

Preceptor Handbook

2022-2023

***Guidance for Preceptors of Physician Assistant Students***

Edited 1/10/2023

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## Clinical Education Team

**Pangela Dawson, PhD., MSPAS, PA-C Folashade Omole, MD, FAAFP**

Founding Program Director Medical Director

Office: (404) 756-1246 Office: (404) 756-1260

pdawson@msm.edu fomole@msm.edu

**Debra Nickell, PhD, MBA, PA-C Martha Elks, MD, PhD, FAPC, FACE**

Interim Academic Director Senior Associate Dean

Office: (404) 756-1254 Office: (404) 752-1881

dnickell@msm.edu melks@msm.edu

**Janice Herbert-Carter, MD, MGA, FACP Diane Dennis-Griggs, NP-C**

Chair& Associate Professor Clinical Director

Office: (404) 752-1897 Office (404)756-1210

 jherbert-carter@msm.edu ddennis-griggs@msm.edu

**Lynwood McAllister, PhD., MPA, MA Gabrielle Leverette**

Assistant Clinical Director Clinical Curriculum Manager

Office: (404) 752-1949 Office: (404) 752-1003

lmcallister@msm.edu gleverette@msm.edu

The Morehouse School of Medicine Regional Accreditation

Morehouse School of Medicine is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award doctorate and master’s degrees. Contact the Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, telephone 404-679-4500, or visit [http://www.sacscoc.org](http://www.sacscoc.org/) for questions about the accreditation of Morehouse School of Medicine.

# Professional Accreditation

The Accreditation Review Commission on Education for the Physician Assistant has granted Accreditation-Provisional status to the Morehouse School of Medicine Physician Assistant program sponsored by Morehouse School of Medicine.

Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program’s ability to meet the ARC-PA standards or when a program holding Accreditation-Provisional status appears to demonstrate continued progress in complying with the standards as it prepares for the graduation of the first class (cohort) of students. For more information, please contact ARC-PA at:

12000 Findley Rd. Suite 150 Johns Creek, GA, 30097 (770) 476-1224

or

 at [http://www.arc-](http://www.arc-pa.org/provisional_acc/information.html) [pa.org/provisional\_acc/information.html](http://www.arc-pa.org/provisional_acc/information.html).

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# Introduction

We would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this Morehouse School of Medicine (MSM) Physician Assistant (PA) program and our PA students. The clinical experiences the student will obtain in your office or clinic are of critical importance to a successful learning experience. The clinical setting *synthesizes* concepts and application of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing PA. Thank you for your commitment to PA education.

This handbook is designed to provide an overview of the MSM PA Program Clinical Year and ensure a strong collaboration with our clinical preceptors. It is a compilation of rules, policies, and other information critical to Morehouse School of Medicine (MSM) Physician Assistant Program that applies to all participating preceptors and clinical site support staff. If you have any questions about the content of this handbook, please contact:

Diane Dennis-Griggs, NP

#### Clinical Director

**(404) 756-1210**

# Program Overview

The MSM Physician Assistant Program is a 28-month, full-time course of study leading to a Master of Science in Medical Science Physician Assistant Studies degree. Our class size is currently 40 students as of 2022. The program comprises a 15- month academic year and 13-month clinical year. The didactic phase of the curriculum will offer exposure to the basic medical, clinical, and behavioral sciences. The intense coursework will focus on primary care and specialty areas of medicine and utilize a blended traditional and case-based learning pedagogies to develop life-long learning and critical thinking skills. The program will include early clinical experiences, exposure to community service learning, and continuous PANCE Board preparation.

### Program Mission

The mission of the Morehouse School of Medicine Physician Assistant Program is to lead in the creation and advancement of health equity by empowering and educating the next generation of physician assistants to achieve academic, personal, and professional success and become committed life-long learners who will provide compassionate, high quality, patient-centered care to meet the primary healthcare needs of the underserved urban and rural populations in Georgia and the nation.

### Program Goals

1. Foster an environment that ensures our education, research, and service initiatives address the primary health care needs of the underserved rural and urban communities across Georgia.
2. Engage learners in opportunities to explore transformational models of care for vulnerable populations that advance health equity.
3. Recruit, educate, retain, and graduate learners from underrepresented groups in the medical profession to increase the diversity of the Physician Assistant workforce.
4. Create a learning environment that promotes collaboration among inter- professional teams to ensure efficient, effective, and equitable patient-centered care.
5. Cultivate effective leadership skills that empower learners to identify, address, and prioritize local, regional, and global health concerns.
6. Support faculty development and engagement in teaching, scholarship, and service.

### Student Matriculation Requirements

* All MSM students are required to provide proof of receiving a set of immunizations prior to enrollment or to receive the required immunizations within 30 days of enrollment.
* The MSM PA program requires a physical examination for all entering students.
* The MSM PA program requires a criminal background check and drug screen for all entering students. The background check includes criminal history and previous address information.
* All full-time students are required to have health insurance coverage either through the Institution or through another individual or family plan.
* All entering students are required to have current Basic Life Support certification designed for health care providers.

### Student’s Clinical Year Objectives

* + Expose the student to the special needs and considerations warranted in effective, efficient, and compassionate patient care for rural and urban underserved populations.
	+ Foster continued development of the student’s ability to communicate with a diverse population of patients effectively and efficiently and with other professionals in the health care environment.
	+ Expose student to a variety of diseases and injuries involving all body systems and including but not limited to cardiovascular, pulmonary, gastrointestinal/nutritional, genitourinary, psychological, musculoskeletal, neurological, endocrine, hematological, dermatological, and infectious.
	+ Reinforce, support, and continue to develop the student's ability to obtain an appropriate history.
	+ Reinforce, support, and continue to develop the student's ability to conduct a thorough and accurate physical examination.
	+ Reinforce, support, and continue to develop the student's knowledge base of the indications, limitations, and costs of various diagnostic studies used in the evaluation of disease and injury and disease prevention.
	+ Reinforce, support, and continue to develop the student's ability to recommend, select and interpret (where applicable) appropriate diagnostic methods in the evaluation of a patient.
	+ Familiarize student with the therapeutic needs of patients with medical, surgical and/or psychological disorders, as well as the indications, limitations, and side effects of these therapeutic efforts.
	+ Reinforce, support, and continue to develop the student's skills to generate written documentation of each patient encounter.
	+ Reinforce, support and continue to develop the student's ability to generate differential diagnoses.
	+ Reinforce, support and continue to develop the student's ability to select a definitive diagnosis.
	+ Facilitate the development of the student's ability to choose the appropriate treatment plan for each patient encounter, including pharmacologic and non- pharmacologic therapies.
	+ Facilitate the development of the student's ability to recognize situations where referral to other healthcare providers is necessary and to identify the

appropriate referral resource.

* + Facilitate the student's use of written and computer-based medical records for the documentation and transmission of patient-centered information to other members of the healthcare team.
	+ Expose the student to ways of incorporating the principles of public health and health promotion and disease prevention into patient care and practice.
	+ Foster continued development of the skills needed to search, interpret and evaluate medical literature in relationship to medical decision-making and patient care.

### Physician Assistant Competencies

The MSM PA Program has modified the list of domains and competencies developed by the four main PA Organizations: NCCPA, ARC-PA, PAEA, and AAPA. Additional domains have been added related to the program mission. Social accountability remains at the core of the Institution’s mission and as such has also been added to the list of competencies. These professional competencies include the effective and appropriate application of medical knowledge; interpersonal and communication skills; patient care; professionalism; practice-based learning and improvement; systems-based practice; as well as an unwavering commitment to continual learning, professional growth, and the physician-PA team. The MSM PA Program has also implemented the use of Core Entrustable Professional Activities (EPAs) to supplement the professional competencies.

### Clinical Year Curriculum

The clinical portion of the Program involves an in-depth exposure to patients in a variety of clinical settings. The settings, characteristics, assigned tasks, and student schedules will vary depending on the site.

The clinical portion of the PA Program consists of 40 weeks of supervised clinical exposure including:

* Five 4-week clerkships
* One Primary Care clerkship (one consecutive 8-week block)
* Two Adult Medicine Clerkships (two 4-week blocks)
* One Elective 4-week clerkship
* Professional Seminar (divided into 3 blocks)

|  |
| --- |
| Supervised Clinical Practice Experiences (SCPE) in the following specialties: Internal Medicine, Family Medicine, Pediatrics, Women’s Health, Behavioral Medicine & Psychiatry, Emergency Medicine, General Surgery, andElective |
| **COURSE** | **CREDIT** |
| PAS 740 Family Medicine Clerkship | 8 |
| PAS 741 Internal Medicine Clerkship | 8 |
| PAS 742 Pediatrics Clerkship | 4 |
| PAS 743 Emergency Medicine Clerkship | 4 |
| PAS 744 Behavioral Medicine & Psychiatry Clerkship | 4 |
| PAS 745 General Surgery Clerkship | 4 |
| PAS 746 Women’s Health Clerkship | 4 |
| PAS 747 Elective Clerkship | 4 |
| PAS 748 Professional Seminar I | 1 |
| PAS 749 Professional Seminar II | 1 |
| PAS 750 Professional Seminar III | 1 |
| PAS 751 Capstone Project | 2 |
|  | **Total: 45** |

# Key People

### Clinical Preceptor

Clinical preceptors are clinicians who work in hospitals, clinics, or other health care settings. They are responsible for teaching, supervising, and evaluating students during Clerkships. Preceptors primarily consist of physicians who are board certified in their medical area of practice and physician assistants who are certified by the NCCPA.

### Site Coordinator

Each clinical site also has a site coordinator who serves as the primary point of contact with the MSM PA program for the clinical site. The site coordinator is responsible for organizing student orientation and instruction related to the technical aspects of the site. The site coordinator may be the clinical preceptor or another person who works at the clinical facility (e.g., human resources, office manager).

### MSM PA Program Clinical Director

MSM’s Clinical Director is responsible for developing the curriculum and teaching processes for the clinical year. Preceptors will work with the clinical director to assure student learning, complete evaluations, provide feedback on student development during Clerkship, and to address any concerns the preceptor may have during the student experience.

### MSM PA Program Assistant Clinical Director

The Assistant Clinical Director is responsible for the ongoing development, management, coordination, and evaluation of the Physician Assistant program clinical sites. Initial duties will include preparation of the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Accreditation application. Other duties include teaching, scholarly activity, academic advising, service and professional activities. In all matters, faculty are expected to maintain the highest standards of professional ethics consistent with the MSM Mission. This is a non-tenure track position, eligible for multi-year appointment. The Assistant Clinical Director will operate within the MSM framework of lifelong learning through innovative teaching, learner-centered curricula, collaborative scholarship, and clinical excellence.

### MSM PA Program Clinical Curriculum Manager

MSM’s Clinical Curriculum Manager serves as the point-of-contact for the site coordinator for the site’s logistics such as scheduling and compliance with required

immunizations and certifications.

# Definition of the Preceptor Role

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

# Preceptor Responsibilities

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

* Orient students at the onset of the clerkship with the practice/site policies and procedures and review the expectations and objectives for the clerkship.
* Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the clinical coordinator by submitting mid-clerkship and end-of-clerkship evaluations.
* Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and ensure proper patient care.
* Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the 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
	+ Direct evaluation of presentations (including both oral and written)
	+ Assignment of outside readings and research to promote further learning.
* Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
* Audit and co-sign charts to evaluate the student’s ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.
* Promptly complete the evaluation forms provided by the program reflecting on student knowledge and skills as well as their improvement throughout the clerkship.
* Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience.
* Maintain an ethical approach to the care of patients by serving as a role model for the student.
* Demonstrate cultural competency through interactions with patients.
* Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other’s needs and expectations, and what changes need to be made in the roles and relationship.
* Provide timely feedback to the student and the program regarding student performance.

# The Preceptor−Student Relationship

The preceptor should maintain a professional relationship with the PA student and always 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, SnapChat, Instagram, LinkedIn, etc.) should be avoided until the student completes the clerkship where the supervision is occurring.**

# Orientation and Communicating Student Expectations

Orientation of the student to the clerkship site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

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

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

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

Students are expected to communicate with preceptors any special scheduling needs they may have during the clerkship — in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students

anticipate missing clinical time for personal reasons, they should alert the clinical coordinator well in advance of the clinic absence.

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

# Preparing Staff

The staff of an office or clinic has a key role in ensuring that each student has a successful Clerkship. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient’s visit. Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. 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
* Student’s schedule (when they will be in the office)
* Student’s expected role in patient care
* Expected effect of the student on office operation: Will fewer patients be scheduled? Will the preceptor be busier?
* How patients will be scheduled for the student

# 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. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, or PA who will serve as the student’s preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision 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. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each Clerkship, it is the student’s responsibility to ensure that the supervising physician or preceptor also sees all the student’s patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student’s demonstrated level of expertise. However, **every patient must be seen, and every procedure evaluated prior to 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. Medicare laws are slightly different in terms of what a student can document, and this is explained further in the following “Documentation” section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

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

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant 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.

The students should be clearly identified as PA student and must also verbally identify themselves as such. If the patient requests a physician 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 payors view student notes as related to documentation of services provided for reimbursement purposes.

Any questions regarding this issue should be directed to the clinical director. Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record.

Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one institution’s EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student’s own edification, which should be reviewed by preceptors whenever possible for feedback. Students must not make entries to the patient’s chart under the preceptor’s Username/ID.

### Billing Issues and Medicare Policy

Medicare reimbursement requires limited student participation regarding documentation. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision- making for proper billing. Preceptors should clearly understand how different payers view student notes as related to documentation of services provided by reimbursement purposes. For more information regarding student documentation and Medical and Medicaid billing consult the Center for Medicare and Medicaid Services (CMS).

The following is a link indicating the *Guidelines for Teaching Physicians, Interns, and Residents*: [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf) [Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf) [ICN006437.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf)

Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record.

### Prescription Writing

Students may transcribe prescribing information for the preceptor, but the physician must sign all prescriptions. More specifically, the student’s name is not to appear on the prescription*.* For clinical Clerkship 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.

### Expected Progression of PA student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to come up with an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student’s skills and abilities, the student should be allowed progressively increasing supervised autonomy.

### Student Evaluations

The evaluation is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the Clerkship and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important. On required Clerkships (i.e., core Clerkships required by the specific institution for all students prior to graduation), a passing evaluation from the preceptor is mandatory. If deemed “not passing,” the student may be requested to repeat the Clerkship or undergo procedures specified by the program. The final grade for a clinical Clerkship and the decision to pass or fail a student are ultimately made by the program faculty. The program will designate how often evaluations need to be completed.

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

Please contact the clinical director or clinical curriculum manager for specific evaluation forms and policies, in accordance with the student handbook.

Midpoint Evaluations

The midpoint evaluation is a student self-evaluation that must be discussed with the clinical preceptor. The student’s strengths and weaknesses should be discussed along with an action plan for improvement and successful completion of the Clerkship.

End of Clerkship Evaluations

The end-of-Clerkship evaluation is completed by the clinical preceptor. However, it may be beneficial to perform brief end-of-Clerkship evaluations privately with colleagues and staff to gain additional insight into the student’s professionalism and effectiveness. The end-of-Clerkship evaluation is completed through the EXXAT Clinical Tracker System.

Instructions will be provided to preceptors and/or site coordinators.

The end-of-Clerkship evaluation should reflect on student knowledge, skills, and professionalism as well as their improvement throughout the Clerkship. Evaluations should reflect student’s acquisition

of the competencies needed for clinical PA practice. The final end-of-Clerkship evaluation must be completed within one week of the end of the Clerkship.

# Feedback to Students

While students may have only one formal evaluation during the clinical Clerkship, it is imperative that they receive regular positive and constructive feedback daily from their preceptors to help improve their clinical performance. Please contact the clinical director for specific policies regarding student evaluation.

# Student Responsibilities

Each student must be aware of his/her own limitations and the regulations of the MSM PA Program. Students must also abide by the individual Clerkship site and/or site coordinator’s policies. In addition to adhering to the standards of professional conduct outlined later in the handbook, students are expected to be proactive and fully participate in all learning opportunities. Each student has a Clinical Manual to refer to.

### Student Learning

The student is expected to:

* Attain learning outcomes described in the syllabus for each clinical Clerkship course.
* Participate fully in each clinical Clerkship as directed and guided by the clinical preceptor.
* Take an active approach to patient interaction, clinical Clerkship duties, and collaborative interactions with other health care team members.
* Demonstrate competency in clinical skills.

Over the course of the clinical year, students should attain a minimum number of patient encounters and clinical procedures as detailed in the Student Clinical Manual. The student may also demonstrate competency through a preceptor’s direct observation of a clinical skill.

* Ask questions in a professional manner when uncertain about a clinical activity, decision, or outcome.
* Seek feedback on a regular basis from the clinical preceptor on a regularbasis.
* Provide timely and accurate logging of attendance, patient encounters, procedures, and evaluations.
* Promptly notify the clinical director or clinical curriculum manager of any circumstances that may interfere with the accomplishment of goals or diminish the overall training experience.
* Obtain detailed histories and conduct physical exams, develop a differential

diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.

* Perform and/or interpret common lab results and diagnostics.
* Educate and counsel patients across the lifespan regarding health-relatedissues
* Attend clinical Clerkships as scheduled in addition to grand rounds, lectures, and conferences, if available to them.
* Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.

### Involvement in Patient care

The student is not permitted to make independent medical decisions regarding patient care. The student must always maintain an ethical approach to patient care.

### Attendance and Schedule

The student is expected to attend every scheduled clinical day. The student must not begin a clinical clerkship before the assigned starting date or extend the end date beyond the assigned parameters without permission of the MSM PA Program. The student’s specific schedule is contingent on the clinical site and preceptor availability but should be a minimum of 40 hours per week. The required Clerkship schedule may include nights, weekends, rotating shifts, holidays, and days that MSM is closed. If the student must arrive late, be absent, or leave early from a clinical Clerkship, the student must report this to the MSM clinical director or clinical curriculum manager immediately. Students must also notify the site coordinator or preceptor following the site’s protocols.

Students have a predetermined number of excused/unexcused absences over the course of the clinical year. Excused absences should be prearranged and preapproved by the MSM clinical director or clinical curriculum manager and the preceptor. Unexcused absences negatively impact students’ learning; therefore, any unexcused absences must be reported immediately to the MSM clinical director or clinical curriculum manager.

### Standards of Professional Conduct

MSM PA students are expected to always approach their clinical Clerkships and patient care with professionalism. Professionalism requires the student to acknowledge their professional and personal limitations, practice free from impairments due to substance abuse, cognitive deficiency, or mental illness. PA students are expected to be sensitive to patient population diversity and adhere to legal and regulatory requirements. PA students are expected to adhere to the ethical ideas and standards necessary to provide outstanding medical care in a professional and conscientious manner.

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the 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 Institution and by the physician assistant program.

As health care practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to:

* Respect
* Flexibility
* Academic integrity
* Honesty and trustworthiness
* Accountability
* Cultural competency

If preceptors observe any concerns about a student’s professionalism, please contact the clinical director immediately.

### Unprofessional Behavior

* Behavior considered unprofessional includes, but is not limited to the following:
* Any form of dishonesty (e.g., plagiarism, cheating on assignments or examinations, lying, submitting false attendance reports or falsifying patient encounter logs or medical records).
* Chronic absenteeism or tardiness.
* Use of profane, vulgar, abusive, obscene, or threatening language of any sort while participating in PA program activities.
* Use of or being under the influence of drugs or alcohol while participating in any PA program activity or while present in any facility where PA program activities occur.
* Failure to maintain strict confidentiality of patient records or patient encounters (including but not limited to all HIPAA rules and guidelines).
* Uncooperative, hostile, or disrespectful attitudes manifested towards patients and their acquaintances, instructional faculty, Institution or medical staff, visitors, or fellow students.
* Lack of respect for the privacy or property of others.
* Conviction of a felony or offense involving moral turpitude while an MSM PA student.

# The Preceptor−Program Relationship

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

If a preceptor has a question or concern about a student, they should contact the clinical director. The clinical director may be contacted as follows:

(678) 835-8413 or ddennis-griggs@msm.edu

The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a Clerkship, by notifying appropriate program personnel early, problems can be resolved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

# Discrimination

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: https://www2.ed.gov/about/offices/list/ocr/know.html The following link to Morehouse School of Medicine’s nondiscrimination policy provides additional information about Institutional policies that protect students against discrimination: https://[www.msm.edu/Current\_Students/Documents/2020-](http://www.msm.edu/Current_Students/Documents/2020-) 2021MSMStudentHandbook.pdf#search=student%20handbook (pg. 62)

# Sexual Harassment and Assault (Title IX)

Morehouse School of Medicine is committed to providing academic and employment environments that are free from unlawful discrimination, including harassment, on the basis of protected characteristics, including race, color, national or ethnic origin, sex, age, disability, religion, veteran status, sexual orientation, genetic information, gender identity, or any other characteristic protected by applicable law in the administration of the School’s programs and activities. The School encourages any individual who feels he

or she has been discriminated against or harassed on any legally protected characteristic to promptly report the incident to the Title IX Coordinator or the Deputy Title IX Coordinator, who may be contacted as follows:

Claudette V. Bazile, Esq.

Title IX Coordinator Morehouse School of Medicine 720 Westview Drive SW

NCPC

Atlanta, GA 30310

Tel: (404) 752-1846

Email: cbazile@msm.edu

MSM's general policy against discrimination, harassment and retaliation applies to conduct by and perpetrated against all faculty, staff, administration, supervisors, employees, residents, students, applicants, volunteers, patients and visitors to campus, including guests, patrons, independent contractors or clients of MSM (“Person(s)”) that is prohibited by Title VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act, the Americans with Disabilities Act (including ADAAA amendments), and the Age Discrimination Act of 1975.

Under MSM's general policy against discrimination, harassment, and retaliation, if a complainant is able and feels safe, he or she should clearly explain to the alleged offender that the behavior is objectionable and request that it cease. Additionally, if the complainant is not able or does not feel safe confronting the alleged offender, or the behavior does not stop, or if the complainant believes some adverse employment or educational consequences may result from the discussion, he or she should contact the Title IX Coordinator or the Deputy Title IX Coordinator to make a complaint.

All members of the MSM community are subject to MSM’s Sex/Gender Nondiscrimination and Sexual Harassment Policy, including the investigatory and disciplinary procedures describe therein.

For additional information on the complaint procedures, refer to the following: https://[www.msm.edu/Current\_Students/Documents/2020-](http://www.msm.edu/Current_Students/Documents/2020-) 2021MSMStudentHandbook.pdf#search=student%20handbook

Or

Details about the procedures a victim of sex discrimination, sexual harassment or sexual violence should follow as well as for reporting incidents and/or filing, investigating and resolving complaints of sex discrimination, sexual harassment, sexual violence, and other Title IX-related grievances are outlined in the Human Resources Policy H.R. 1.00 (revised 10-1-2014), which can be accessed on the Morehouse School of Medicine website at: https://sharepoint.msm.edu/administration/compliance/public/Shared%20Documents/ Sex\_Gender%20Nondiscrimination%20and%20Sexual%20Harassment%20Policy0919.pdf

# The Annual Preceptor Survey

To help the program identify the preceptor’s needs, the preceptor will receive a program survey at the end of the clinical year. We encourage the preceptors to complete the survey as this is the preceptor’s opportunity to identify and suggest changes to MSM PA program curriculum and clerkship processes.

# Clinical Site Visits

Morehouse School of Medicine Physician Assistant Program faculty conducts routine visits to monitor clerkship sites and evaluate students during the clinical phase of their training. Site visits serve as an opportunity to connect with our students and preceptors and discuss the learning experience. We value student and preceptor feedback and utilize this information to better prepare our students and offer guidance as necessary to our preceptors. Our goal is to foster a great preceptorship that promotes success and

professional growth. Please do not hesitate to contact the Clinical Coordinators with any questions, comments or concerns.

# Program Policies and Procedures

The complete MSM PA Program’s policies and procedures are available in the Student Handbook and the student’s Clinical Clerkship Manual. The program would like to highlight the following Rules and Regulations that are relative to clinical Clerkships below:

### Testing and Training

The student **cannot** begin any clinical year until successfully completing all didactic course work, background checks, drug and alcohol screens, fingerprinting, documentation of all required CDC mandated immunizations and titers, verification of health care insurance, current American Heart Association BLS card and completion of HIPAA and OSHA training. ***Failure to complete any of these required items by their designated due date may result in a delayed start to the clinical year. This may in turn delay the student’s graduation from the Program.***

### Liability Insurance

Each PA student is fully covered for malpractice insurance by the MSM PA program. Students completing a formal elective clerkship with a preceptor or site that may end up becoming an employer must maintain a “student” role in the clinic and should not assume responsibilities of an employee until after graduation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient- care activities outside of the formal clerkship assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university’s liability coverage does not cover the student in these circumstances.

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

# Infectious Disease and Environmental Exposure Polices

It is the policy of the MSM Physician Assistant Program to follow the guidelines and recommendations made by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) regarding Standard Precautions. Before beginning any clinical education experience through the MSM Physician Assistant Program, students must receive training regarding CDC Standard Precautions. Policies and procedures related to infectious disease or environmental exposures are listed in appendix H.

Additionally, guidelines and principles outlined by the MSM Environment Infection Control Committee have been outlined in the MSM Infection Control Handbook at:

[https://www.msm.edu/Current\_Students/student-health/documents/policies-](https://www.msm.edu/Current_Students/student-health/documents/policies-forms/infection-control-handbook.pdf#search%3D%20MSM%20Infection%20Control%20Handbook%20) [forms/infection-control-](https://www.msm.edu/Current_Students/student-health/documents/policies-forms/infection-control-handbook.pdf#search%3D%20MSM%20Infection%20Control%20Handbook%20) [handbook.pdf#search=%20MSM%20Infection%20Control%20Handbook%20](https://www.msm.edu/Current_Students/student-health/documents/policies-forms/infection-control-handbook.pdf#search%3D%20MSM%20Infection%20Control%20Handbook%20)

# Continuing Medical Education (CME) Credits Policy for Preceptors

A letter and/or certificate of preceptors’ hours will be provided by the PA program upon request of the preceptor. Requests should be submitted in writing to the Clinical Director (via USPS or email). CME can be claimed as follows:

### Category I CME Credits (Physician Assistant Only):

Clinical Affiliates who are Physician Assistants may be awarded a *maximum* of 10 hours of Category I CME (i.e., 0.5 AAPA Category 1 CME credit for each two (2) weeks of clinical teaching). If a preceptor has more than one student at a time, that preceptor may be awarded an additional 0.25 CME credit for each additional student for each two weeks of teaching. Information about claiming CME can be found on the NCCPA website.

### Category II CME Credits

Upon request, a letter will be provided attesting to Category II CME credits, which are earned on a credit-per-hour basis. Credits may be divided between multiple Clinical Affiliates if desired. Information about claiming CME can be found below based on your credential (PA/MD/DO/NP):

* For PAs: [https://www.aapa.org/wp-content/uploads/2016/12/Category-](https://www.aapa.org/wp-content/uploads/2016/12/Category-1-CME-for-Preceptors-Guide.pdf) [1-CME-for-Preceptors-Guide.pdf](https://www.aapa.org/wp-content/uploads/2016/12/Category-1-CME-for-Preceptors-Guide.pdf)
* For MDs: [https://csms.org/wp-content/uploads/2014/03/provider-](https://csms.org/wp-content/uploads/2014/03/provider-faq2.pdf) [faq2.pdf](https://csms.org/wp-content/uploads/2014/03/provider-faq2.pdf)
* For DOs: Unfortunately, the AOA does not allow CME credit for precepting PA students.
* For NPs: <http://www.aanpcert.org/recert/ce>

# New Opportunities for Those Who Teach

Morehouse School of Medicine is participating in a national pilot to:

* **Ease the administrative burden on preceptors by standardizing documentation.**
* **Engage community preceptors.**
* **Encourage and reward teaching.**
* **Help preceptors integrate students more easily into the practice.**
* **Increase student value to practices.**

During this project, the preceptor will have an opportunity to:

* Meet ABFM Performance Improvement credit (MOC IV) requirements through improvement in teaching
* Access free faculty development (including CME credit for physicians) at

***teachingphysician.org***

We will also let you know about options for streamlined paperwork and recognition programs. Later in the year, you will be asked to give feedback to help us determine if the resources and processes improved efficiency and satisfaction.

In addition to our standard pre-clerkship training, we will be implementing new processes and resources to better prepare our students for their clerkships. Students will be required to:

* Read a document on “How to Be Awesome in Your Ambulatory Clinical Rotation”
* Complete three (3) online modules and download certificates of completion:
	+ "How to Write a High-Quality Note in the Electronic Medical Record"
	+ "How to Perform Medication Reconciliation"
	+ "Motivational Interviewing: a Structured Approach to Behavior Change”
* Complete an online passport before each clinical rotation with basic information about training, screenings, previous clinical rotations, and objectives for the current clinical rotation. This will be provided to you before rotations. The intent is to streamline and standardize paperwork preceptors get from Physician Assistant programs.

### Preceptor Learning Objectives

Clinical teaching is eligible for AAPA Category 1 CME credit because it is a self-reflective learning activity for the preceptor. In order to be eligible for AAPA Category 1 CME credit for precepting, preceptors must have learning objectives specific to the clinical rotation. These learning objectives will be provided to the preceptors.

# Additional Preceptor Development Appendices

1. Preceptor Development Videos and Resources
2. Integrating the Student into a Busy Practice
	* Integrating the Learner into the Busy Office Practice
	* Time-Efficient Preceptors in Ambulatory Care Settings
3. Evaluation and Teaching Strategies
	* Evaluation Using the GRADE Strategy
	* The One-Minute Preceptor
	* Feedback and Reflection: Teaching Methods for Clinical Settings
	* Characteristics of Effective Clinical Teachers
4. Providing Effective Feedback
	* Getting Beyond “Good Job”: How to Give Effective Feedback
	* Feedback in Clinical Medical Education
	* Feedback: An Educational Model for Community-Based Teachers
5. Managing Difficult Learning Situations
	* Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
	* Provide Difficult Feedback: TIPS for the Problem Learner
6. Developing Expectations
	* Setting Expectations: An Educational Monograph for Community-Based Teachers
7. Conflict Resolution
	* Aspects of Conflict Resolution

### Appendix A

Preceptor Development Videos and Resources: Videos

#### The Effective Preceptor:

https://[www.youtube.com/watch?v=1yes8vhOLmg](http://www.youtube.com/watch?v=1yes8vhOLmg)

#### Take 5: The One-Minute Preceptor

https://[www.youtube.com/watch?v=eRBdfXRj5N0](http://www.youtube.com/watch?v=eRBdfXRj5N0)

Printable Documents

Introducing and Orienting a PA Student to Your Practice

Introducing and Orienting a PA Student

How to Incorporate Students into the Practice Workflow

Students and Patient Care Workflow.pdf

Sample Preceptor Clinical Clerkship Evaluation:

SAMPLE Preceptor Evaluation.pdf

The One-Minute Preceptor



The One Minute Preceptor.pdf

Priming the Student for an Effective Patient Encounter:

Priming the Learners for Patient Encounters

Encouraging Students to Self-Identify Strengths and Weaknesses:

Ask-Tell-Ask-Feedback k Model.pdf

Teaching the Student to use Evidence-Based-Medicine:

EBM.pdf

Using Feedback to Reinforce Student Learning:

Feedback Arch.pdf

The SNAPPS Six-Step Approach to Learner-Centered Clinical Education:

SNAPPS Learner Approach.pdf

Tailoring Clinical Teaching to the Student:

Tailoring Clinical Teaching.pdf

### Appendix B

### Integrating the Student into a Busy Practice

The Model “Wave” Schedule1

This resource provides an actual time schedule for a preceptor and student to follow; it allows the student to see a sufficient number of patients while also allowing the preceptor to stay on schedule and not fall behind. [https://medicine.yale.edu/intmed/education/icpcp/PreceptorsHandbook\_](https://medicine.yale.edu/intmed/education/icpcp/PreceptorsHandbook_2015_2016_269226_27530_v2.pdf) [2015\_2016\_269226\_27530\_v2.pdf](https://medicine.yale.edu/intmed/education/icpcp/PreceptorsHandbook_2015_2016_269226_27530_v2.pdf) (See page 21) ~~–~~ Adapted from Yale Medical School Ambulatory Clerkship Handbook

Integrating the Learner into the Busy Office Practice2

This article outlines five strategies for effectively integrating a student into a busy practice; it helps answer preceptor questions, including “What do I do if I get behind?” and “What measures can help prevent me from getting behind?” <http://www.snhahec.org/IntegratingBusyPractice.pdf>

Time-Efficient Preceptors in Ambulatory Care Settings3

This case-based article gives the reader time-saving and educationally effective strategies for teaching students in the clinical setting.

https://ovidsp.tx.ovid.com/sp- 3.33.0b/ovidweb.cgi?QS2=434f4e1a73d37e8c9c8be07760ee3a7a4d17cf5d61b29fd5492 62ad3b760c0c61931a2c6bde4f99221a06f884831f8744537a73720a3bb624e25a9c79846

4ae31964a497d515817fba4110f13fd77b0cdabdf7e94ba7a5815cf18cd4371b0d3a76828 78c59b7947b336ccc35af1cc170e3b403476823c4b77bc33a761395d343c1919d67367c3

28bc331e2f6752e76f51ca79e12486818bdee43a8e3700d6830b1343b7dd359c714a00b4 ef17afa7badea2ab418fb1ecca1127ee50149dc0379e60154a9466dcdd9c2c20a57db3e45 d4d16c3b1b1d66670e73423bf9ab5c02bf736610a24e47bbec874edbc74316bc38bb8d2a 8282d6149016da76e40a44085fa68c79d14b7230a7

### Evaluation and Teaching Strategies

I. Evaluation Using the GRADE Strategy4

This easy-to-use tool provides five simple tips on how to effectively evaluate PA students. <https://www.stfm.org/FamilyMedicine/Vol33Issue3/Langlois158>

II. Feedback and Reflection: Teaching Methods for Clinical Settings6

This article describes how to use these two clinical teaching methods effectively. <https://pubmed.ncbi.nlm.nih.gov/12480619/>

III. Characteristics of Effective Clinical Teachers7

This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors. <https://pubmed.ncbi.nlm.nih.gov/15619153/>

### Appendix D

### Providing Effective Feedback

I. Getting Beyond “Good Job”: How to Give Effective Feedback8

This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback.

<https://pubmed.ncbi.nlm.nih.gov/21242222/>

II. Feedback in Clinical Medical Education9

This article provides effective guidelines for giving feedback.

<http://www.lumen.lumc.edu/lumen/meded/ipm/IPM1/EndeArticle.pdf>

III. Feedback: An Educational Model for Community-Based Teachers10

This document provides insightful tips on giving feedback, describes differences between feedback and evaluation, addresses barriers to giving feedback, and gives the reader case-based practice scenarios.

<https://vpal.harvard.edu/feedback>

<https://videos.med.wisc.edu/videos/4388?jwsource=cl>

### Appendix E

### Managing Difficult Learning Situations

I. Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers11

These documents outline strategies for both preventing and managing difficult learning situations. <http://www.snhahec.org/difficult%20learning%20sit%20management.pdf>

II. Providing Difficult Feedback: TIPS for the Problem Learner12

This article provides an easy-to-use “TIPS” strategy to address difficult learners or learning situations. <https://uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf>

<https://www.unmc.edu/alliedhealth/education/pa/preceptors/difficult-learning.pdf>

### Appendix F

### Developing Expectations

I. Setting Expectations: An Educational Monograph for Community-Based Teachers13

This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher. [http://www.snhahec.org/Setting%20%20Expectations(2).pdf](http://www.snhahec.org/Setting%20%20Expectations%282%29.pdf)

# Appendix G

Conflict Resolution

This article discusses the causes of conflict, approaches to conflict resolution, and techniques/strategies to resolve conflict effectively.

[https://www.algonquincollege.com/healthandcommunity/preceptorship/module-four/module-](https://www.algonquincollege.com/healthandcommunity/preceptorship/module-four/module-four-dealing-with-conflict/) [four-dealing-with-conflict/](https://www.algonquincollege.com/healthandcommunity/preceptorship/module-four/module-four-dealing-with-conflict/)

# Appendix H

Infectious Disease / Environmental Exposure:

**SECTION I: PURPOSE**

Infection Control and Prevention is an integral component of the overall educational and practice protocols for students at the Morehouse School of Medicine (MSM). MSM is committed to reducing the occurrence and transmission of infectious diseases. The purpose of this policy is to outline the policy and procedures to address student exposure to infectious and environmental hazards and to describe the mechanisms and resources for determining the effects of infectious and environmental disease or disability on student learning activities.

**SECTION 2: POLICY STATEMENT**

It is the policy of MSM to follow the guidelines and recommendations made by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) regarding standard precautions, Blood Borne Pathogens and OSHA.

**SECTION 3: SCOPE OF POLICY**

This policy applies to any student enrolled in the Doctor of Medicine, Physician Assistant Studies, Master of Public Health, or Graduate Education in Biomedical Sciences degree granting program. This policy also applies to any visiting student participating in coursework for one of the above programs.

**SECTION 4: DEFINITIONS**

Student – is a person enrolled in an MSM degree program that includes on campus activities or visiting person(s) /doing preceptorships or shadowing. For the purposes of this policy, it does not include those in entirely online programs who do not come to campus.

Resident - a physician who has finished medical school and is receiving training in a specialized area, such as surgery, internal medicine, pathology, or radiology.

Faculty – means any person possessing either a full- or part-time academic appointment at MSM, including faculty-level research appointees, faculty librarians, health system clinicians, and contributed service faculty.

Staff – means any regular, non-exempt, and exempt staff in research, academic or administrative positions, including postdoctoral fellows, research associates, counselors, non-faculty physicians and non-faculty veterinarians, part-time and full-time employees, as well as contractors and temporary employees.

Environmental diseases - noninfectious acute disorders associated with environmental exposures such as chemical or thermal burns or physical injuries such as falls.

**SECTION 5: PROCEDURES (If applicable)**

Standard Precautions include the following concepts and procedures:

1. Hands should be washed before and after contact with all patients. Hands should be washed after the use of gloves. Wash hands thoroughly with soap and water after contact with blood or body fluids for a minimal of 20 seconds. Use hand sanitizers with at least 62% alcohol when soap and water are not available.
2. Personal Protective Equipment (PPE) must be available for students. Students should select appropriate PPE based on CDC guidelines according to mode of transmission.
3. Gowns or other appropriate coverings are indicated if splattering might occur.
4. Gloves should be worn when contact with blood, body fluids, or surfaces contaminated with blood or body fluids is anticipated.
5. Mask and protective eyewear, or face shields should be worn if aerosolization or splattering may occur.
6. For emergency resuscitation, mouth pieces, resuscitation bags and other ventilation devices are strategically located and available for use.
7. Sharp objects should be handled safely. Do not recap needles, use safety needles when available.
8. Sharps should be discarded immediately after use into needle (sharps) box.
9. All needle stick accidents, mucosal splashes, contamination of open wounds (nonintact skin) with blood or body fluids, or other significant blood exposures should be promptly reported.

**SECTION 6: POLICY**

**Methods of Prevention**

MSM carries out the following measures of prevention:

* + **Immunizations**: To reduce the risk of medical students of being exposed to infectious diseases, medical students are required to have immunizations as required by the Centers for Disease Control and Prevention, the Georgia Department of Health and Human Services, Georgia law, and Morehouse Healthcare.
	+ **N95 Fit Testing Training:** Medical students are also required to be fit tested for an N95 mask respirator during the first semester of medical school.
	+ **Training**: During all annual student orientations and as part of the visiting student orientation process, students receive training in standard precautions, droplet precautions and airborne precautions. Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, excretions, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.
	+ **Publication of Procedures:** Students may access details related to the prevention of infectious diseases and environmental exposures at any time in the Infection Control Handbook: <http://www.msm.edu/Current_Students/SEHC-ICDocuments/ICHandbookrev7202014.pdf>

**Post- Exposure Procedure and Student Injuries or Exposures**

Exposure is defined as a demonstrated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.

1. **Aggressive local wound care** to the site of exposure should be initiated immediately. Percutaneous wounds should be expressed to promote bleeding. The site should be cleansed thoroughly with soap and water using a surgical hand brush when possible. It may be beneficial to use an antiseptic such as chlorhexidine gluconate (Foam Carer CHG), an iodophor (EZ Scrub, Betadine), or Dakin solution (dilute 1:9 buffered sodium hypochlorite). Difficult to scrub areas should be soaked in chlorhexidine gluconate (Foam Carer CHG) or another antiseptic. Non-intact skin should be cleansed with soap and water. It may be beneficial to use an antiseptic as described above. Mucous membrane exposures (e.g., eye splashes) should be irrigated thoroughly with tap water using the nearest eye washing station (or faucet if non available).
2. **The incident should be reported immediately.** The student is responsible for reporting to your immediate supervisor, Occupational (Employee) Health Service at respective practice site or facility and to Student / Employee Health within 24 hours. Employees, Residents, Staff report to the Human Resources / ODS. When possible, students should visit the MSM Student

/ Employee Health Center.

1. It is imperative that an **incident report** is completed. (Addendum A)
2. **Post Exposure Prophylaxis (PEP) protocol should be initiated**. The student may access the post exposure hotline by the following methods: [http://nccc.ucsf.edu/clinician-](http://nccc.ucsf.edu/clinician-consultation/post-exposure-prophylaxis-pep/) [consultation/post-exposure-prophylaxis-pep/](http://nccc.ucsf.edu/clinician-consultation/post-exposure-prophylaxis-pep/) OR PEP line: The National Clinicians’ Post- Exposure Prophylaxis Hotline Phone: 1-888-448-4911 Hours: 24 hours / 7 days a week
3. **Access to emergency health care is recommended,** and the student is urged to become informed about current PEP guidelines to receive most effective treatment within the recommended time frame.

#### Student Injuries

Incidents involving an injury to a student (such as a fall, or other accidental injury) during a clinical education experience will follow a similar protocol.

1. The injury should be reported to the student’s supervisor, instructor, preceptor, or department manager.
2. Students should report to the nearest Emergency Room for treatment.
3. The student must notify the Clinical Director, Educational Coordinator, or Program Director. In addition, the Student Health and Wellness Center.

If a potentially infectious exposure occurs, do not allow feelings of embarrassment, a large workload, or misplaced peer pressures to prevent you from reporting the event immediately. Needle sticks and other exposures can be life-threatening. Responsible health care providers recognize that unintentional injuries and occupational exposures may occur and must be evaluated by competent, objective, and experienced medical professionals.

Students are offered counseling and post exposure prophylaxis or “PEP,” a full HIV antiretroviral daily regimen for 28 days, which must begin within 72 hours of the exposure if there is concern for HIV transmission. When applicable, students’ follow up will be conducted by SHWC staff on the initial lab results, and an in-person follow up with staff will happen after one month to repeat testing and discuss next steps. The incident will also be documented in the OSHA file. A three month follow up visit after the exposure will also be scheduled for final HIV and Hepatitis B testing. The student can continue with classes during this time, even if taking PEP. Incident reports are shared with the Office of Compliance for review and Quality Assurance issues.

#### Financial Responsibility for Care and Treatment

Financial responsibility for treatment after occupational exposure is administered by the school through student health fees. Additionally, patient assistance programs with the pharmaceutical companies that make the antiretroviral therapy can be used to pay for the medication expenses if the insurance does not cover those costs. In this case, and in all cases of exposure, lab costs will be covered by student health fees. Clinical agreements provide immediate and initial prophylactic treatment for medical students exposed to biohazards during clinical site rotations.

#### Pandemics

With a framework for health care preparedness, MSM will provide enrolled and visiting students with the necessary tools for safety and wellness. Students are trained for the use of PPE, social distancing, universal precautions and Exposures. Staff / Faculty members / Public safety will have specific roles to include:

1. Initiate the emergency response plan to ensure appropriate evacuation, quarantine, transport.
2. Responsibility to triage, monitor situation
3. Coordination with on-going local, regional and state planning efforts in collaboration with the CDC for recommendations and management
4. Transparent communications
5. Virtual learning for students
6. Behavioral health staff availability

**Effects of Infectious and/or Environmental Disease or Disability on Educational Activities**

* + Infectious Diseases:
		- Blood borne pathogens: Students with HIV, hepatitis B, or other blood borne infections will be evaluated according to the MSM Blood Borne Pathogens Policy
		- TB: Students with latent TB may participate in patient care activities without restriction but may wish to consult with a health care professional regarding treatment as studies have shown that treatment can reduce the incidence of disease progression. Students with active TB should be treated and placed in isolation and will not be allowed to participate in clinical activities until they are determined to no longer be infectious.
	+ Environmental Disease: Students with environmental diseases are evaluated at the Student Health and Wellness Center (SHWC) to determine the impact, if any, on their learning activities. Depending on the nature of the student’s environmental disease, they may wish to consult with a specialist, and if so, the physician will be required to comply with Non- Involvement of Providers of Student Health Services in Student Assessment, if the health care provider is involved in medical student teaching and/or evaluation. Required limitations in learning activities will be communicated to the Office of Student Affairs. Every effort will be made to minimize disruption of the student’s progress through the curriculum.
	+ Disabilities: Students with disabilities should contact the MSM Office of Disability Services (ODS) regarding accommodations, if applicable. The Office of Student Affairs will work with the student and ODS to determine, the impact, if any, on the student’s learning activities.

**SECTION 7: RELATED POLICIES (List previous versions, supplemental publications)**

Blood Borne Pathogens Policy

**Related LCME Standards**

1. LCME 12.4: Student Access to Health Care Services
2. LCME 12.5: Non-Involvement of Providers of Student Health Services in Student Assessment
3. LCME 12.7: Immunization Requirements and Monitoring
4. LCME 12.8: Student Exposure Policy/Procedures

**Related LCME Standards**

1. ARC-PA 3.08

### Appendix I

**COVID- 19 Exposure Policy**

#### Purpose

Morehouse School of Medicine (MSM) Physician Assistants (PA) Program recognizes the importance of student and patient safety in the clinical setting. This policy delineates actions students should take in the event of COVID-19 exposure.

#### Policy Statement

* 1. Accreditation of higher education and of health professions education require attention to the safety of learners in the educational and clinical sites.
	2. It is the policy of the MSM PA Program to follow the guidelines and recommendations made by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) regarding recommended precautions for preventing COVID-19 transmission, reducing exposure where possible, and periodic viral testing as precautionary measures consistent with promoting the health and well-being of the learner and the safety of the learning environment.
	3. In addition, MSM has established protocol for the viral testing of employees and students, as a part of its efforts to sustain a safe workplace and learning environment. The American College Health Association, in the absence of an effective prophylactic treatment or an FDA approved vaccine, has identified physical distancing, viral testing, isolation, quarantine and contact tracing as best strategies to control the spread of COVID-19.

#### Scope of Policy

* 1. This policy is applicable to MSM PA students during the clinical year who are on their clinical clerkships. If there is a potential or known exposure, student should follow the COVID -19 exposure flow chart (see appendix A).
	2. Nothing in this policy is to be interpreted, the student(s) may not or should not see any patient as long as universal precautions and infectious disease exposure prevention guidelines are followed.

#### Definitions

* 1. Approved Licensed Provider: A licensed entity approved by MSM to conduct FDA-authorized COVID-19 testing.
	2. Campus: All Morehouse Health Care (MHC) clinics and MSM offices and other MSM assigned learning sites, including, but not limited to community service and care sites and associated facilities and hospitals where required educational experiences occur.
	3. Color (Color Genomics): Is an MSM-approved, licensed provider that provides FDA-authorized COVID-19 testing
	4. COVID-19 Test: Diagnostic testing to determine current infection by inserting a swab into the nose (nasal swab)
	5. Student: Any person enrolled in MSM courses (including through ARCHE) and participating in person at MSM facilities as noted in this document
	6. Health Care Provider: A licensed provider authorized to practice medicine by the state in which the provider practices.
	7. Personal Protective Equipment (PPE): Face shields, N95 masks.

#### Procedures

* 1. MSM PA program will provide PA students with PPE to be utilized during clinical clerkships.
		1. Students must follow the PPE use policies of MSM {surgical mask at all times; N95 and face shield or goggles for (all) patient contact—or site rules if stricter than this}.
		2. Student awareness of PPE proper use will be assessed centrally through required training (already done) and passage of quiz) (being implemented).
	2. PA students are expected to practice preventive measures and take precautions while on clinical clerkships. This includes following all OSHA guidelines and regulations. Examples of practicing preventive measures includes hand washing, respiratory etiquette, social distancing, cleaning and disinfecting frequently touched objects and surfaces, and staying home when sick (except to get medical care).
	3. MSM clerkships can include patients with COVID-19/pandemic patients for student contact as long as sufficient PPE availability renders this a safe option.
		1. Solo and small group practices as well as major hospitals and health systems may have additional guidelines for students to follow. MSM PA Program will work in concert with these policies and students are required to adhere to them.
		2. All clerkship assignments must adhere to site policies. If a site prohibits a student learner from patient contact, we will continue to adhere to their policy and make reassignments to other sites if needed.
	4. A clerkship may adjust expectations (i.e. have restricted contact rules) aligned with departmental case mix and load.
	5. Changes may be made regarding student contact with patients on short notice to suspend rotations to ensure safety.
	6. A student failing to follow these rules repeatedly shall be cited for lack of professionalism. As always, a student can fail a clerkship/course for breach of professionalism expectation.
	7. Students must adhere to MSM policies regarding COVID-19 testing.
	8. **Policy**
	9. If a student has known exposure, they should complete the following steps:
		1. Immediately report your exposure by phone to the PA program Clinical Team (Clinical Director, Assistant Clinical Director, or Clinical Curriculum Manager), your preceptor, and Office of Disability Services (ODS).
			1. ODS will advise the students of recommended next steps regarding self-monitoring for symptoms, self-quarantine for 14 days, and/or to be tested.
				1. If the student is instructed to self-quarantine, ODS will notify the PA Clinical Team and advise when students are cleared to return to their clinical clerkship.

6.1.1.1.1.11 The MSM PA Program will notify the preceptor of the student’s excused absence and anticipated return to the clinical site.

* + - * 1. If the student is instructed to get testing done, then these results will be reported only to ODS per their protocol.

Refusal to Undergo Testing or Submit Testing Results

While a student has the right to refuse to undergo COVD-19 testing, the student will not be permitted to resume clinical clerkships which may delay progression through the clinical year and graduation.

Storage of Results and Confidentiality

Student’s COVID-19 test results will remain confidential and stored with ODS only.

* 1. Violations of Testing Requirements and Procedures
		1. Students who engage in misconduct, fraud or dishonesty as it relates to their COVID-19 testing requirements will be considered to have violated the rules of professional conduct as defined in the Student Handbook, and will be subject to discipline, up to and including administrative dismissal. Examples of misconduct, fraud or dishonesty to include but are not limited to submitting another individual’s biological materials for a testing sample and failing to engage in safe and healthy practices during testing.
	2. No Discrimination or Retaliation
		1. MSM will not discriminate or retaliate against any student based on the result of their COVID-19 test, and will not consider a student’s COVID-19 test results in making any grading or advancement/promotion decisions, except for situations that involve the health and safety of the student, other MSM students, or employees, and MSM’s patients, preceptors, visitors or students, including but not limited to the following situations: (1) students who choose not to produce a negative COVID-19 test result; and (2) students who test positive for COVID-19 will be prohibited from returning to clinical clerkships and must follow the guidance provided from ODS.
		2. MSM also will not permit any student to engage in discrimination or retaliation against another student, faculty, or staff member based on their COVID-19 test results. Students who are found to engage in such discrimination or retaliation will be considered to have violated the rules of professional conduct and subject to discipline, up to and including administrative dismissal.
		3. If a student believes that they have been discriminated or retaliated against pursuant to the terms of this Policy, MSM asks that you contact the Title IX Coordinator or Deputy Title IX Coordinator at (404) 752-1871 immediately, so that your concerns can be addressed.
	3. Clinical Training and Absence
		1. Students who must quarantine due to potential exposure or have tested positive — may continue to participate in the clerkship at a distance virtually, if applicable and complete supplemental assignments until cleared to return to the clinical setting by ODS.
			1. If a student misses 3 to 7 days of a clerkship he/she will be required to make up the time missed.
			2. If a student learner misses 1 week or more of direct patient care exposure on a 4-week clerkship, they will be required to repeat this clerkship during the clinical year as time permits.
			3. If a student learner misses 2 weeks or more of direct patient care exposure on an 8-week clerkship, the student will be required to repeat 4 weeks of the clerkship.
	4. **Related Policies**
	5. For additional information regarding Institutional Policy related to Students and COVID-19 testing, refer to the Mandatory COVID-19 Student Testing Policy.
	6. For additional information regarding Institutional Policy related to absences, please refer to Absence, Attendance and Punctuality Policy within the MSM PA Clinical Manuel.
	7. **Contact Information (List office, position, or department, with general phone number)**
	8. The PA Clinical Team
		1. Clinical Director office: 404-752-1810
		2. Assistant Clinical Director office: 404-752-1949
		3. Clinical Curriculum manager office: 404-756-5287
	9. Office of Disability (ODS)
		1. Marla Thompson with Office of Disability Services (ODS) via email mthompson@msm.edu (office: 404-752-1871).

# Bibliography

1. Kernan WN. *Preceptor’s* Handbook. <http://medicine.yale.edu/intmed/> Images/preceptor\_handbook\_tcm309-40876.pdf. Revised 1/30/04. V1.2011. Accessed May 15, 2011.
2. MAHEC Office of Regional Primary Care Education. *Integrating the Learner into the Busy Office Practice*. MAHEC, Ashville, NC. <http://www.oucom.ohiou.edu/fd/> monographs/busyoffice.htm. Accessed September 16, 2011.
3. Usatine R, Tremoulet, PT, and Irby, D. Time-efficient preceptors in ambulatory care settings.

*Academic Medicine*. June 2000;75:639-642.

1. Langlois J, Thach S. Evaluation using the GRADE strategy. *Family Medicine*. March 2001;33(3):158- 160.
2. Neher J, Stevens N. The one-minute preceptor: shaping the teaching conversation. *Family Medicine*. 2003;35(6):391-393.
3. Branch W, Paranjape A. Feedback and reflection: teaching methods for clinical settings. *Academic Medicine*. December 2002;77(12, Part 1):1185-1188, December 2002.
4. Buchel T, Edwards FD. Characteristics of effective clinical teachers. *Family Medicine*. January 2005;37(1):30-35.
5. Gigante J, Dell M, Sharkey A. Getting beyond "good job": how to give effective feedback.*Pediatrics.*

2011;127(2):205-207.

1. Ende J. Feedback in clinical medical education. *JAMA*. 1983;250(6):777-781.
2. Southern New Hampshire Area Health Education Center. Feedback, An Educational Model for Community-Based Teachers. [http://www.snhahec.org/feedback.cfm.](http://www.snhahec.org/feedback.cfm) Accessed June 22, 2010.
3. Southern New Hampshire Area Health Education Center. *Dealing with the Difficult Learning Situation: An Educational Monograph for Community‐Based Teachers*. [http://www.snhahec.org/diffman.cfm.](http://www.snhahec.org/diffman.cfm) Accessed May 5, 2010
4. Lucas J, Stallworth J. Providing difficult feedback: TIPS for the problem learner. *Family Medicine*. 2003;35(8):544-546.
5. Southern New Hampshire Area Health Education Center. *Setting Expectations: An Educational Monograph for Community‐Based Teachers*. [http://www.snhahec.org/expectations.cfm.](http://www.snhahec.org/expectations.cfm) Accessed June 22, 2010.
6. Letendre P. Aspects of conflict resolution. TraQ Program of the British Columbia Provincial Blood Coordinating Office. 2002-2009. [http://www.traqprogram.ca](http://www.traqprogram.ca/)

/index.php/en/resources/traq-library/item/303-aspects-of-conflict-resolution. Accessed October 8, 2011.

1. National Commission on Certification of Physician Assistants. *Competencies for the Physician Assistant Profession.* March 2005.
2. Social and Scientific Systems Inc. Findings from the American Academy of Physician Assistants 2009 Annual Conference Survey: Trends in employment, preceptorships, continuing medical education and perceptions of AAPA products and services. January 20, 2010.
3. Duke University Medical Center Community and Family Medicine. Characteristics of Constructive Feedback. Preceptor Handbook: Clerkship in Family Medicine[.](http://fmclerkship.mc.duke.edu/cfmhom/WebPrec.html#AN%20EFFECTIVE%20) <http://fmclerkship.mc.duke.edu/cfmhom/WebPrec.html#AN%20EFFECTIVE%20>

TEACHER?. Accessed October 8, 2011.

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