



# Preceptor Handbook 2024-2025

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Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be **2032 March**. The review date is contingent upon continued compliance with the Accreditation *Standards* and ARC-PA policy.

The program's accreditation history can be viewed on the ARC-PA website at <http://www.arc-pa.org/accreditation-history-mt-st-joseph-university/>.

**Certification by the National Commission on Certification Of Physician Assistants (NCCPA)**



#### **4. Formulating the Differential and Most Likely Diagnosis**

Objective focuses on skill in formulating and documenting the differential diagnosis and the most likely diagnosis in light of history, physical or diagnostic test findings.

#### **5. Evaluating the Severity of the Condition and the Need for Further Action**

Objective focuses on skill in evaluating the severity of the condition and the need for further action.

#### **6. Management of Health Maintenance and Disease Prevention**

Objective focuses on skill in identifying risk factors and selecting appropriate preventive therapeutic agents or techniques.

#### **7. Clinical Intervention**

Objective focuses on skill in prioritizing management and selecting the appropriate medical and/or surgical treatment. Focus on determining the appropriate follow-up schedule or monitoring approach.

#### **8. Clinical Therapeutics**

Objective focuses on skill in selecting the appropriate pharmacotherapy, recognizing actions of drugs, and educating patients about the effects of drugs and drug-drug interactions.

#### **9. Legal/Ethical and Health Care Systems**

Objective focuses on issues such as patient autonomy, PA/patient relationships, PA/physician relationships, and use of unorthodox or experimental therapies, end-of-life considerations, and treatment of minors.

#### **10. Applying Scientific Concepts (Basic Clinical Sciences & Research Data)**

Objective focuses on skill in identifying the processes responsible for a given condition. Focus on basic interpretation of research data and sensitivity and specificity of selected tests.

#### **11. Work Related Behavioral Objectives**

There are many work-related behaviors important to successful employment in healthcare. The following are some of the behaviors to consider when evaluating this student: productivity, work quality, initiative, teamwork, attitude, communication skills, and overall performance as a potential employee.

## **SECTION 2: PRECEPTOR, PROGRAM, & STUDENT RESPONSIBILITIES & GUIDELINES**

### **Definition of the Preceptor Role**

The preceptor is an integral part of the teaching program. Preceptors serve as role models for the student and, through guidance and teaching will help students perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and treatment plan development including a logical approach to further studies and therapy.

### **Preceptor Responsibilities**

1. Provide adequate clinical space for the student to care for patients.
2. Ensure that students are not used as a substitute for clinical or administrative staff.
- 3.

- conferences, expectations for clinical care and patient encounters, oral presentations, etc.
4. Involve the student in all aspects of the practice, including hospital and nursing home services, so that the students will receive a well-rounded experience.
  5. Notify the hospital, clinics, and nursing homes that you will be a preceptor. Inquire about policies and regulations governing PA students in your facility. Inform staff how the student will interact with them and patients.
  6. If allowed by the preceptor and/or facility, have the student enter information into the medical record. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” Preceptors are required to document the services they provide as well as review and edit all student documentation.
  7. Ensure that only medical tasks delegated by you are performed by the student and that services rendered by the student are regularly evaluated.
  8. Give regular feedback of the student’s performance according to the learning objectives and goals set by the program for the clinical rotation.
  9. Contact the program for clarification of matters relating to the rotation.

### **Preceptor Stipend**

Mount St. Joseph University provides a stipend to qualified preceptors of \$800/rotation. In order to receive the stipend, each preceptor must complete a W9 form and return it electronically to the Clinical office prior to the end of the agreed upon rotation. The end of rotation evaluation must be completed within two weeks of the end of the rotation for the payment to be generated. The preceptor can expect to receive their payment within 6 weeks of the end of the rotation. Some sites require that payment go directly to the site instead of the individual preceptor. In situations such as this, the W9 should be completed as per the discretion of the site administration.

### **PA Program Responsibilities**

1. Provide the preceptor with the student’s educational learning outcomes.
2. Assume responsibility for selection and assignment of students to the individual preceptor.
3. Coordinate the educational and clinical activities involving the preceptor, clinical facility, student, and program faculty.
4. Make training guides, evaluation measures, and other materials available to the preceptor.
5. Provide information at appropriate intervals to the student and preceptor regarding evaluation outcomes.
6. Inform students on rotations they are subject to the policies, protocols, rules, and regulations of the preceptor and the clinical facility(ies).
7. Inform students they are responsible for their own meals, lodging, transportation 0 612 792 reW\* nBT/F

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regarding universal precautions, TB, and blood borne pathogens.

## **Liability Insurance**

The University maintains proof of student liability insurance and a copy is available to preceptors. Please notify your insurance carrier you are a preceptor for PA students. Insurance companies generally accept the presence of PA students without difficulty. PA students are covered for liability related to their normal curriculum studies and assignments. The limits of the professional liability policy are \$1,000,000/\$5,000,000.

## **Student Responsibilities**

1. Report patient data fully and accurately to the preceptor
2. Proceed with management of the patient only after consulting with the preceptor.
3. Act as a responsible health care provider by behaving professionally, legally, and ethically at all times.
4. Arrange schedule in advance and promptly notify the preceptor and the PA program of any schedule changes.
5. Wear an identification badge to identify themselves as a Mount St. Joseph University PA student when caring for patients.

## **Student Supervision**

Students function within the academic policies established by the Mount St. Joseph University PA Program. Preceptors serve by providing clinical learning experiences, direction, and supervision of students during the clinical rotation. The degree of responsibility delegated to a student depends on the student's attitude and ability. Students have no responsibility for patients except when under the supervision of a preceptor. **Students are not to practice medicine without direct supervision.**

### **Students are specifically prohibited from the following:**

1. Initiating unsupervised or unauthorized patient care.
2. Discussing physical findings, lab results, significance of historical data, or treatment plan without prior discussion with the preceptor.
3. Ordering lab or diagnostic studies without prior consultation with the preceptor.
4. Dispensing or writing prescriptions without authorization and preceptor's signature.
5. Disobeying protocols, rules, or regulations governing PA students established by the preceptor.
6. Discharging a patient from the facility without the patient personally being seen and evaluated by the preceptor.

## **Academic Responsibilities**

Students learn at different rates, but students must assume an active role in their education. The student is expected to show initiative by asking questions, completing assignments, following

patients, and giving feedback concerning how well the clinical rotation is meeting learning

will be scheduled virtually (phone, Zoom, or email communication). Visits may be announced or unannounced.

## **Student Dress**

While on rotations students will wear a short white lab coat with the program patch on the pocket and name tag identifying them as a Physician Assistant student from Mount St. Joseph University PA Program. Students are instructed to always dress in a professional manner. While some rotations may be more casual than others, jeans, shorts, cutoffs, t-shirts and “recreational clothing” are **NOT** appropriate attire. Nor, should the student wear clothing that exposes large areas of the chest, abdomen, midriff or back. If you have question or concern with respect to certain student attire, please contact the PA program.

PPE must be worn as mandated by the policies of the clinical site.

## **Harassment Policies**

Medical offices, operating rooms, emergency rooms and hospitals are all institutions where the very serious business of taking care of people’s health and lives occur. Employees often use humor as a means of stress relief; however, their humor should never make another person feel as though they have been harassed or create a hostile work environment. Mount St. Joseph University policy states that students should never be engaged in or exposed to behavior, which would constitute mistreatment or harassment.

**Sexual harassment in education is defined as:** any unwelcome behavior of a sexual nature that interferes with a student’s ability to learn, study, work or participate in school activities. Sexual harassment can be peer-peer, by teachers/preceptors or other school employees. While sexual harassment is legally defined as “unwanted” behavior, many experts agree that even consensual sexual interactions between students and teachers constitutes harassment because the power differential creates a dynamic in which “mutual consent” is impossible.” (Dzeich et al, 1990) Therefore, it is Mount St. Joseph University PA Program’s policy that students are not to enter into an intimate relationship with faculty, staff, patients or preceptors. Incidents will be investigated and immediate action will be taken, up to and including dismissal of a student from the program.

**Mistreatment is defined as:** intentional or unintentional behavior that shows disrespect for the dignity of others and unreasonably interferes with the learning process.

**Harassment is defined as:** any conduct, physical, verbal, written or electronic, on or off campus, that has the intent or effect of unreasonably interfering with an individual’s or group’s educational or work performance at the Mount

If you feel that an incident has occurred, you should promptly report the incident to the Clinical Director and/or Program Director for further action.

### **Troubleshooting**

The Program must be aware of any student problems. If you have concerns about a student's professional behavior, academic ability, or clinical skills, please contact us immediately. We are prepared to take an active role to improve difficult situations. In the rare case when problems develop, preceptors can expect a prompt, dependable, and competent response. In return, we anticipate preceptors will be prompt and dependable in informing the PA program of problems.

The PA program maintains regular contact with students and preceptors. Regular communication is intended to facilitate relationships among students, preceptors, and the PA program. Communication provides a mechanism for addressing informal questions about









4. In an adult patient presenting with heartburn symptoms, perform a patient-centered problem-H&P, order and interpret the appropriate labs and diagnostic tests if warranted, and recommend lifestyle modification and pharmacological treatment. (B3.03b)

Chronic Care (B3.03a)

1. In an adult patient with hyperlipidemia, interpret the lipid panel and other appropriate laboratory tests and recommend a management plan to include patient education, lifestyle modification, and pharmacological treatment. (B3.03b)
2. Perform an appropriate physical exam, review laboratory results including a HgbA1c, appropriately adjust medications, and recommend appropriate glucose monitoring and lifestyle modifications for an adult patient presenting for follow-up of diabetes mellitus. (B3.03b)
3. In an adult patient with Asthma/COPD, evaluate the patient and adjust the management plan if indicated. (B3.03b)
4. Accurately document an outpatient SOAP note and a referral for a patient in the family practice setting.

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5. Perform an appropriate H&P to include obtaining a throat swab and recommending a treatment plan for a child presenting with upper respiratory/sore throat symptoms.

#### Adolescent (B3.03b)

1. Perform an appropriate sports/school physical exam on an adolescent patient.
2. Analyze and document the stages of growth and development using Tanner stages for an adolescent patient.
3. Perform patient-centered education for an adolescent patient regarding the importance of HPV and Meningitis vaccines. (B3.03a)
4. Appropriately evaluate an adolescent patient for acne and develop a management plan.
5. Professionally screen an adolescent patient for eating disorders and recommend a management plan to include patient education if indicated. (B3.03a)

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#### Gynecological Care (B3.03c)

1. Elicit an appropriate gynecological history from a female patient.
2. Perform a routine pelvic examination on a female patient to include a Pap smear if indicated by guidelines.
3. For a patient with vaginal discharge, evaluate the patient, form a differential diagnosis and develop a management plan.
4. Appropriately order a screening mammography for a female patient if indicated by current guidelines. (B3.03a)
5. Provide patient-centered education for a female patient regarding contraceptive use. (B3.03a)

#### Prenatal Care (B3.03c)

1. Perform a prenatal exam on a pregnant female to include fetal heart tones & fundal height.
2. Calculate the dates of confinement and gestational age using date of last menstrual period or abdominal ultrasound.
3. Order the appropriate prenatal screening tests for a patient in the first trimester of pregnancy.
4. Provide appropriate patient education regarding pre-natal care.
5. Professionally

4. Professionally screen a patient for substance abuse using the CAGE questionnaire, formulate a differential diagnosis, and recommend initial management. (B3.03a, B3.03e)
5. Evaluate a patient for depression using the appropriate criteria and recommend a management plan to include pharmacological treatment. (B3.03e)
6. Appropriately screen a patient for suicidal ideation (B3.03a, B3.03e)
7. In a patient presenting with anxiety, develop a differential diagnosis, and recommend a management plan. (B3.03e)
8. Provide patient education on lifestyle modification to avoid situational stressors. (B3.03a, B3.03e)
9. Write an accurate SOAP note for a patient with a behavioral health complaint. (B3.03e)
10. Appropriately use the DSM V in the diagnosis of psychiatric conditions for behavioral medicine patients. (B3.03e)

## **General Surgery Clinical Rotation**

### Pre-operative Care (B3.03d)

1. Perform a patient-centered pre-operative history for an adult surgical patient to include assisting with obtaining an informed consent. (B3.03b)
2. Conduct an appropriate pre-operative physical exam and identify the American Society of Anesthesia (ASA) risk classification status
3. Write an accurate pre-operative note for a surgical patient.
4. In a patient presenting for surgery, appropriately determine if medication adjustments and antibiotic prophylaxis is indicated.
5. Professionally educate a pre-operative adult patient regarding potential post-operative complications. (B3.03b)

### Intra-operative Care (B3.03d)

1. Perform appropriate scrubbing, gowning and gloving for a surgical case.
2. Correctly maintain the sterile field while gowned and gloved in the operating room

### Emergent Care (B3.03a)

1. Evaluate an adult patient with chest pain, order and interpret the appropriate diagnostic testing to include an ECG, and recommend a management plan. (B3.03b)
2. Professionally triage patients presenting to the Emergency Department and determine which patients have life-threatening versus non-life-threatening medical conditions.
3. In an adult patient presenting with a fracture or extremity injury, conduct an appropriate history and physical exam to determine vascular and neurological status of the extremity. (B3.03b)
4. Evaluate a patient with dyspnea, order and interpret lab/diagnostic testing to include pulse ox and chest XR, develop a differential diagnosis, and recommend an initial treatment plan.
5. In an adult patient with a sudden onset headache, evaluate the patient and select the appropriate pharmacologic treatment. (B3.03b)

### Acute Care (B3.03a)

1. In an adult patient presenting with an extremity injury, appropriately perform a problem-focused history and physical exam, order and interpret laboratory tests/diagnostic imaging to include an x-ray, and properly apply an extremity splint. (B3.03b)
2. Appropriately close a laceration of a patient with skin adhesives or suturing.
3. In a patient with abdominal pain, evaluate the patient, order appropriate diagnostic testing and develop a treatment plan.
4. Perform a patient-centered history and physical exam, order and interpret diagnostic testing, and develop a management plan for an adult patient with back pain.
5. (B3.03b)
6. Write an appropriate emergency department SOAP note.

## **Orthopedic Surgery Clinical Rotation**

### Acute Care (B3.03a)

1. Perform a problem-focused history on a patient presenting with an acute musculoskeletal injury.
2. Appropriately conduct a problem-focused physical exam to include specific orthopedic testing on a patient presenting with an acute injury.
3. Accurately interpret a radiograph for a patient presenting with an orthopedic injury.
4. Correctly assist the orthopedic preceptor in application of an extremity splint for an acute injury.
5. While assisting with a surgical case, accurately identify anatomical landmarks pertinent to the orthopedic surgery.

### Chronic Care (B3.03a)

1. Perform a problem-focused history and physical exam on a patient presenting for follow-up for a chronic orthopedic condition.
2. Evaluate and appropriately manage a patient with osteoarthritis to include pharmacological care.





3. Correctly complete and document a history and physical examination that identifies specific barriers that require consideration to ensure equitable health care.
4. Utilize the special considerations of this unique patient population (specifically their social determinants of health) to develop an appropriate evaluation and management plan.
5. Exhibit empathy and compassion when providing patient education regarding pharmacological and non-pharmacological management.

## Sample Preceptor Evaluation of Student

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	1	2	3	4	5
	1				



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## **Introducing/Orienting a PA Student to Your Practice**

**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 helps students develop the functional capacity to work more efficiently. Orientation should include several components:

- Preparing your **staff** to have a student
- Preparing your **patients** to have a student
- Orienting the student to your practice
- Giving an overview of the rotation/preceptor expectations
- Orienting the student to your community

If you plan to take students often, it may be easiest to create an Orientation Checklist or a Student Orientation

Guide/Manual so that you are consistent each time. A more detailed description of each of these components is included below:

### **Preparing your staff to have a student:**

The staff of an office/hospital setting play a key role in ensuring that each student has a successful rotation. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss:

- Student's name and schedule
- Student's expected role in patient care
- Expected effect of the student on office operations

### **Preparing your patients to have a student:**

There are several ways for sites to notify patients that students are participating in patient care:

- Post a sign at the check-in desk
- Nursing staff or preceptor notify patients directly (but not in front of the student)
- Preceptor identifies patients on the daily schedule that would be good cases for student participation

### **Orienting the student to your practice:**

On the first day of the student's clinical rotation have a dedicated time and place to:

- Introduce the student to the staff and other medical providers that you work with
- Ask the office manager/HR to provide the student with an ID badge and computer access, EMR training, and the office policies and procedures; also





### **Summarize and Clarify**

- Don't repeat every aspect of the patient history – summarize and clarify information obtained from the student about the patient
- Don't repeat the entire physical exam performed by the student – the preceptor should perform and document only those elements requiring evaluation and/or clarification

### **Set Time Limits**

- If you have specific time constraints for a patient room, let the student know – “you have 15 minutes to see this patient”

### **Utilize Educational Strategies for Effective Teaching**

- See the 1-Pagers for Preceptors: SNAPPS, One-Minute Preceptor, and Ask-Tell-Ask Feedback to maximize your teaching time

### **References**

Seim HC, Johnson OG. Clinical Preceptors: Tips for effective teaching with minimal downtime. *Fam Med* 1999;31(8):538-9.  
Cayley Jr. WE. Effective Clinical Education: Strategies for teaching medical students and residents in the office. *WMJ* 2011;110(4):178-81.

**Preceptor:** Yes, while you included essential elements of the physical exam, it was not systematic and the patient had to be repositioned several times. A strategic way to avoid this in the future is to develop a plan for the physical exam before you initiate the exam.

**Example 2**

**Setting:** Inpatient

**Task Area:** Medical Knowledge, Clinical Reasoning

**Preceptor:** What elements of the diagnosis and treatment planning went well?

**Student:** I am confident in the most likely diagnosis, and the first-line therapy was appropriate for this patient.

**Preceptor:** the fi c5BTbout0912 0 612 70 1 347.35 570Tf1 0.570.82v12 7n( )ddi0 go00912 0o this patient.

