



Preceptor Handbook

Updated October 2025

Kansas City Campus:

2411 Holmes St.

Kansas City, MO 64108

Columbia Campus:

1 Hospital Drive

Columbia, MO 65212

<https://med.umkc.edu/academics/degree-and-certificate-programs/pa/>

Contents

Accreditation Standards for Physician Assistant Education	5
Handbook Acknowledgment.....	5
Introduction	6
PA Profession and Name Reference	6
UMKC MMSPA Program Information	6
Mission Statement	6
Vision Statement.....	6
UMKC PA Program Core Competency Domains	6
Program Clinical Faculty.....	7
Program Curriculum.....	7
Clinical Coursework.....	7
Elective Clinical Rotation Experiences	8
Goals of the Clinical Year	8
Becoming a UMKC PA Preceptor	8
Affiliation Agreements (A1.01)	8
Preceptor and Rotation Evaluation Process (<i>A2.01a, A2.14, A2.16a-c, B3.06a-g</i>).....	9
Benefits of Being a Preceptor	9
Benefits Offered by UMKC PA Program.....	9
Benefits Offered by Non-UMKC Entities	10
The Preceptor Role (A1.02e, B3.02, B3.05, B3.06)	10
Preceptor Responsibilities	10
FERPA Guidelines for Preceptors	11
The Preceptor–Student Relationship.....	12
Standards of Conduct for Teacher/Learner Relationships.....	12
The Preceptor–Program Relationship (<i>A2.17b</i>)	12
Preparing for the Student Rotation	13
Orientation and Communicating Student Expectations	13
Preparing Staff	14
Clinical Attendance Policy	14

General Attendance Policy.....	14
Inclement Weather Attendance Policy: Rotations in Greater Kansas City Area.....	15
Inclement Weather Attendance Policy: Rotations outside Greater Kansas City Area	15
Supervision and Role of the PA Student (A2.13, A2.17, A3.03, A3.04).....	15
Expected Progression of PA student.....	16
Standards of Professional Conduct.....	16
Informed Patient Consent Regarding Student Involvement in Patient Care.....	17
Student Identification (A3.04)	17
Use of Chaperones During Sensitive Examinations and Procedures	17
Documentation	17
Medicare Policy on Student-Provided Documentation	18
Prescription Writing	18
Student Feedback and Evaluation	18
On-going feedback:.....	18
Mid-rotation evaluation (required):	18
End of rotation evaluation (required):.....	18
Clinical Site and Preceptor Assessment by Program (B3.02)	19
After the Rotation	19
Clinical Site and Preceptor Assessment by Student (B3.02, B3.06)	19
Additional Program Policies and Procedures.....	19
HIPAA Compliance (B2.14d, B2.16d).....	19
OSHA Guidelines (A1.02e, A3.05a-b)	19
Immunization and Health Screening Requirements (A3.09a, A3.18)	19
Infectious, Communicable Disease, and Environmental Policy and Procedures (A3.05a-b).....	20
Exposure Prevention and Post-Exposure Information (A3.05a-b).....	20
Guidelines for Student Exposure to Infectious and Environmental Hazards (A3.05a-b).....	20
Medical Management and Return to Clinical Activities (A3.05b)	21
Student Financial Responsibility for Health-Related Expenses (A3.05c)	22
Health Insurance	22
Malpractice Coverage	22
Technical Standards	22
Background Screening	22

Drug Screening.....	22
Appearance Policy.....	23
Statement on Discrimination, Intimidation, and Sexual Harassment.....	24
Educational Opportunity and Equity Resolution Process for Resolving Complaints (<i>A1.02g</i>).....	24
Reporting Mistreatment at the School of Medicine (<i>A1.02g</i>)	24

Accreditation Standards for Physician Assistant Education

Italicized letters and numbers next to handbook sections reference the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Accreditation Standards for Physician Assistant Education (Sixth Edition: Effective 9/2025). These references throughout the handbook identify information/policies that assist the program in being compliant with the respective standard(s).

Handbook Acknowledgment

This handbook is based on the *Physician Assistant Education Association (PAEA) Preceptor Orientation Handbook: Tips Tools, and Guidance for Physician Assistant Preceptors*.

Introduction

We would like to express our sincere gratitude to you, 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 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.

PA Profession and Name Reference

In May of 2022, the American Academy of Physician Assistants (AAPA) voted to adopt “physician associate” as the official title for the PA profession. Because we remain in a transition period, the program will continue to refer to our professional title as “physician assistant” but “PA” when possible. In this handbook, references to “physician assistant” or “physician associate” are used interchangeably.

UMKC MMSPA Program Information

The UMKC Master of Medical Science Physician Assistant Program (MMSPA) is a seven-semester program. The program allows students to choose between two campus locations: the University of Missouri-Kansas City Health Sciences District in Kansas City and the Columbia location at the University of Missouri School of Medicine. Both campuses will provide students with diverse clinical experiences across a range of settings, ensuring they are well-prepared to serve a variety of 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 Master of Medical Science Physician Assistant Program will be a leader in PA education recognized by the quality of our graduates, community partnerships, and academic excellence.

UMKC PA Program Core Competency Domains

The Core Competencies for New Physician Assistant Graduates include 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

Program Clinical Faculty

Director of Clinical Education

Erin Aubrey, MBA, MPAS, PA-C

erin.aubrey@umkc.edu

Director of Clinical Outreach

Kerstin Stephens, MHS, PA-C, DFAAPA

stephenskl@umkc.edu

Program Curriculum

Didactic Coursework

Year 1 Spring Semester (21 credit hours):

MEDPA 5501 Anatomy for the PA

MEDPA 5502 Foundations of Basic Medical Science

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 (21 credit hours):

MEDPA 5514 Clinical Practicum IV

MEDPA 5524 PA Professions IV

MEDPA 5534 Science and Practice of Medicine IV

Clinical Coursework

MEDPA 5610 Family Medicine I

MEDPA 5611 Family Medicine II

MEDPA 5620 Internal Medicine Outpatient

MEDPA 5621 Internal Medicine Inpatient I

MEDPA 5622 Internal Medicine Inpatient II

MEDPA 5630 Emergency Medicine

MEDPA 5640 Women's Health
MEDPA 5650 Pediatrics
MEDPA 5660 Surgery
MEDPA 5670 Behavioral Health
MEDPA 5690 Elective I
MEDPA 5691 Elective II

MEDPA 5681 Professional Development for the PA
MEDPA 5595 Capstone

Elective Clinical Rotation Experiences

Students submit preferences for elective rotations. The elective clinical experiences can be an opportunity for students to enhance an area of interest, explore a potential location for future clinical practice, and prepare for the PANCE board exam. While preferences will be thoughtfully considered, the program reserves the authority to select a discipline that provides the student with the necessary clinical experiences to fulfill learning outcomes, support certification exam preparation, and meet program goals.

The UMKC PA Program is not approved for clinical rotations outside of the United States.

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. 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
- 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 (PANCE)

Becoming a UMKC PA Preceptor

Affiliation Agreements (A1.01)

Affiliation agreements must be established between all clinical locations and the University of Missouri-Kansas City School of Medicine before students can participate in educational experiences. Affiliation agreements are legal documents that address the responsibilities of the respective institutions,

supervision of students, liability, malpractice, and other matters pertinent to the university and clinical entity.

Preceptor and Rotation Evaluation Process (A2.01a, A2.14, A2.16a-c, B3.06a-g)

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

- Academic preparation to have earned a qualified degree as a PA, physician, or advanced practice registered nurse.
- At least two years of clinical experience, which may include a residency or postgraduate fellowship.
- PAs who hold NCCPA certification.
- Physicians who hold or have held board certification.
- Advanced practice nurses who hold or have held board certification.
- Clinical practice relevant to the rotation discipline.
- Valid, unrestricted, and unencumbered state licensure to practice at the clinical site.
- Knowledge of curriculum requirements, including program-defined learning outcomes.
- Ability to provide students with the necessary attention, instruction, evaluation, supervision, and experiences to meet program-defined learning outcomes.

The program will conduct an initial evaluation to verify the qualifications of the preceptor and clinical site.

Additionally, a representative of the clinical site will be required to attest to receipt of this preceptor handbook and agreement to the outlined policies.

Benefits of Being a Preceptor

Benefits Offered by UMKC PA Program

The UMKC PA program offers the following benefits to our clinical preceptors: financial stipend, School of Medicine academic appointment, and Category I CME credit. To qualify for benefits, preceptors must minimally meet the expectations outlined by the program in this handbook including, but not limited to, timely submission of student evaluations. Additionally, each benefit has qualification criteria. Preceptor benefits offered by the program and qualification criteria are subject to change.

- ***Financial Stipend***- The program offers a financial stipend to preceptors or clinical sites for each 4-week clinical rotation experience. To qualify for the stipend, preceptors must meet the expectations outlined in this handbook, as well as those in the signed preceptor stipend agreement. The stipend will be paid based on the employment/financial compensation guidelines between the clinical site and preceptor. In some situations, the stipend must be paid directly to the practice or clinical department. The program will help facilitate the stipend on a case-by-case basis.

- *School of Medicine Volunteer Academic Appointment*- Courtesy (volunteer) faculty appointments recognize unpaid contributions to UMKC School of Medicine programs. Eligibility may extend to preceptors based on the number of PA student rotations provided annually and other instructional responsibilities. Applicants must submit required materials and comply with ongoing university requirements, including mandated training, to maintain status. Appointments, formally designated as courtesy or volunteer faculty, are granted at the department's discretion with approval of the Dean, reviewed every two years, and recorded in departmental rosters. Courtesy faculty are expected to contribute meaningfully to didactic and/or clinical instruction in graduate health professions in medicine.
- *Category 1 AAPA CME*- Through a partnership between PAEA and AAPA, the UMKC PA program may award Category 1 CME to PA preceptors. Individual preceptors are responsible for the submission of required documentation to the program to claim CME. They may be awarded AAPA Category 1 CME credits at a rate of 2 credits per PA student per 40-hour week, with no limit.

Benefits Offered by Non-UMKC Entities

Preceptors may qualify for other benefits that are offered through non-UMKC organizations. The program is not responsible for facilitating these on behalf of the preceptor but may be able to provide supporting documentation to verify preceptor commitment.

- *Community-Based Faculty Preceptor Tax Credit, as facilitated by the Missouri Department of Health and Senior Services*- an income tax credit for qualified community-based physician and physician assistant preceptors.
 - Primary care preceptors are not eligible for tax credit if they are receiving payment from any other source for precepting a student, including the UMKC preceptor stipend.
 - Potentially eligible rotation disciplines include **family medicine, internal medicine, pediatrics, psychiatry, or obstetrics and gynecology**.
 - While the UMKC PA Program can provide a letter verifying preceptorship, the program does not determine credit issuance.
 - <https://health.mo.gov/living/families/primarycare/precept/>
- *Category 2 CME*- Dependent on specific professional organizations.

The Preceptor Role (A1.02e, B3.02, B3.05, B3.06)

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

Preceptor responsibilities include, but are not limited to, the following:

- Orient each student at the onset of the rotation with the site policies and procedures,

including safety and emergency policies and procedures.

- Review the expectations for the rotation, including course learning outcomes and instructional objectives.
- Provide ongoing and timely feedback to the student regarding medical knowledge, interpersonal skills, clinical skills, technical skills, professional behaviors, clinical reasoning, and problem-solving abilities.
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and professionalism to ensure high-quality patient care.
- Delegate increasing levels of responsibility based on a student's experience and expertise.
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting
 - Evaluation of written documentation and oral patient presentations
 - Optional assignment of outside readings and research to promote further learning
- Demonstrate cultural humility in all interactions with patients, families, healthcare teams, and systems.
- Dialogue with program faculty to evaluate student progress and assist the learning process.
- Review and add supplementary documentation to student notes to evaluate the student's clinical reasoning and documentation skills.
- Demonstrate an ethical approach to the care of patients by serving as a role model for the student.
- Complete and return the student evaluation forms to assess performance and improvement throughout the supervised clinical experience.
- Promptly notify the PA program of any circumstances that might interfere with student safety, wellness, achievement of goals, or overall experience.

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.

Regarding students enrolled or previously enrolled in the physician assistant program, clinical preceptors should adhere to the following guidelines:

- Ensure clinical evaluations are completed and maintained in a confidential manner.

¹ U.S. Department of Education (2021). *Family Educational Rights and Privacy Act (FERPA)*. <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> Accessed (12 December 2023).

- Preceptors should only share information about a student's clinical/academic performance with the program's clinical faculty members, program director, or program's clinical support team.
- Clinical preceptors are not privy to a student's academic record/performance for other courses within the program's curriculum.
- When in doubt about properly meeting FERPA guidelines, the preceptor should contact the PA program for guidance.

The Preceptor–Student Relationship

The preceptor should maintain a professional relationship with the PA student and 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, Instagram), except for LinkedIn, should be avoided until the student fully completes the educational program. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained in the clinical setting.

Standards of Conduct for Teacher/Learner Relationships

The UMKC School of Medicine community is committed to maintaining academic and clinical environments in which faculty, staff, fellows, residents, and students can work together to further education and research while providing the highest quality of ethical and compassionate care for patients at affiliated hospitals and clinics. As effective learning is best fostered in an environment of mutual respect between teachers and learners, mutual respect is expected. Each SOM community member must be accepted as an individual and treated with respect and fairness. [The Standards of Conduct for Teacher/Learner Relationships Policy](#) outlines the responsibilities of teachers and learners in facilitating a professional learning environment, as well as the process for reporting inappropriate conduct.

The Preceptor–Program Relationship (A2.17b)

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the program's clinical faculty. If a preceptor has a question or concern about a student, they should contact the program. The program strives to maintain open relationships with its preceptors. With early notification, problems can be mitigated without unduly burdening the preceptor.

The program is responsible for orientating the primary preceptor to the program's learning outcomes. Learning outcomes are emailed to the primary preceptor in the course syllabus. Additionally, content that students are expected to know for the End of Rotation exam is available online via the [PAEA Exam Blueprint and Topic List](#). The Physician Assistant End of Rotation (PAEA) exams are standardized evaluations intended to serve as one measure of the medical knowledge students gain during specific supervised clinical practice experiences. Students are required to take an End of Rotation exam after rotations in family medicine, internal medicine, emergency medicine, surgery, pediatrics, behavioral medicine, and women's health.

The program's priority is to provide a safe and effective learning environment for its students, as well as ensuring that students 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 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.

Preparing for the Student Rotation

Scheduling Student Rotations (A2.17a; A3.08)

The program will make an annual and/or as needed request for rotation availability. 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, assigning, and evaluating all student clinical experiences.

The student will be assigned a primary preceptor for each clinical rotation who will be responsible for orienting the student and completing the student's final evaluation. Students are required by the program to reach out to the clinical site and/or primary preceptor within a reasonable timeframe prior to the start of the rotation to ensure orientation and other pre-rotation matters are settled. This typically occurs about two weeks before the start of a clinical rotation.

Orientation and Communicating Student Expectations

Orienting 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 helps students develop the functional capability to work more efficiently.

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, completing any necessary paperwork, EMR training, and additional site-specific HIPAA 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 expectations of the student during the rotation.

Expectations must align with UMKC PA program policies, allow the student to meet learning outcomes, and may include the following:

- Schedule
- Interactions with office and professional staff

- Required attire and equipment
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments

Preparing Staff

The office or clinic staff 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, the staff helps 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 staff about expectations and make sure they understand 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 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 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
- Expected effect of the student on office operation

Clinical Attendance Policy

General Attendance Policy

The student is expected to be in attendance daily and when requested to be available to the preceptor. This may include evenings, nights, and/or weekends. Time for arrival and departure will be determined by each site and preceptor. Students have a goal of obtaining a minimum of 36 contact hours and a maximum of 60 contact hours per week. While there is not a set hour requirement, students are expected to maximize their opportunities. The program may occasionally make unannounced phone calls to clinical sites to verify student attendance.

Generally, the student will be absent on the last Friday of the rotation to return to campus for end of rotation activities (Call Back Day).

Students are expected to communicate with their preceptor in a timely manner if they will be absent from the rotation. The preceptor should contact program clinical faculty if the student is absent unexpectedly or if they have questions about a student's attendance.

Inclement Weather Attendance Policy: Rotations in Greater Kansas City Area

Cancellation of clinical duties are made separately than those for the general UMKC campus. The School of Medicine assumes the responsibility for making decisions about clinical attendance and these will be posted on the [UMKC School of Medicine website](#) (separate from the notification for the UMKC Campus that are posted via local news outlets and the UMKC Alert system). If no cancellation announcement has been posted on the website, students are expected to attend clinical activities. Students are expected to communicate attendance changes with their preceptor and site administrator.

Inclement Weather Attendance Policy: Rotations outside Greater Kansas City Area

For rotations outside of the Greater Kansas City Area, the student and preceptor should decide about attendance based on local weather conditions and safety of the student. It is the student's responsibility to communicate decisions with the program's clinical faculty.

Supervision and Role of the PA Student (A2.13, A2.17, A3.03, A3.04)

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 physician assistant, physician, or advanced practice nurse 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 physicians cannot be primary supervisors during clinical rotations. Having more than one clinical preceptor 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 cases 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 always be aware of the student's assigned activities.

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 that role. 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 become an employer postgraduation 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 the liability of both the student and the employer. 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. These actions must be avoided at all costs, as the university's liability coverage does not cover the student in these circumstances.

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 their 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 instructional 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's visit. Medicare laws are slightly different in terms of what a student can 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, and develop differential diagnoses. As the clinical year progresses, they should be able to develop an assessment and plan more effectively. 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 increased supervised autonomy. If the preceptor thinks a student is not performing clinically at the expected level for their stage of training, they are encouraged to address this with the clinical program faculty early in the rotation.

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 differential diagnoses, formulate assessments and plans through discussion with the preceptor, give oral presentations, and document findings.
- Perform and/or interpret common diagnostics tests or procedures.
- Complete any assignments, tasks, and presentations 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.
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.

Standards of Professional Conduct

PA students are required to conform to the highest standards of ethical and professional conduct 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

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. 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.

Student Identification (A3.04)

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.

Use of Chaperones During Sensitive Examinations and Procedures

The program requires students to have a chaperone for all sensitive patient exams and procedures. Sensitive exams and procedures may include but are not limited to a patient's genitalia, rectum, and/or breasts. A patient's personal and cultural background may broaden their definition of a sensitive examination and procedure. A chaperone is a person who acts as a witness for a patient and a health professional or student during a medical examination or procedure. A chaperone may include a student's preceptor or trained staff member at a rotation site. A chaperone cannot be a patient's family member, friend, or guest.

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. 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. Student notes are legal and contributory to the medical record.

Additionally, writing a succinct 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 document that the student was supervised during the entirety of the patient's visit.

The EMR (electronic medical record) can present obstacles for students if they lack a password or are not fully trained in the use of an institution's EMR system. **In these cases, students are encouraged to handwrite notes and review them with their preceptors for feedback whenever possible.**

Medicare Policy on Student-Provided Documentation

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 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 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).

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.

Student Feedback and Evaluation

The preceptor's evaluation of the student is especially important and serves as 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 document specific comments regarding student performance. 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), growth, and receipt of feedback throughout the rotation should be noted when completing evaluations.

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 evaluation by preceptors is part of the course assessment composition, other components are considered and the final grade for a clinical rotation is ultimately made by the program. Preceptors are always encouraged to contact the program if they have questions and/or concerns about the evaluation process or a student's performance in clinical rotations. Mechanisms of feedback and evaluation are provided below:

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): The mid-rotation evaluation serves as formative feedback for the student. This is a paper form; the goal is for it to be a conversation tool for the student and preceptor.

End of rotation evaluation (required): The end of rotation evaluation serves as summative feedback based on the learning outcomes and grading rubric set forth by the program. 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 healthcare team members' comments are helpful contributions to student evaluations. Additionally, staff feedback may help to improve clinic efficiency while also maximizing educational opportunities for future students.

Clinical Site and Preceptor Assessment by Program (B3.02)

Students may be visited by a faculty or staff member during their clinical training to assess for educational progress. Site visits also provide the program with the opportunity to assess that the clinical site offers an appropriate teaching/learning environment for students. The program also welcomes feedback from sites and preceptors, as we are always striving to improve.

After the Rotation

Clinical Site and Preceptor Assessment by Student (B3.02, B3.06)

Students will complete a site and preceptor evaluation at the conclusion of each rotation. This evaluation will help the program determine ongoing suitability of the preceptor and site to allow the student to meet program-defined learning outcomes. The primary preceptor at each site will receive a summative report of student feedback after each cohort of students finishes their clinical year.

Additional Program Policies and Procedures

HIPAA Compliance (B2.14d, B2.16d)

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

OSHA Guidelines (A1.02e, A3.05a-b)

Safety is an important objective for students and patients. Prior to starting clinical experiences, students receive training in the Occupational Safety & Health Administration's Universal Precautions and are provided information regarding exposure to infectious and environmental hazards. Each student is responsible for incorporating these preventive measures into their daily routine while taking care of patients. It is the student's responsibility to become familiar with the policies and procedures for applying these precautions at each of the clinical sites to which the student is assigned. All students will participate in clinical site requirements for safety and quality compliance at the direction of the clinical site personnel.

Immunization and Health Screening Requirements (A3.09a, A3.18)

The program's policy on immunization and health screening requirements are based on the most recent CDC recommendations, state-specific mandates, and affiliate policies. The policy is reviewed annually to ensure compliance with national and local recommendations. Additional immunization and/or health screening requirements beyond those mandated by the program may be required by a clinical affiliate. If so, students will be made aware of additional requirements and must ensure compliance at their own cost, as necessary. If a student cannot meet the immunization and health screening requirements of the

program and all clinical sites where they are scheduled, the student may be prevented from fulfilling the mandatory requirements for graduation.

By signing the program's Student Handbook agreement, the student provides permission for the program's clinical course directors and support staff to have access to confidential student health records (immunization records, health screenings, and annual screening form) for the purpose of clinical onboarding and program requirements. Additionally, the student provides permission for the program to release these records to affiliated hospitals or clinics where a student is rotating for the purpose of clinical onboarding.

Infectious, Communicable Disease, and Environmental Policy and Procedures (A3.05a-b)

To help protect the health and safety of its students, as well as that of patients, the School of Medicine requires students to adhere to, and provide documentation of the following:

- Initial and ongoing infectious disease screening and pre-exposure prophylactic immunization against specified infectious/communicable diseases
- Training and education regarding environmental hazards and infectious exposures
- Post-exposure prophylactic follow-up/treatment following exposure to specified infectious diseases such as HBV, HIV, and tuberculosis, as necessary

Exposure Prevention and Post-Exposure Information (A3.05a-b)

Training and education regarding environmental hazards and infectious exposures are provided during the didactic phase of the program. Resources for such training may include the Occupational Safety and Health Administration (OSHA), Centers for Disease Control and Prevention (CDC), Society for Healthcare Epidemiology of America (SHEA), UMKC School of Medicine affiliate Occupational Health Departments, and the local health department. Students must demonstrate competency in the corresponding learning outcomes before participating in educational activities that would put them at risk. Students are expected to implement Universal Precautions consistently and appropriately and other appropriate safety measures thereafter. The student is responsible for becoming familiar with the policies and procedures for employing these precautions at each clinical site 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 clinical affiliation personnel. However, injuries and infectious or hazardous exposures may occur on campus or 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 (A3.05a-b)

Blood and body fluid exposure

An "exposure incident" refers to a specific eye, mouth, other mucous membranes, 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 in 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. Decontaminate the exposed site, including vigorous flushing of mucous membranes, eyes, and/or thorough hand/skin washing.
2. Report the incident to appropriate clinical site personnel, including the preceptor.
3. Follow established protocol provided by the clinical site (e.g., Site orientation materials and/or occupational health resources).
4. If there is no established protocol, seek treatment at the nearest emergency department.
5. Seek medical attention to ensure appropriate medical care for 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 it may be the nearest Emergency Department.
 - c. Management may include confidential testing of the patient and the student for Hepatitis B, Hepatitis C, HIV, and other infectious agents.
 - d. If additional medical care is necessary, students should arrange follow-up with their health care provider.
6. Report the event to the program within 24 hours via the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#) (students must log in to Microsoft Forms with UM System email).
7. If expert advice for urgent decision-making for occupational exposures to HIV and Hepatitis B and C is needed, refer to the PEpline, 1-888-448-4911, or [PEP Quick Guide for Occupational Exposures](#).

Exposures, Illness, or Injury

For student and patient safety, students who have been exposed to a contagious disease or are ill with symptoms of potentially contagious diseases may need to avoid contact with patients and/or coming to campus. In such cases, or in the event of an injury or other hazardous exposure, the student should follow the procedure outlined below:

1. Notify and work with the site preceptor to determine whether the situation requires the student to be evaluated and managed by the site occupational health provider and/or their own health care provider.
2. If necessary, the student should be evaluated by a healthcare provider to determine need for therapy and clearance for patient care.
3. Students must report such instances to the program within 24 hours via the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#) (students must log in to Microsoft Forms with UM System email).

Medical Management and Return to Clinical Activities (A3.05b)

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 must use the

[UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#) to report proof of clearance to return to campus and/or the patient care setting. The recommendation for clearance to return to campus and/or patient care activities must be provided with evidence (i.e., copy of a note or direct email) from the appropriate qualified medical professional (physician, physician assistant, nurse practitioner, or when applicable, UMKC Student Health or Occupational Health professional), who is not related to the student. This documentation must be submitted via the [UMKC School of Medicine Student Occupational and Environmental Exposure Report Form](#) before clinical and/or on-campus activities may resume.

Student Financial Responsibility for Health-Related Expenses (A3.05c)

Students are not employees of the hospital, clinic, or practice where they are rotating; thus, they are not covered with 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 events and provide coverage for the laboratory testing and treatments that may be required. Costs not covered by insurance are the responsibility of the student.

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

PA students are required to meet certain technical standards necessary to carry out all activities required for completion of the PA education. 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 Screening

All students who accept an offer of admission must clear a background check before matriculation into the program and prior to the start of the clinical phase. Additional screens may be required for certain rotations or based on changes in the program's background screening requirements.

Drug Screening

All students who accept an offer of admission must complete a drug and alcohol screen prior to matriculation into the program and annually thereafter. Some UMKC affiliated hospitals and clinics where students complete clinical rotations require that drug screens be conducted prior to student placement.

Appearance Policy

Students should maintain a professional appearance whenever they are representing UMKC and the PA profession. This includes the campus, clinical sites, meetings, and special events. Students should adhere to the following appearance policy:

Attire: Business casual is expected while on clinical experiences when scrubs are not allowed/required. The PA program prohibits clothing such as but not limited to flip-flops, shorts, cut-offs, hats, jeans, clothing with tears, or leisure wear. No open-toed shoes should be worn in patient care settings. No clothes with political or religious messages should be worn. A short white coat should be worn in clinical settings. Clothing should allow adequate movement during patient care and should not be tight, short, low cut, or exposing of the midsection or undergarments.

Hospital-issued scrubs may be worn to clinical experiences with the preceptor's permission but should not be worn home.

On occasion, the program may require students to wear business professional attire. Examples of business professional attire include dress shoes, dress pants, dress skirts, a solid shirt with a tie, or a solid shirt with a suit jacket with or without a tie.

ID: Proper identification as a PA student is always mandatory in the clinical setting. UMKC I.D. and program-issued nametag must be worn while at clinical sites. Some sites also require wearing separate security I.D. badges; these will be arranged during orientation at the beginning of the rotation. (A3.04)

Jewelry: No excessive or oversized jewelry that may prohibit patient care.

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, and/or diminish the effectiveness of the learning and clinical environment must not be visible.

Fragrances: No excessive or heavy fragrances, perfumes/colognes, or after-shave.

Hair: Hair should be clean and arranged so as not to interfere with providing patient care. Facial hair should be neatly trimmed.

Exceptions: When required, students must adhere to guidelines for wearing appropriate personal protective equipment (PPE), such as masks, gloves, goggles, gowns, etc. PPE guidelines may supersede program-established appearance policies, such as facial hair with N-95 masks.

Established dress codes at clinical rotation sites supersede those of the program (except required UMKC SOM I.D. badges). The program director will consider all other exceptions on a case-by-case basis.

Clinical supervisors, preceptors, or MMSPA faculty reserve the right to ask a student who does not meet the appearance policy to leave the learning environment.

Statement on Discrimination, Intimidation, and Sexual Harassment

The faculty, administration, staff, and students at UMKC are dedicated to pursuing knowledge and acquiring skills that will enable us to lead rich and full lives. We can pursue these ends only in a culture of mutual respect and civility. It is thus incumbent upon all of us to always create a culture of respect everywhere on campus and through our actions and speech. As a community of learners, we are committed to creating and maintaining an environment free of harassment, intimidation, and discrimination.

Educational Opportunity and Equity Resolution Process for Resolving Complaints (A1.02g)

Equal Opportunity is and shall be provided for all students and applicants for admission without unlawful discrimination based on their race, color, national origin, ancestry, religion, sex, pregnancy, sexual orientation, gender identity, gender expression, age, disability, protected veteran status, or any other status protected by applicable state or federal law. The equity resolution process for complaints of discrimination, harassment, and sexual misconduct against a student or student organization can be found in the [Collected Rules and Regulations 600.030](#).

Reporting Mistreatment at the School of Medicine (A1.02g)

Any form of discrimination or coercion based on race, ethnicity, gender, class, religion, sexual orientation, age, rank, or any other characteristic will not be tolerated. A student who has experienced any action or speech that feels coercive or discriminatory, should report this immediately via the [School of Medicine's online Mistreatment Reporting website](#) and if comfortable doing so, to the course director, Associate Dean, and/or UMKC Office of Equity & Title IX.