



**Master of Medical Science Physician Assistant
Program**

Preceptor Handbook

2411 Holmes St., Kansas City, MO 64108

www.med.umkc.edu/mmspa

816-235-1789

This handbook is based on the PAEA’s Preceptor Orientation Handbook: Tips Tools, and Guidance for Physician Assistant Preceptors.

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*Italicized letters and numbers next to handbook sections reference Accreditation Review Commission on the Education for the Physician Assistant (ARC-PA) standards. These indications throughout the handbook identify information/policies that assist the program in being compliant with the respective standard(s).

Introduction

We would like to express our sincere gratitude to our preceptors for your dedication to our program and physician assistant (PA) students. The clinical setting synthesizes concepts and application of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a quality practicing PA. Thank you for your commitment to PA education.

UMKC MMSPA Program Information

The Master of Medical Science Physician Assistant Program (MMSPA) is a seven-semester program based in the UMKC School of Medicine. Students enrolled in our program benefit from the extensive medical education resources offered by the School of Medicine, such as the [Clinical Training Facility](#), [Health Sciences Library](#), and [Medical Education Media Center](#). Our Kansas City location is in the heart of the city offering access to community health centers, academic medical affiliates, and surrounding rural locations. This allows the program to provide a wide variety of healthcare settings that serve diverse patient populations.

Mission Statement

To educate competent, compassionate, and culturally-aware Physician Assistants who are prepared to meet the healthcare needs of our community. Graduates will advance the Physician Assistant profession through clinical excellence, service, and dedication to professional stewardship.

Vision Statement

The UMKC MMSPA Program will be a leader in PA education recognized by the quality of our graduates, community partnerships, and academic excellence.

Curriculum

Didactic Coursework

Year 1 Spring Semester (22 credit hours)

MEDPA 5501 Anatomy for the PA

MEDPA 5502 Foundations of Basic Medical Science

MEDPA 5503 Research Applications in Medicine

MEDPA 5504 Ethics, Law and Policy

MEDPA 5505 Clinical Assessment for the PA

MEDPA 5511 Clinical Practicum I

MEDPA 5521 PA Professions I

MEDPA 5531 Science and Practice of Medicine I

Year 1 Summer Semester (14 credit hours)

MEDPA 5512 Clinical Practicum II

MEDPA 5522 PA Professions II

MEDPA 5532 Science and Practice of Medicine II

Year 1 Fall Semester (22 credit hours)

MEDPA 5513 Clinical Practicum III

MEDPA 5523 PA Professions III

MEDPA 5533 Science and Practice of Medicine III

Year 2 Spring Semester (25 credit hours)

MEDPA 5514 Clinical Practicum IV

MEDPA 5524 PA Professions IV

MEDPA 5534 Science and Practice of Medicine IV

Clinical Coursework

5610 Family Medicine I

5611 Family Medicine II

5620 Internal Medicine I

5621 Internal Medicine II

5630 Emergency Medicine

5640 Women's Health

5650 Pediatrics

5660 General Surgery

5670 Behavioral Health

5680 Geriatrics

Two months of elective rotations

5681 Professional Development for the PA

5595 Capstone

5580 Senior Seminar

Elective Clinical Rotation Experiences

Students are required to enroll in eight weeks of elective rotations beyond the defined rotations required for all students. These experiences may be selected by the student, but the program reserves the right to assign the student a specific elective to meet expected program clinical expectations and learning competencies. The experience is chosen, either from a site in the program's database or from a site the student suggests, but must be approved by the program. The elective clinical experience can be an opportunity for students to enhance an area of interest and/or a potential location for future clinical practice.

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 knowledge to supervised clinical practice
- Develop and sharpen clinical problem-solving skills

- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen and refine oral presentation and written documentation skills
- Develop an understanding of the PA role in health care delivery
- Prepare for the Physician Assistant National Certifying Exam
- Develop interpersonal skills and professionalism necessary to function as part of a medical team

HIPAA Compliance

Prior to clinical experiences, all students are required to be trained in the Health Insurance Portability and Accountability Act (HIPAA) medical privacy regulations. Students must demonstrate continuous compliance with these regulations throughout the program.

OSHA Guidelines (A1.03d, A3.08)

Safety is an important objective for students and patients. Prior to starting clinical experiences, students receive training in accordance with the requirements of the Occupational Health & Safety Administration (OSHA) on Universal Precautions and are provided information regarding the appropriate methods of handling blood, tissues and bodily fluids, as well as dealing with the management of communicable diseases. Each student is responsible for incorporating these precautionary measures into the daily routine while taking care of patients. It is the student's responsibility to become familiar with the policies and procedures for employing these precautions at each of the clinical sites to which the student is assigned. All students will participate in clinical affiliation requirements for safety and quality assurance compliance at the direction of the clinical affiliation personnel.

Infectious/Communicable Disease Policy and Procedures (A3.08)

The UMKC PA program has immunization and health screening requirements for students that are minimally based on both current recommendations for healthcare workers (HCWs) by the Centers for Disease Control and Prevention (CDC), as well as by UMKC affiliated hospitals and clinics. At minimum, students are required to meet these requirements prior to any clinical experience and may be required to complete additional screenings based on the requirements of clinical affiliates for which they rotate at that are different than those of the program.

Health Insurance

Students are required to maintain personal health insurance throughout the duration of the program.

Malpractice Coverage

Students are provided with medical malpractice coverage by the university while enrolled in the program.

Technical Standards

Applicants to the MMSPA program indicate they meet certain technical standards necessary to carry out all activities required for completion of the PA education. If there is any change in a student's technical

standards status prior to matriculation or while completing the program of study, the student must notify the program director. In addition, each student is required to complete an annual physical exam to assess his/her ability to perform educational activities based on the program's technical standards. Preceptors will be made aware of any student requiring accommodations to complete clinical rotations. Technical standards a candidate for the MMSPA degree must possess are listed at: <http://med.umkc.edu/pa/technical-standards/>.

Background Checks

All students who accept an offer of admission must clear a background check before matriculation into the program. The cost of background checks are paid by the student. Additional screens may be required for certain rotations or based on changes in the program's background screening requirements. Any additional screenings are the financial responsibility of the student. The results of background checks are forwarded to the Associate Dean of Student Affairs.

By completing a background check, the student authorizes UMKC to release the results of any background checks in the UMKC School of Medicine records to affiliated hospitals or clinics where a student is rotating. If a student is identified as having been convicted of a crime or has any other unsatisfactory finding in the background check process, the affiliated institutions will be notified and will determine if the student will be permitted to participate in clinical activities on site. It is possible that certain background check results may prevent a student from being able to fulfill the mandatory requirements for graduation if the screen prevents a student from rotating in affiliated hospitals or clinics.

Should an incident occur after the initial background screen that may prohibit the student from successfully completing any part of the program, including a required clinical rotation, it is the responsibility of the student to report the incident to program administrators. Each incident will be handled on a case-by-case basis.

Drug and Alcohol Screening

All students who accept an offer of admission must complete a drug and alcohol screen prior to matriculation into the program. Drug and alcohol screenings are required annually for students and deadlines will be announced by the program. The cost of screens are paid by the student. Some UMKC affiliated hospitals and clinics where students complete clinical rotations require that drug screens be conducted prior to student placement. In addition, sites may require additional screens that must be paid for by the student. Results of screens that are not "Negative" are forwarded to the Associate Dean for Student Affairs.

By completing a drug screen, the student authorizes UMKC to release the results of any drug screens in the UMKC School of Medicine records to affiliated hospitals or clinics where a student is rotating. If a student is identified as having a drug screen that is not a negative status, which could be consistent with substance abuse behavior, the affiliated institution will be notified and will determine if the student will be permitted to participate in clinical activities on site. It is possible that certain drug screen results may

prevent a student from being able to fulfill the mandatory requirements for graduation if the screen prevents a student from rotating in affiliated hospitals or clinics and/or may require the student to get more drug screenings at the cost of the student.

Student Appearance Policy

Students should maintain a professional appearance and dress appropriately whenever they are representing UMKC and the PA profession in any setting. This includes the campus, clinical sites, meetings, and special events. Being neatly dressed and well-groomed exemplifies professionalism. Students should adhere to the following appearance policy:

- Business Casual:** Business casual attire is expected in didactic courses and at clinical experiences. Clothing should allow for adequate movement during patient care, and should not be tight, short, low cut or expose the midsection or undergarments. Students are not to wear flip-flops, shorts, cut-offs, hats, jeans, clothing with rips/tears, sweat clothing, workout attire, short skirts/tops, halter type tops or T-shirts.
- Scrubs:** Program scrubs are expected in the skills lab setting. Hospital-issued scrubs may be worn to clinical experiences with the permission of preceptor, but should not be worn home from the facility.
- Professional Attire:** A student-type, short white coat should be worn in clinical settings. No open-toed shoes in patient care settings.
- Nametags: (B3.01)** Proper identification as a PA student is mandatory at all times. UMKC SOM I.D./nametag must be worn while at clinical sites. Some sites also require wearing separate security I.D. badges; these badges will be arranged during orientation at the beginning of the rotation.
- Jewelry:** No excessive jewelry. No more than two earrings per ear, no dangling or oversized earrings. No other visible body piercing permitted unless demanded by religion/culture.
- Nails:** Fingernails should be kept trimmed and when in surgical settings or rotations without polish or artificial nails.
- Tattoos:** Tattoos that are perceived as offensive, hostile or diminish the effectiveness of the student as a role model for others must not be visible.
- Perfume/Aftershave:** No excessive or heavy perfumes or after-shave/colognes.
- Hair:** Hair should be clean and arranged so as not to interfere with providing patient care. Facial hair should be neatly trimmed.
- Exceptions:** Established dress codes at clinical rotation sites supersede those of the Program (except required UMKC SOM I.D. badges). All other exceptions will be considered on a case-by-case basis by the program director.

Clinical supervisors, preceptors, or MMSPA faculty reserve the right to ask a student who is inappropriately dressed to leave the learning environment.

Grievances (A3.11, A3.17d, A3.17g)

It is the policy of the University of Missouri System to provide equal opportunity for all enrolled students and applicants for admission to the University on the basis of merit without discrimination on the basis of their race, color, religion, sex, sexual orientation, national origin, age, disability or Vietnam-era veteran status. Sexual harassment shall be considered a form of discrimination. To ensure compliance with this policy, all prospective or enrolled students will have available to them this student-discrimination grievance procedure for resolving complaints and/or grievances regarding alleged discrimination.

This grievance procedure neither supersedes nor takes precedence over established university procedures of due process for any and all matters related to academic dishonesty, grade appeals, traffic appeals, disciplinary appeals or other specific campus procedures that are authorized by the Board of Curators and that deal with faculty and staff responsibilities. These proceedings may be terminated at any time by the mutual agreement of the parties involved.

Note: A grievance concerning specific incidents filed under this discrimination grievance procedure will not be processed on behalf of any student who elects to use another university grievance procedure. In addition, the filing of a grievance under these procedures precludes the subsequent use of other university grievance or appeals procedures for the same incident.

Definition of Grievance

A complaint is an informal claim of discriminatory treatment. A complaint may, but need not, constitute a grievance. Complaints are processed through informal procedures. A grievance is the written allegation of discrimination that is related to: recruitment and admission to UMKC; admission to, and treatment while enrolled in, an educational program; employment as a student employee on campus; or other matters of significance relating to campus living or student life, including, but not limited to: assignment of roommates in residence halls, actions of fraternities and sororities, memberships in or admission to clubs or organizations, student health services and financial aid awards.

A student with an informal complaint will be provided a copy of the appropriate policy and procedure on student complaints and grievances, and the vice chancellor for Student Affairs' designee, the director of Student Life, and the Division of Diversity, Access and Equity will be available to help the student understand the opportunities afforded through such policies and procedures. The director of Student Life is located in room G-6 of the University Center. The Division of Diversity, Access and Equity Office is located in room 359 of the Administrative Center.

For the complete text of this policy, please see:

<https://catalog.umkc.edu/special-notices/equal-opportunity-guidelines/discrimination-grievance-procedure-for-students/> OR

http://www.umsystem.edu/ums/rules/collected_rules/grievance/ch390/grievance_390.010

Becoming a UMKC PA Preceptor

Affiliation Agreements (A1.02)

Affiliation agreements must be established between all clinical sites/preceptors and the University of Missouri-Kansas City School of Medicine before students can enter the clinical site as a student. Affiliation agreements are legal documents that address liability, malpractice and issues pertinent to the site location and practice type. The UMKC MMSPA program has affiliation agreements in place allowing for a complete curriculum of clinical experiences to be set up for each student.

Preceptor Approval Process (A2.13-A2.16; B3.06a-b)

A potential preceptor is required to complete a Preceptor Practice and Profile Form which assists the program in determining if the preceptor, and respective practice site, are qualified to train PA students based on the program defined expectations. Qualification to serve as a preceptor and/or preceptor site are minimally based on, but not limited to, the following criteria:

- Qualification through academic preparation and/or experience
- Physicians are specialty board certified in their area of instruction
- PAs are teamed with physicians who are specialty board certified in their area of instruction
- Preceptors hold a valid license that allows them to practice at the clinical site
- Knowledge about curriculum requirements and effective teaching methods
- Ability to provide students with necessary attention, instruction, and experiences to acquire the knowledge and competence required for entry into the PA profession
- Preceptors at site are not primarily resident physicians

The program will conduct a clinical and preceptor evaluation to verify the qualification of the preceptor and clinical site. A representative of the clinical site will be required to sign a preceptor handbook that indicates his/her knowledge and agreement to the policies and practices outlined.

Benefits of Being a Preceptor

Courtesy academic appointments (Adjunct Clinical Assistant Professor or Adjunct Clinical Instructor) may be available to preceptors based on the number of rotations offered to UMKC PA students annually, as well as other responsibilities of the preceptor. Preceptors interested in this opportunity are responsible for supplying required application materials to the university and completing on-going requirements of the university, such as trainings, to maintain appointment status.

Through a partnership between PAEA and AAPA, the UMKC PA program can award Category 1 CME to PAs serving as preceptors. Individual preceptors may be awarded a maximum of 10 hours of Category 1 CME for clinical teaching per calendar year. Preceptors are responsible for submission of required documentation to the program to claim CME.

The Preceptor Role

Definition of the Preceptor Role

The preceptor is an integral part of the PA curriculum. Preceptors serve as role models to the student

and through guidance and teaching, help students perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy. Preceptors also serve as evaluators for the student's clinical performance.

Preceptors are expected to maintain an ethical approach to the care of patients by serving as role models for the student and by demonstrating cultural competency through their interactions with patients. More detailed information regarding preceptor responsibilities and expectations are included in later in this document. Preceptors for the UMKC MMSPA program agree to train students on a volunteer basis.

The Preceptor–Student Relationship

The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Twitter) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the clinical coordinator regarding specific school or university policies regarding this issue.

The Preceptor–Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the clinical coordinator. If a preceptor has a question or concern about a student, they should contact the program. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should 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 problem solving may help to avoid a diminution in the educational experience.

The program's priority is to provide a safe and effective learning environment for its students, as well as assuring that students placed in clinical environments are well-prepared and not endangering patient safety or upsetting the healthcare team environment. The program has the responsibility to withdraw any student from a clinical rotation at the request of the preceptor when it is deemed that the student's work, conduct, or health is considered unsafe or detrimental to the patient or the practice site or if there is a significant conflict between the student and preceptor that would deter from the learning experience. In addition, the program will protect the student and their educational learning experience if it is deemed they are in danger or in an environment not conducive to learning.

FERPA Guidelines for Preceptors

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records.¹ The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. Schools must have written permission from a student to release any information from a student's education record, unless certain conditions are met.

For the purpose of clinical performance and evaluation regarding students enrolled or previously enrolled in the UMKC School of Medicine Master of Medical Science in Physician Assistant program, clinical instructors should adhere to the following guidelines:

- Ensure clinical evaluations are completed and maintained in a confidential manner.
- Information about a student's clinical/academic performance should only be shared with those who have a legitimate educational interest. For clinical instructors, sharing information with the clinical coordinator who is completing the site-end evaluation would qualify as this.
- Clinical instructors are not privy to a student's academic record/performance unless it has a direct correlation to the respective clinical instruction.
- When in doubt about properly meeting FERPA guidelines, a clinical instructor should contact the PA program.

Preparing for the Student Rotation

Scheduling Student Rotations (A2.17; A3.03)

The program will make an annual request for rotation availability and/or on a case-by-case basis, as necessary. The program will make every effort to confirm rotations within a timely manner to ensure the student, preceptor, and rotation site are adequately prepared for the rotation. The program is responsible for coordinating (identifying, contacting, and evaluating) and assigning all student clinical experiences.

The student will be assigned a primary preceptor for each clinical location, as designated by the Preceptor Profile Form. Students are required by the program to reach out to the clinical site and/or primary preceptor within a reasonable timeframe prior to the rotation start to ensure on-boarding, orientation, and other pre-rotation matters are settled.

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.

¹ U.S. Department of Education (2015). *Family Educational Rights and Privacy Act (FERPA)*. <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> Accessed (06 March 2017).

On the first day of the rotation (or when possible, prior to the rotation), the student should complete any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional site-specific HIPAA training, if needed.

Prior to, or 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
- Required attire
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary

Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation, in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the program and preceptor well in advance of the clinic absence.

Preparing Staff

The staff of an office or clinic also has a key role in ensuring that each student has a successful experience. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during patient visits. Students should communicate with the staff about 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 what role the PA student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. The preceptor might consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss:

- Student's name
- Student's schedule (when they will be in the office)
- Student's expected role in patient care

- Expected effect of the student on office operation: Will fewer patients be scheduled? Will the preceptor be busier?
- How patients will be scheduled for the student

Expectations During Student Rotations

Clinical Attendance Policy

The student is expected to be in attendance daily and when requested, to be available to the preceptor who may include evenings, night, shift-type work and/or weekends. Time for arrival and departure will be determined by each site and preceptor. During the clinical phase students will follow the schedule of their specific clinical rotation site and/or preceptor. Students are expected to obtain a minimum of 36 contact hours and a maximum of 60 hours per week. Completion of the minimum required time does not imply the student should stop seeking clinical experiences. The Program may occasionally make unannounced phone calls to clinical sites to verify student attendance. Generally, the student will be absent on the last Thursday of the rotation to return to campus for Call-Back Day. The student and preceptor should determine at the beginning of the rotation if the student will be required to return to the clinic for the last Friday of the rotation.

Supervision and Role of the PA Student (A2.15, A2.17, A3.06)

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Clinical rotations are for educational purposes only and students cannot substitute for paid clinical or administrative staff during rotations. In addition, if a PA student is working in a paid position in a different health-care related capacity 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.

Students completing a rotation with a preceptor or site that may end up becoming an employer must maintain a "student" role in the clinic and should not assume responsibilities of an employee until after graduation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive 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.

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, teaching, and assessment, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly assign students to another MD, DO, PA or NP who will serve as the student's preceptor for any given time interval. The

program does not rely primarily on resident physicians for didactic or clinical instruction and resident faculty cannot be primary supervisors during clinical rotations. Having more than one clinical preceptor has the potential to disrupt continuity for the student, but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision by a physician or advanced practice provider is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor. On each rotation, it is the student's responsibility to ensure that the supervising preceptor also sees all of the student's patients. The preceptor should provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. Supervision and delegation of clinical activities should serve in the development of the student's clinical skills based on the learning objectives of the rotation. 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. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" section.

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 clinical year progresses, they should be able to more effectively develop an assessment and plan. If the preceptor deems it necessary, students initially may 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 be allowed progressively increasing supervised autonomy. Preceptors should use the program-defined learning objectives (as outlined in the rotation syllabus) and expectations (as outlined on the evaluation forms) to make determinations about appropriate tasks and competency levels of students.

Typical tasks assigned to PA students include:

- Taking histories and performing physical examinations
- Assessing common medical problems and recommending appropriate management
- Performing and assisting in diagnostic and therapeutic procedures
- Assisting the preceptor in hospital/nursing home rounds, recording progress notes, transcribing specific orders of the preceptor as allowed by the facility
- Following protocols (verbal or standing orders) of the preceptor
- Presenting patient cases orally and in a written problem-oriented format
- Discussing the basic pathophysiologic mechanisms that have produced the signs, symptoms, and disease processes under investigation

- Completing assigned readings and preparing presentations as requested by clinical preceptor and/or program faculty
- Attending all teaching rounds and conferences
- Following the assigned on-call schedule
- Discussing/recommending treatment approach, medication, and follow-up care

Standards of Professional Conduct

As health care practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the program. If preceptors have any concerns about a student's professionalism, they are encouraged to contact the program immediately.

Informed Patient Consent Regarding Student Involvement in Patient Care (B3.01)

Patients are essential partners in the educational endeavor of clinical rotations. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor patient preferences regarding treatment. Patients must be informed that a PA student will participate in their care and the patient's consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. UMKC PA students are required to wear identification that indicates their status as a PA student, minimally with their UMKC-issued ID badge, white coat, and program name tag, unless the preceptor/site requires other such forms of identification. Students must also verbally identify themselves as a PA student to patients. If the patient 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 payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator. 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. Although student documentation may be limited for reimbursement purposes, student notes can be contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own edification, which should be reviewed by preceptors whenever possible for feedback.

Medicare Policy

Medicare reimbursement requires limited student participation in regards to documentation. Students

are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. For further information, preceptors should access the CMS rules regarding student documentation.

Prescription Writing

The preceptor must sign all prescriptions and the student's name is not to appear on any prescription. For clinical rotation sites that use electronic prescriptions, the preceptor must log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

Infectious/Communicable Disease Training and Post-Exposure Information

Students are expected to consistently and appropriately implement Universal Precautions and other appropriate safety measures thereafter. It is the student's responsibility to become familiar with the policies and procedures for employing these precautions at each of the clinical sites to which the student is assigned. All students will participate in the clinical affiliation requirements for safety and quality assurance compliance at the direction of the preceptor and clinical affiliation personnel. However, injuries and infectious exposures may occur during patient care activities and it is important that students understand the actions they need to take to protect themselves.

Guidelines for Student Exposure to Infectious and Environmental Hazards (A3.08) Blood and body fluid exposure (HIV, Hepatitis B, Hepatitis C)

An "exposure incident" refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a student's clinical duties. Should a patient's blood or body fluid come into contact with a student or if a patient comes in contact with the blood or body fluid of a student, the student should seek medical treatment IMMEDIATELY and follow the procedure outlined below:

1. Decontamination of exposed site- vigorous flushing of mucous membranes, eyes, and/or thorough hand washing.
2. Immediately report incident to appropriate clinical site personnel, including your preceptor, and follow established protocol for the site. **Site-specific exposure protocol is provided in each clinical site's profile in Project Concert.**
3. If no established protocol, seek treatment at the nearest Emergency Department.
4. Seek medical attention to ensure appropriate medical care relating to the exposure is provided.
 - a. This should occur within 2 hours for a known HIV infected source and 4-6 hours for all other exposures.
 - b. The appropriate initial site to seek medical attention varies based on the clinical site where the incident occurred. It could be an Occupational Health or Emergency Department at the institution or you may need to find the nearest Emergency Department. Students should review site-specific exposure protocol, located in each site's profile in Project Concert, with each new clinical site assignment.

- c. Management may include confidential testing of the patient and the student for Hepatitis B, Hepatitis C, HIV and other infectious agents.
 - d. In the event that additional follow-up medical care is necessary, students will need to refer to site-specific protocol to discover whether this will continue to be provided by the initial site or if the student should arrange follow-up with their own health care provider.
5. Report the event to the program director within 24 hours of the event. Students are required to complete Part 1 of the Exposure or Injury Report and Clearance Form to report the event.
 6. If expert advice is needed refer to the PEpline, 1-888-448-4911 or **PEP Quick Guide for Occupational Exposures** <http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/>

Other Exposures, Illness, or Injury (A3.08)

For student and patient safety, students who have been exposed to a contagious disease or are ill with symptoms of contagious diseases may need to avoid contact with patients. These may include, but are not limited to:

| <i>Exposure to:</i> | <i>Ill with symptoms:</i> |
|--|--------------------------------------|
| Varicella zoster (chicken pox) | Conjunctivitis |
| Herpes zoster (shingles) | Diarrheal disease |
| Measles | Skin infection, rash |
| Certain bacterial meningitis (N meningitidis, H influenza) | Upper respiratory illness with fever |
| Tuberculosis | |

In such cases, or in the event of an injury, the student should be evaluated by a health care provider in order to determine need for therapy and clearance for patient care. Students must notify and work with the site preceptor to determine whether the situation requires the student to be evaluated by the site occupational health provider or their own health care provider. Students must report such instances to the program director within 24 hours of the event and are required to complete and submit Part 1 of the program Exposure or Injury Report and Clearance Form.

Medical Follow-up and Clearance to Return to Clinical Activities (A3.08)

Initial and subsequent care and follow-up activities including recommendations related to counseling, prophylactic/treatment regimens, and continued or restricted practice activities following a student’s exposure incident/illness/injury will be determined by the student’s health care provider (in collaboration with the student) and other appropriate health care professionals. Students are required to use the Exposure or Injury Report and Clearance Form to report proof of clearance to return to the patient care setting (Part 2). The recommendation for clearance to return to patient care activities must be provided via signature of a qualified medical professional (physician, physician assistant, nurse practitioner, or when applicable Occupational Health nurse), who is not related to the student on Part 2 of the Injury Report and Clearance Form. This form must be submitted to the program director before clinical activities may resume.

Financial Responsibility (A3.08)

Students are not employees of the hospital, clinic or practice where they are rotating, thus they are not covered under workman's compensation if they suffer an accident, exposure, or injury. All students are required to carry medical insurance to cover the expense of such unlikely event and provide coverage for the laboratory testing and treatments that may be required. Costs not covered by insurance are the responsibility of the student. Only a small number of clinical sites cover these costs. Detailed information about which costs the student is responsible for is provided in the site-specific exposure protocol located in each site's profile in Project Concert.

Effects of Exposure/Illness/Injury on Student Learning Activities

Effects of infectious and environmental disease or disability from a clinical exposure may affect a student's learning activities. The student will need to contact the program director to make arrangements regarding absences, make up of work and future action plan, as necessary. Students may not be able to return to a specific clinical affiliate and/or meet the required technical standards due to effects of infectious and environmental disease or disability. A student's inability to complete a clinical rotation and/or program of study may delay a student's graduation or qualify the student for separation from the program.

Student Feedback and Evaluation

The evaluation process is designed to promote constructive communication between the preceptor and student and is tremendously important to the student's development. Feedback should consist of both formative and summative evaluation of the student's progression towards the program's expectations for clinical competency. Evaluation of clinical skills and medical knowledge base should occur through the following means: direct supervision, observation, and teaching in the clinical setting; direct evaluation of presentations (both oral and written); and assignment of outside readings and research to promote further learning.

Preceptors are required to complete mid-rotation and end of rotation evaluations of students based on the program-defined expectations for students. The program provides specific forms for each type of evaluation. Prompt completion and return of these forms is appreciated. Although clinical competency assessment by preceptors is part of the course assessment composition, other components are considered and the final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty. Preceptors are always encouraged to contact the program if they have questions and/or concerns about the evaluation process or a student's performance and/or behavior in clinical rotations.

On-going feedback: Preceptors are encouraged to provide ongoing and timely feedback regarding the student's performance, which can include informal daily and/or weekly discussions.

Mid-rotation evaluation (required by program): The mid-rotation evaluation serves as formative feedback for the student.

End of rotation evaluation (required by program): The end of rotation evaluation serves as summative feedback based on the learning objectives and grading rubric set forth by the program. Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student's professionalism and effectiveness as a team player with all members of the health care team. These 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.

Clinical Site and Preceptor Assessment by Program

Students may be visited by a faculty member during their clinical training. Site visits to students also provide the program with the opportunity to assess the clinical site. Clinical sites must be evaluated regularly to ensure the site is student-ready and is an appropriate and quality teaching/learning environment. Faculty visits are an important component for the student and preceptor, providing faculty with an opportunity to assess student progress and to address any questions or feedback from the student and/or preceptor.

After the Rotation

Clinical Site and Preceptor Assessment by Student

Each student will complete a site and preceptor evaluation at the conclusion of each rotation. This evaluation will help the Program demonstrate the ability of the preceptor and site to strengthen the student's capacity to perform essential role responsibilities, as well as provide feedback regarding the effectiveness of the rotation, the effectiveness of the preceptor as a teacher, and the ability of the rotation to help the student understand defined clinical principles and develop technical skills. The primary preceptor at each site will receive a summative report of student feedback after each cohort of students finishes its clinical year.