

Clinical Preceptor Manual

2025-2026

Tips, Tools, and Guidance for Physician Assistant Preceptors



Physician Assistant Institute

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Table of Contents

| | |
|------------------------------------------------------------------------|----|
| Introduction | 1 |
| General Goals of the Clinical Year | 1 |
| Core Competencies for New Physician Assistant Graduates | 1 |
| Definition of the Preceptor Role | 2 |
| Preceptor Responsibilities | 2 |
| The Preceptor–Student Relationship | 3 |
| Orientation and Communicating Student Expectations | 3 |
| Preparing Staff | 4 |
| Supervision of the PA Student | 5 |
| Informed Patient Consent Regarding Student Involvement in Patient Care | 5 |
| Documentation | 5 |
| Medicare Policy | 6 |
| Prescription Writing | 6 |
| Expected Progression of PA Student | 6 |
| Student Evaluation | 7 |
| Feedback to Students | 7 |
| Student Responsibilities | 7 |
| Standards of Professional Conduct | 8 |
| Specific Program Policies | 8 |
| Student Accessibility Services | 9 |
| Discrimination, Harassment, and Retaliation | 9 |
| Diversity and Inclusion Strategies | 10 |
| The Preceptor–Program Relationship | 10 |
| Liability Insurance | 11 |
| Program Mission | 11 |
| Program Goals | 11 |
| Professional Attire | 12 |
| Attendance | 12 |
| Student Case Logs | 12 |
| Site Visits | 12 |
| Preceptor and Clinical Site Evaluations | 13 |
| Preceptor Training | 13 |
| Preceptor Benefits | 13 |
| Preceptor Development Resources | 14 |
| Appendix A: Mid-Rotation Evaluation | 15 |
| Appendix B: Introducing/Orienting a PA Student to your Practice | 17 |

Introduction

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

General Goals of the Clinical Year

The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. To this end, the goals of the clinical year include:

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

Core Competencies for New Physician Assistant Graduates

“Core Competencies for New Physician Assistant Graduates” identify the knowledge, skills, attitudes, and behaviors that all PA students should be able to demonstrate by the end of their PA training program. There are 47 specific competencies related to knowledge, abilities, or skills that are measurable and observable. These competencies are tailored explicitly for PAs entering practice for the first time and were developed using the “Competencies for the PA Profession” foundation.

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

- Patient-centered practice knowledge
- Society and population health
- Health literacy and communication
- Interprofessional collaborative practice and leadership
- Professional and legal aspects of health care

- Health care finance and systems
- Cultural humility
- Self-assessment and ongoing professional development

More details are available on the PAEA website:

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

Program Specific Competencies:

- Elicit and interpret an accurate medical history from a patient.
- Perform an appropriate physical examination and accurately interpret findings.
- Utilize pertinent patient data and diagnostic interpretation to formulate a differential diagnosis.
- Demonstrate clinical reasoning and problem-solving skills to create a management plan.
- Accurately perform the technical skills utilized in care of the patient.
- Demonstrate effective communication skills necessary to work in healthcare teams.
- Demonstrate culturally sensitive care with a patient-centered approach.
- Counsel and educate for disease prevention and promotion of a healthy lifestyle.
- Understand the role of the PA and adhere to professional standards in healthcare settings.
- Identify the roles of various providers in the healthcare team including alternative or complementary practitioners.

Definition of Preceptor Role

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

Preceptor Responsibilities

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

- Orient each student at the onset of the rotation with the practice/site policies and procedures, including safety and emergency policies and procedures.
- Review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback to the student regarding clinical performance, clinical knowledge, skills, attitudes, behaviors, and critical thinking skills.
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and professionalism and 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
- Immediate evaluation of presentations (including both oral and written)
- Assignment of outside readings and research to promote further learning
- Demonstrate cultural humility in all interactions with patients, families, health care teams, and systems.
- Dialogue with faculty during site visits 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.
- Within one week of rotation conclusion, complete and return the student evaluation form to assess performance and improvement throughout the supervised clinical experience.
- Promptly notify the PA program of any circumstances that might interfere with student safety or wellness, accomplishing the above goals, or diminish the overall experience.
- Provide the PA program with copies of state-specific medical licenses, board-certification, and a current curriculum vitae.

The Preceptor–Student Relationship

The preceptor should always maintain a professional relationship with the PA student in the clinical setting and adhere to appropriate professional boundaries. Undue familiarity with students is not permitted. Social activities and personal relationships outside the professional learning environment should be appropriate and carefully selected to avoid putting the student or preceptor in a compromising situation. Contact through web-based social networking platforms (e.g., Facebook, Instagram) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. Please consult the Director of Clinical Education regarding specific school or university policies.

Orientation and Communicating Student Expectations

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition for 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. See Appendix B: Introducing/Orienting a PA Student to your Practice.

On or before the first day of the rotation, the student should take care of any administrative needs, including obtaining a name badge, computer password, and completing any necessary paperwork, EMR training, and additional site-specific HIPAA training, if required. 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 eyewash stations, 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 to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation.

Expectations can include:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight and weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments

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

Many sites find it helpful to create a written orientation manual to be given to the student before the first day of the rotation.

Preparing Staff

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

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

- Student's name
- Student's daily schedule
- Student's expected role in patient care and what they are permitted to do with and without the preceptor present in the room
- Anticipated impact of the student on office operation (i.e., Will fewer patients be scheduled? Will the preceptor be busier? etc.)
- Process for how patients will be scheduled for the student (but not serve or replace staff)

Supervision of the PA Student

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

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. The supervising physician or preceptor must see all the student's patients. The preceptor can provide direct supervision of technical skills with gradual increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen, and every procedure evaluated by the preceptor before patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Laws for Medicare patients are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" section. Ultimately, the preceptor should defer to their institutional policies.

Informed Patient Consent Regarding Student Involvement in Patient Care

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

Documentation

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

Additionally, writing a brief note that communicates effectively is a critical skill that PA students should develop. The preceptor must document the involvement of the PA student in the care of the

patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit.

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

Medicare Policy

The Centers for Medicare and Medicaid Services (CMS) no longer require clinicians serving as preceptors reperform student-provided documentation. As of January 1, 2020, preceptors can now verify (sign and date), rather than reperform, documentation provided by students. This makes the role of preceptor significantly easier as they can spend more time teaching and less time documenting. Students also benefit from increased experience with electronic health records, better preparing them for practice.

All physician, PA, and nurse practitioner preceptors are allowed to verify medical record documentation provided by PA students. It is important to note that there are no restrictions on the verification of student-provided documentation based on the profession (i.e., a preceptor does not have to be a PA to verify the documentation of a PA student), but the preceptor should default to their institutional policies. For more information, review PAEA's Key Advocacy Issues at: <https://paeonline.org/our-work/advocacy-for-pa-education/emerging-advocacy-issues>.

Prescription Writing

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

Expected Progression of PA student

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

Student Evaluation

The preceptor's evaluation of the student is especially important and typically serves as the primary mechanism for feedback to the program regarding a student's ability to meet the learning outcomes for the rotation. Preceptors are encouraged to discuss the evaluation with the students, focusing on strengths and opportunities for growth, and documentation including specific comments regarding

performance is strongly encouraged. Preceptors are also encouraged to familiarize themselves with the program's syllabus and evaluation tools and reach out to the program with any questions. Considerations such as the timing of the rotation (first versus last rotation) and improvement and receipt of feedback throughout the rotation should be noted when completing evaluations.

Mid-Rotation Evaluation (Appendix A)

A formative requirement for the course due by the third week of the rotation. Preceptors must provide face-to-face summative feedback to the student about their performance and a general plan for the remainder of the rotation. This is a course requirement, but not calculated into the student's final grade. Preceptors are encouraged to contact the Director of Clinical Education with performance or professionalism concerns in a timely manner to allow for corrective action.

End of Rotation Evaluation

The end of rotation evaluation is an electronic assessment submitted through the database, Typhon. The preceptor assesses each student's preparedness for the clinical clerkship and evaluates the student based on the Student Learning Outcomes outlined in the course syllabus. Evaluations are due one week after the conclusion of the clerkship block. The end of rotation evaluation is scored on a four-point Likert scale. The end of rotation evaluation must be a 73% or greater to pass the rotation and contributes 35% to the final course grade. Students that "Meet Expectations" and receive the score of 3 on all areas of assessment would receive a 75%. The evaluation score may be reviewed and modified at the end of the document prior to electronically submitting.

Preceptors should review end of rotation evaluations privately with their colleagues and staff to formulate an overall assessment of the student's performance. 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.

Feedback to Students

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

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

Student Responsibilities

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

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

- Demonstrate emotional resilience stability, adaptability, and flexibility during the clinical year.

Standards of Professional Conduct

As health care practitioners, PA students are required to conform to the highest standards of ethical and professional conduct required of certified PAs in addition to their program-defined standards.

These may include, but are not limited to:

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

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

If preceptors are concerned about a student's professionalism, please contact the Director of Clinical Education immediately.

Specific Program Policies

Students must be in compliance with, and pass, the below standards to participate in the clinical phase of their education.

- Possess student health insurance
- Drug abuse prevention training
- Professionalism and diversity, equity, and inclusion training
- HIPAA Privacy and Security training
- Sharps-related injuries, including needlesticks
- OSHA blood-borne pathogens training
- Immunizations
 - Evidence of current immunization for measles, mumps and rubella (2 doses; at least 28 days apart) and evidence of positive titers for measles, mumps and rubella
 - Evidence of 2 non-reactive PPDs; first within the past 12 months and the second on day 7-21 following the first. Or evidence of a single non-reactive IGRA within the past 12 months
 - If history of positive, medical clearance/chest x-ray required
 - Evidence of 2 varicella vaccinations (or history of disease) and a positive varicella titer
 - Evidence of positive hepatitis B surface antibody titer; or written statement of declination, as required by the Clinical Affiliate's policy

- Evidence of one dose of Tdap (Tetanus, Diphtheria, Pertussis) within the past 10 years
- Evidence of seasonal influenza vaccination (annual)
- Evidence of COVID vaccination
- Criminal background check
- Urine toxicology screen
- Sexual assault prevention training
- Maintain BLS and ACLS certification
- Completed didactic phase of education with a 3.0 cumulative GPA or greater

Student Accessibility Services

The Office of Student Accessibility Services offers a private and confidential atmosphere for students to talk about their disabilities and accommodation requests. In compliance with Section 504 of the Rehabilitation Act, the Americans with Disabilities Act and Connecticut state laws, the university provides reasonable accommodations to reduce the impact of disabilities on academic functioning or upon other life activities in the University setting. The clinical team will work with the clinical site and preceptors to ensure reasonable accommodations are in place. All accessibility matters are confidential, and all questions should be directed to the Office of Student Accessibility Services via the clinical team. To receive accessibility services or accommodations, students must register for accessibility services and provide appropriate documentation. Student Accessibility Services can be reached at (203) 576-4454 or email: accessibilityservices@bridgeport.edu.

Discrimination, Harassment, and Retaliation

The University is committed to providing a workplace and educational environment, as well as other benefits, programs, and activities that are free from discrimination, harassment, and retaliation. Consistent with the University's commitment to equal opportunity and non-discrimination, and in compliance with federal and state civil rights laws and regulations, the University strictly prohibits discrimination and harassment. Prohibited conduct includes discrimination and harassment based on race, color, sex, pregnancy, religion, creed, ethnicity, national origin, disability, age, sexual orientation, gender identity, veteran or military status, predisposing genetic characteristics, victim status or any other protected category under applicable local, state or federal law. Prohibited conduct also includes retaliation against a person for the good faith reporting of these forms of conduct or participation in an investigation or proceeding under this Policy. Any member of the campus community who acts to deny, deprive, or limit the educational, employment, residential, or social access, benefits, or opportunities of any member of the campus community, including guests or visitors, based on their protected class, is subject to sanctions under this Policy. Upon notice, the University will appropriately address and remedy all allegations per the resolution procedures described herein.

The University is committed to stopping, preventing, and remedying discrimination, harassment, sexual misconduct, and retaliation and addressing any violations of this Policy. Accordingly, the University has created two grievance processes to accomplish this task: the Title IX Grievance Process and the Discrimination, Harassment, Sexual Misconduct, and Retaliation (DHSMR) Grievance Process. The Title IX Grievance Process is designed to address conduct that falls under the Title IX Regulation's

definition of sexual harassment.

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

Diversity and Inclusion Strategies

PA education is committed to growing diversity and inclusion among its faculty, students, and preceptors. A 2020 report from the NCCPA indicates that 80.8% of practicing PAs identify as white.ⁱ Additionally, a Diversity Standard (A1.11) was added to the ARC-PA 5th Edition Standards that requires PA programs to develop recruitment and retention efforts to support underserved populations. Furthermore, it is important that students are provided with opportunities to demonstrate their ability to understand and care for diverse patient populations. Clinical preceptors can contribute to these efforts using some of the following strategies:

- Recognize that students come from a variety of backgrounds with differences that contribute to variations in habits, practices, beliefs, and/or values.
- Encourage the PA student and preceptor to discuss personal biases and/or fears at the beginning of the rotation and ongoing as needed.
- At the beginning of the rotation, the preceptor should discuss any considerations unique to the student's practice setting and patient population. Additionally, the preceptor may provide the student with suggested resources for further research on the unique practice settings and patient population.
- Intentionally seek opportunities for students to care for patients with diverse backgrounds, habits, practices, beliefs, and/or values.
- Engage the student in dialogue about their encounters with diverse patients and team members and provide formative feedback regarding their interactions and perceptions.
- Encourage the student and preceptor to challenge their own beliefs and understand their impact on their care of patients and development as a compassionate, inclusive learner.
- Provide opportunities for the student to interact with community outreach activities as available at the clinical site and in the local community.
- Become a mentor for prospective PA students who are from underrepresented minority groups.
- Encourage students and preceptors to engage in conversations about health equity and social determinants of health.

Additional resources can be found in the PAEA Digital Learning Hub within the Diversity, Equity, and Inclusion Toolkit and best practices guidelines. Ask the Director of Clinical Education to download and share this resource if you do not have access.

The Preceptor–Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program clinical faculty, and preceptors. All members of the team should share their preferred contact information. Preceptors are required to provide a phone number that the

program can contact the preceptor directly on in the event of an emergency. Alternate contact information can be provided to the student as a preferred method of communication.

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

Liability Insurance

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

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

Program Mission

The mission of the UBPAI is to prepare future PAs with the knowledge and skills to provide culturally sensitive, patient-centered care and foster life-long learning and professionalism, emphasizing commitments to diversity, global perspective, and integrative approach benefiting all patients. This mission is reflected in our motto: *Adiuvare, Mederi, Communiter: To Help, To Heal, Together.*

Program Goals

The University of Bridgeport PA Institute (PAI) has established the following five goals which support the mission and outcomes of the program.

1. Recruit qualified applicants from a variety of backgrounds and experiences.
2. Create an environment of student support which promotes retention and student success.
3. Prepare students to provide culturally sensitive and patient-centered care with a commitment to caring for diverse patient populations.
4. Prepare students with a strong foundation of medical knowledge and clinical skills to be competent providers.

5. Increase providers serving medically underserved or special populations through increased exposures to diverse communities and patients in the clinical phase.

2024 Program Goals Report

Professional Attire

Students are required to maintain a professional appearance in dress and hygiene. Generally, men are to wear dress slacks, shirts, and ties unless otherwise instructed by their preceptors. Women are to wear dresses, skirts or dress slacks and blouses/sweaters. No open toed shoes per OSHA standards, excessive jewelry or makeup, t-shirts, or sweatshirts as outer clothing will be worn. If permitted, scrubs must be of solid color, pressed, and free of stains or damage. Piercings should be of the ears only (unless for religious reasons) and tattoos should be covered when feasible. Jeans and shorts are unacceptable attire. Students are to wear a half-length white lab coat and their University of Bridgeport student ID.

Attendance

Attendance in the clinical year is not measured in hours or shifts. Students are expected to mirror the schedule of their preceptor, not to exceed 80 hours per week. Any student who requires time off for personal or other reasons is obligated to request approval in writing from the Program and not with the preceptor directly. Once approved, the student is required to also notify and obtain approval from the preceptor. No more than two personal days are permitted throughout the clinical phase of training. Absence the day before the end-of-rotation examination will not be permitted unless for medical or emergency purposes.

Students are expected to plan accordingly if inclement weather is predicted. If the preceptor is required to be present despite the weather conditions, it is the expectation that the student also report. If unexpected or unsafe conditions exist, the student must contact the preceptor and the clinical team prior to the expected report time. The student is required to report to the clinical site as soon as safely possible. If it is assessed that the student was absent due to poor planning or lack of effort, the student will forfeit a personal day and receive a deduction in professionalism points.

If the student requires more than three excused absences (e.g., illness) from a single clinical clerkship, efforts will be made to reschedule the missed time with the clinical site or an alternate location. If this cannot be accomplished, the situation will be referred to the Program Director for review and academic planning. In the event of an emergency, both the preceptor and the Program must be notified via e-mail/in writing within three business days.

Student Case Logs

Students are to log their clinical contact hours and patient cases (excluding patient identifying information) in the electronic database, Typhon. This will be monitored by the Program and not a responsibility of the preceptor. Logging should not interfere with the clinical experience.

Site Visits

A site visit of the clinical rotation location will occur at minimum, every two years by a program representative. The Program will reach out to the site to coordinate the visit. Site visits are

accreditation requirements, which allows the program to ensure adequacy of the clinical experience and the ability to meet all student learning outcomes.

- More frequent site visits may be coordinated at the discretion of the Program.
- The Program reserves the right to coordinate periodic visits to assess student attendance.

Preceptor and Clinical Site Evaluations

- Students will evaluate the preceptor by assessing whether the preceptor can:
 - Provide efficient onboarding into the learning experience
 - Create a supportive learning environment
 - Understand the role of a PA and promote student growth into that role
 - Provide on-going constructive feedback
 - Facilitate achievement of clinical year goals
- Students will evaluate the rotation site by assessing whether the site has the ability to:
 - Provide adequate access to preceptors
 - Delegate appropriate clinical responsibilities
 - Provide acceptable patient load
 - Facilitate smooth interaction with staff
 - Ensure an overall positive and supportive experience

Preceptor Training

Preceptors will be asked to complete a survey in our electronic database, Typhon, once approved to precept. The survey serves as a tool to ensure that each preceptor has received a copy of the Preceptor Manual, syllabus, and all questions and/or concerns have been addressed..

Preceptor training will be conducted annually, which may be in-person, remote, or asynchronous. The updated Preceptor Manual and course syllabi will be provided for review at this time. Preceptors are required to attest to training completion.

Preceptor Benefits

Clinical affiliates will be offered a stipend for each student per rotation block. This dollar amount will be agreed upon during the execution of the Clinical Affiliation Agreement. Distribution of the stipend will be determined by the affiliate institution.

AAPA sponsored Category 1 Continuing Medical Education (CME) credits will be award to PA preceptors at the amount of two CME credits for every 40 hours spent precepting. Preceptors are responsible for tracking hours and should only claim hours spent directly precepting students. Certificates will be issued at the end of each calendar year. For other preceptor types, it is advised to refer to your certifying body to determine whether Category 2 CME credits may be accepted. A certificate of preceptorship may be issued by the Program upon request.

Preceptor Development Resources

PAEA's Committee on Clinical Education created a set of one-page resources for preceptors to help

streamline and enhance the supervised clinical experience. They combine some of the committee's own resources with the best precepting practices outlined in the literature.:

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

The “one-pagers” are available on the PAEA website: <https://paeaonline.org/how-we-can-help/faculty#clinical>.

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

ⁱ National Commission on Certification of Physician Assistants, Inc. (2021). *2020 Statistical Profile of Certified Physician Assistants: Annual Report*. <https://www.nccpa.net/wp-content/uploads/2021/07/Statistical-Profile-of-Certified-PAs-2020.pdf>.

APPENDIX A: MID-ROTATION EVALUATION

APPENDIX A: MID-ROTATION EVALUATION (cont

APPENDIX B: INTRODUCING/ORIENTING A PA STUDENT TO YOUR PRACTICE

Introducing/Orienting a PA Student to your Practice

Authored by: PAEA's Committee on Clinical Education

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1-PAGERS
for
PRECEPTORS

Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm, and belonging to the team helps students develop the functional capacity to work more efficiently. Orientation should include several components:

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

If you plan to take students often, it may be easiest to create an Orientation Checklist or a Student Orientation Guide/Manual so that you are consistent each time. A more detailed description of each of these components is included below:

Preparing your staff to have a student:

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

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

Preparing your patients to have a student:

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

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

Orienting the student to your practice:

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

- Introduce the student to the staff and other medical providers that you work with
- Ask the office manager/HR to provide the student with an ID badge and computer access, EMR training, and the office policies and procedures; also give the student a tour of the clinic/hospital
- Ask one of your nurses/staff to show the student the patient flow process
- Let the student know what to do in the case of an emergency in the office/hospital

Overview of the rotation/preceptor expectations:

Within the first day or two of the student's clinical rotation, find time to discuss the following aspects of the rotation and your expectations of the student:

- The main things that you would like the student to learn/experience during the rotation
- The student's goals for the rotation (Help them to prioritize these)
- Roles and responsibilities of the student and interactions with the staff
- Student's schedule, hours worked, call, and extra opportunities (grand rounds, conferences, etc.)
- Medical documentation, oral presentations, and additional assignments
- Expected attire, medical equipment needed, and recommended texts/resources

Orienting the student to your community:

Discuss with the student early in the rotation characteristics of your local community or patient population that affect patient care as well as available community resources that your practice uses on a regular basis.

*Also be sure to take student and program feedback on your orientation process into consideration moving forward.

REFERENCES

<http://paeaonline.org/publications/preceptor-handbook/>
<http://www.med-ed.virginia.edu/courses/fm/precept/module1/index.htm>

