personally supervised by the preceptor
* May assist surgeon/physician during surgery and deliveries, only with personal supervision of the surgeon/physician
* Patient consent must be obtained prior to any procedure or patient interaction

Under personal supervision and discretion of the credentialed surgeon/physician or qualified, physician-delegated Advanced Practice Clinician, student may assist OR perform the following after they have been observed and deemed fully competent by the preceptor\*\*:

* Pelvic exam and Pap smear (with patient consent)
* Incision/drainage of cyst or abscess
* Lesion destruction with cryotherapy
* Sutures, wound closure
* Venous blood collection - 2 stick attempt max
* IV placement- 2 stick attempt max
* Nasogastric tube insertion/ removal
* Application and removal of dressings
* Suture/staple/steri-strip removal
* Insert/remove urinary catheter
* Joint injection and aspiration
* Arterial blood collection
* Endotracheal- irrigation, removal, suction
* Chest tube- insertion, instillation, irrigation, removal with personal supervision
* Central Venous Lines- placement, readings, removal, obtain specimens
* Arterial lines
* PCA pumps- program pump and -start medication
* Paracentesis under personal supervision
* Thoracentesis under personal supervision
* Removal of surgical drains
* Colposcopy

\*\*Ultimately, each preceptor is encouraged to practice individual discretion in what he or she is comfortable allowing students to perform or assist with under his or her supervision. While the list above is meant to be reflective of procedural opportunities students often encounter on clinical rotations, it is in no way suggestive that all clinical sites and preceptors are required to offer these experiences, nor does it imply that every student will be prepared to demonstrate proficiency with all of the aforementioned procedures. Notwithstanding, based on the rigorous procedural skills training our students received during their didactic education, they should be prepared to take an active role in procedural experiences as appropriate for each clinical experience.