

Preceptor Handbook



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Towson University

Physician Assistant Program

Introduction

The Towson University Physician Assistant program has been fully and continually accredited since 1972. Successful completion of the program qualifies the graduate to take the certification exam given by the NCCPA and for state licensure in Maryland. The 26-month curriculum includes a total of 98 credits. Graduates are awarded a Master of Science degree in Physician Assistant Studies from Towson University.

The clinical practicum portion of the program has undergone many changes and improvements over the years, reflecting a dynamic and flexible curriculum. The Preceptor/Faculty Handbook has been developed as a guide to effective clinical instruction. The major goals of the Handbook include a simple overview of the program, standardizing the student evaluation process, providing tools for the preceptor to effectively carry out the supervisory role and initiation of an ongoing dialogue between the program and preceptor or faculty member.

Preceptors and faculty play a vital role in the education of the Physician Assistant student. The success of the Towson University Physician Assistant program is dependent on the dedication, commitment and active participation of our preceptors and faculty members.

Program Overview

Students

Students entering the program have completed a bachelor's degree program with a minimum of 3.0 GPA. At least 36 credits hours in science are required, which includes human anatomy and physiology, microbiology, biochemistry, and statistics. All students must also have a minimum of 800 patient contact hours before admission to the program.

Curriculum Overview

The program consists of 98 didactic and clinical credit hours.

The *Year 1* is didactic and includes foundations in Medicine, Pediatrics, Clinical Skills, Pharmacology, Ethics, Public Health, and Physical Assessment and Diagnosis, along with data gathering skills. Preparation for the clinical phase continues with courses that provide students with laboratory and diagnostic skills necessary to meet the challenge of their clinical experiences.

The *Year 2* Clinical Practicum courses consist of the following disciplines: Family Practice, Internal Medicine, General Surgery, Women's Health, Emergency Medicine, Pediatrics, and Behavioral Health. Our program also includes an Elective, Community Medicine, and a Final Preceptorship for a total of 10 rotations.

Preceptors receive a schedule of dates for the clinical year, which include rotation dates, mandatory on campus dates and recognized program/institution breaks. After reviewing the dates, the Preceptor informs the Clinical Coordinator which dates the site is available and how many students they are prepared to take each rotation.

The clinical rotation schedule is managed by the Clinical Coordinator. Students and preceptors are informed of upcoming placements via email. Due to unforeseen circumstances, a change may need to be made immediately before the rotation is scheduled to start; the student and/or preceptor will both be notified with as much advance notice as possible.

The students attend the clinical rotation a minimum of 40 hours per week as directed by the Preceptor, for 5 ½ weeks (220 total hours). At the end of each rotation, students return to campus for two days of seminars, which include SOAP note presentations, Grand Round presentations, specialty topics, and End of Rotation exams. These sessions are designed to provide support for the students, allow them to discuss the rotation with students in the same specialty and to compliment the clinical learning experience.

The final clinical practicum is a four-week Final Preceptorship. During this time students are expected to fully participate as a part of the medical team. This affords the opportunity for students to be involved with patient follow-up and the management of chronic problems. The students work with the Clinical Coordinator to arrange this final preceptorship in an area of interest to them and desire for further knowledge. Most students find it advantageous to do the preceptorship with a prospective employer.

Clinical Management Seminars

At the end of each rotation the students return to campus for two days. Along with core lectures and other activities, pairs of students are asked to present Grand Round cases to faculty, college leadership, and Year I students. The topics are coordinated with the student's rotation schedule, allowing them to present a subject in which they have had clinical experience. Grand Round presentations afford the opportunity for the student to develop their public speaking skills, to gain a measure of confidence and professionalism and explore disease entities they are unfamiliar with the content and management.

Attendance

Students are required to attend the site during the hours assigned by the preceptor. This may include evenings, nights and weekends. All absences must be made up by the end of the assigned rotation period. It is the student's responsibility to arrange make-up time with the preceptor.

The program has a Contingency Plan in place for students who are unable to fulfill the minimum number of hours (220) required to complete the rotation. Reasons for this may include preceptor illness or absence, preceptor working schedules, student illness, or other acceptable/excused reasons to miss time on site.

The Clinical Coordinator and the clinical site must be notified immediately, by phone/text and email, when absences for illness or personal emergencies arise. The Clinical Coordinator will not notify the clinical site of the absence for the student. Email or messages from another student will not suffice. Students are required to complete an Absence Form and submit it to the Clinical Coordinator in a timely manner, and no later than the end of the rotation.

Any absence from the clinical site, for any reason, without prior notification to the Preceptor AND the Clinical Coordinator or failure to complete a Student Leave Form before the end of the rotation will constitute an unexcused absence and may result in failure of that rotation.

If the student is aware that an absence on a future date will be necessary, the student must notify and discuss this with the Clinical Coordinator in advance to confirm it will be an excused absence. Examples of this include religious observances or a personal medical situation.

See the web link for Towson Holy Days and Observances.

<https://www.towson.edu/calendars/holy-days-observances.html>

Inclement Weather Policy: Students are not required to attend the clinical site on days when the University is closed due to inclement weather. However, it is strongly recommended that the student attend the site if the commute can be made safely. Should the student be unable to report to the site, the preceptor ***and*** the Clinical Coordinator are to be notified immediately, by phone, and an absence form must be returned to the Clinical Coordinator before the end of the rotation.

ALL TIME AWAY FROM THE CLINICAL SITE, WHETHER DUE TO ILLNESS, EMERGENCY, INCLEMENT WEATHER OR APPROVED ABSENCE, MUST BE MADE UP TO SUCCESSFULLY COMPLETE THE ROTATION. NOT DOING SO MAY RESULT IN REPEATING THE ENTIRE ROTATION OR FAILURE OF THE ROTATION.

Campus Activities

Preceptors are asked to support and excuse assigned campus or program activities. This includes OSCES, faculty sessions, meeting with the research coordinator, participation in new student interviews, health fairs, etc. Preceptors will receive advance notice of program activities for which the student must be excused from the clinical site.

Site Visits

Every active site will receive a Continuing Site Visit by the Clinical Coordinator or other program faculty at regular intervals. Each new site will have an Initial Site Visit to determine physical appropriateness of the site, student safety and supervision, and the ability of the site to meet program objectives. Sites will also have an Urgent Site Visit by the Clinical Coordinator in the event that a student or preceptor reports a critical or serious concern that needs immediate attention.

Affiliation Agreements

The University administration and the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) require that all clinical education programs have ongoing Affiliation Agreements with the institution or individuals that provide students with clinical practicums. This agreement affirms to the Program that the student is provided with sound clinical experience and assures the affiliating medical institution/preceptor that through this affiliation agreement - the University's student liability plan, their own liability coverage, and the laws of Maryland as appropriate cover students. Formal contractual agreement is made before the student may attend that site, and a site visit is conducted on all new sites before students begin.

Student Responsibilities and Requirements

Mid-Rotation Evaluations

Approximately halfway through the scheduled length of the rotation, students should approach the preceptor to schedule time for their mid-rotation evaluation. This evaluation enables both parties to discuss and assess the student's progress. Both parties should take an active role in objectively assessing the student's performance and establishing clinical and professional development goals for the remainder of the rotation. The mid-rotation evaluation is particularly critical for students who are performing below the expected level in any area of clinical or professional performance. If serious concerns arise, the preceptor should contact the Clinical Coordinator immediately for intervention. Preceptors are asked to be mindful of the mid-rotation evaluation requirement as students ***must*** submit their evaluation to the Clinical Coordinator as one element of the comprehensive rotation evaluation.

Patient Encounter Logs

The program requires students to maintain a record of patient encounters. This data includes but is not limited to, patient demographics, prescribed medications, procedures, and diagnoses. This log must be continuously updated during each rotation. Preceptors should be mindful of this requirement as students may request exposure or experience with specific procedures or conditions based upon this logging requirement. Currently the program uses the EXXAT platform to meet this requirement. Preceptors should anticipate that some students may request internet access during or near the end of their to meet this logging requirement.

Skills Log

Skills performed during a rotation (type, number, and frequency) are also maintained electronically.

Time Log

Students will also maintain an electronic record of their clinical site attendance. This should reflect the hours spent on site by the student as well as any absences that occurred during the rotation.

Student Evaluation of the Clinical Rotation

At the end of each rotation, students must complete and submit an Evaluation of the Site/Preceptor form. These forms allow the students to provide feedback on topics such as safety, opportunities, support, and the ability to meet objectives. Students are advised that any comments of a negative nature should be phrased as constructive criticism and offer one or more recommended solution for the issues raised.

End of Rotation Examinations

There are 7 rotations required by ARC-PA: Family Medicine, Emergency Medicine, Internal Medicine, Behavioral Medicine, Women's Health, General Surgery, and Pediatrics. Each of these rotation-types has a specific PAEA End of Rotation Exam (EOR). Students must pass each of these exams with a ***minimum raw score of 375***. These exams are taken online when students are back on campus at the end of each rotation. The program asks preceptors to advise students to utilize the PAEA Blueprint (available on the PAEA Website) frame their study efforts.

Safety and Security

Students and preceptors are responsible to ensure that appropriate security and personal safety measures are addressed in all locations where instruction occurs. Students are directed to immediately notify the program about any unsafe or otherwise concerning site practices.

Should a student be injured (needle stick, fall, etc.) on site, the student must notify the Clinical Coordinator and preceptor immediately. An incident report, completed by the student, must be filed with the clinical site and with the program. The program highly recommends that the injured student seek medical assessment immediately. The program asks the preceptor to assist the student with the proper filing procedures at the facility where the incident occurred and to facilitate any required evaluations. See the appropriate section of the affiliation agreement for further information.

Determination of Final Grade

Preceptors should be aware that the end of rotation evaluation represents 45% of the student's total rotation score. The remainder of the student's grade is derived from a SOAP note (10%) that is submitted to program faculty for grading, and their End of Rotation examination score (45%). Students must earn a minimum of 70% overall to pass the rotation. Students are required to de-identify the SOAP note and submit it to program faculty for grading. When possible, preceptors are asked to facilitate student access to lab values, EKG tracings, imaging studies, etc that are relevant and informative to the encounter.

In the event a student does not pass the rotation based on the above scores, consequences will include remediation and repetition of the same rotation-type after all other rotations have been completed. This may delay the student's graduation and their eligibility to take the PANCE exam. When students are required to repeat a rotation, they will be evaluated using the same end of rotation evaluation forms that were used on the original rotation. Failure to successfully complete the additional rotation will result in dismissal from the program.

The exception to the above grading rubric are the elective rotations and the Final Preceptorship. Elective rotations do not have an associated EOR and Final Preceptorship rotations are graded on a pass/fail basis.

Failure of a rotation or dismissal from a rotation based on issues surrounding student behavior and/or professionalism constitutes grounds for immediately dismissal from the program.

Becoming a Preceptor

The Towson University Physician Assistant program's goal is to provide an environment that is conducive to learning with a clear statement of what constitutes student success. When recruiting Preceptors, the program seeks out candidates with the following attributes:

- Expressed and demonstrated eagerness and enthusiasm for teaching.
- A minimum of one year's experience in the specialty they choose to teach.

- Current Maryland medical license.
- The support of the preceptor's institution and/or office in the pursuit of student education.
- Ability to sign an Affiliation Agreement between the preceptor/Institution and the program.
- Capability to fulfill the program's learning objectives.
- Willingness to attend program sponsored preceptor activities.

Preceptors play a key role in the clinical education of the Physician Assistant student. They are responsible for teaching and helping the student to learn new information, while assisting them to make the transition from didactic learning to clinical implementation. Supervising the activities of students and monitoring their progress may be achieved through reviewing student charts, observing clinical performance, and offering feedback, and critiquing case presentations.

Adult Learners

All students function best and learn the easiest when placed in an environment where they know what is expected of them. Adult learners often have significant life experiences and very specific expectations and goals. They look to their preceptors and instructors for mentorship, support, affirmation, clarification, information, understanding, and feedback.

Student Orientation

Preceptors should plan to be available to students on their first day to spend time orienting them to the site and discuss the goals and expectations for the rotation. It is also helpful to take the student on a tour of the facility and introduce the people with whom student will be working.

The following are four recommended actions that will help set the stage for the remainder of the rotation.

1. Get acquainted with the students. Make them feel welcome. Show that you have time for the student and demonstrate that you understand any anxiety that may be having (perhaps by sharing anecdotal incidents you had as a student). You may want to ask some personal questions to get to know the student better, such as past experience or other interests.
2. Provide an orientation packet. Many students appreciate a reference document, especially in the early stages of their rotation. The program asks all rotation sites to provide an orientation packet for each student. Ideally, preceptors would send this to students prior to their arrival. Recommended sections of this packet include:
 - A written orientation from you or your institution
 - A map of the facility (including restrooms, cafeterias, locker rooms)
 - Telephone directory of frequently used numbers
 - Parking information
 - Information about badges, keys, pass codes, etc.
 - A schedule of conferences, seminars, etc., which they should attend
 - Library location, hours and privileges
 - Meal arrangements

- A list of people, including their titles, that the student will have contact with
 - A place to leave valuables
 - A set of correctly filled out forms used in the department as an example for the student to follow
 - A list of responsibilities and procedures expected of the PA-C and PA student in your department
 - A list of articles/reading material chosen to support the work the student will encounter at the site
3. Schedule regular and specific meeting times with the student. It is important that students know when you are and are not available. For many rotation types (but not all) a "*morning huddle*" is a good way to start the day. This brief meeting allows the student to discuss the previous day's work (disease processes, lab results, reading assignments) and to set a plan for that day's work with consideration of learning opportunities that may available that day.
 4. Review the program instructional objectives and learning outcomes. This important step will help both the preceptor and the student establish educational goals for the rotation. Understanding that every rotation site is different, the preceptor and the student should discuss what things the student will learn and likely encounter on this rotation and what the student will need to learn about independently. This important step will outline what the student will be doing for the ensuing weeks. It will serve as a baseline for evaluations and as a road map from which both preceptor and student can measure growth. This also ensures there are no "surprises" on evaluations.

Clinical Teaching and Feedback

Demonstration is the major method of imparting necessary skills. To help students perform new skills, when possible, let them prepare in advance with reading materials. Take a few minutes to discuss the procedure with them, demonstrate it for them, and debrief them afterwards. When the student first attempts a new procedure, we ask that the preceptor is present in the room and actively participating in the student's skill development. Gradually, when you are confident in the student's ability, you can step back, directly observe, and offer advice. Eventually, the program anticipates that you will be able to leave the student alone to do the procedure, but remain readily available and review the procedure with them immediately afterward. Ideally, the student will demonstrate a degree of competence that makes you comfortable allowing the student to repeat the procedure solo as much as possible. Repetition is the key to developing procedural competence.

Feedback is also a means of instruction and support. It is a way to strengthen present and improve future performance. Guidelines for feedback are as follows:

- Provide feedback as soon as possible
- Be specific and detailed
- Give feedback frequently and in doses small enough to be comprehended
- Say it in an acceptable, non-threatening way
- Allow for a response and reaction

There are times when feedback needs to be in the form of constructive criticism. This type of feedback is crucial and if the emphasis is placed on helping the student, constructive criticism can bring about positive results. The preceptor can also use the situation as an opportunity to expand the repertoire of interpersonal competencies and demonstrate both mentorship and professionalism. The subject should be brought up objectively and factually. Examples include:

State the behavior - i.e., "When you spend five hours writing a history and physical..."

State your feeling - i.e., "I feel frustrated..."

State the consequences - i.e., "Because you are missing so many other learning experiences..."

Supervision by a Team

Sometimes it is necessary for more than one individual at a site to be responsible for student teaching and supervision. If this is the case at your site, there are some guidelines that will help make the experience much less frustrating for you and for the student.

- Make sure all involved in the process, understand the objectives of the rotation and their own responsibilities.
- Make sure supervisors and the student have a clear schedule of whom the student reports to and when.
- Make sure the student knows who is involved in the performance evaluation and in what way.
- Make it clear that you as the preceptor of record have the ultimate responsibility for supervision and teaching.

Managing Common Problems

Preceptors are asked to hold students to the standards of conduct for the Towson University PA Program and the physician assistant profession as outlined in program policy and the Code of Ethics for Physician Assistant Students respectively. Students are also held to any institutional standards that may apply at your site. The program also asks that preceptors act as role models for shaping student and graduate behavior.

Invariably, problems will arise during rotations. It is crucial that you identify any difficulties as early as possible so that the problem can be lessened, if not solved. Preceptors and students have dual responsibilities to clarify with each other at the outset of the rotation what is expected of the student, so there will not be any unexpected surprises at the end of the rotation.

The program expects all students to adhere to standards of professional conduct and patient safety. Failure to maintain that standard will result in the removal of the student from the clinical site and possibly dismissal from the Program. Behaviors which will lead to immediate student suspension from clinical site pending program dismissal, include but are not limited to, the following:

- Performing at an unsafe level as assessed by the clinical staff or program faculty
- Unprofessional conduct
- Failure to recognize one's clinical limitations
- Falsification of medical records or misrepresentation

The Unassertive Student

Occasionally a student may appear very passive, unmotivated, or lacks assertiveness. If after one or two weeks into the rotation, the student's lack of assertiveness is excessive, the preceptor will need to schedule a meeting with the student. At that time, it is important to reiterate your expectations. You can remind the student that the staff welcomes opportunities to teach students and respond to questions.

Appearance and Hygiene

The program has specific and defined expectations for student appearance on and off clinical sites, and these are available in the Clinical Year Handbook. If at any time a student arrives on site unclean, unkempt, or otherwise inappropriate to the site's expectations, the student should be dismissed from the site with a clear explanation of those expectations. The Clinical Coordinator should be immediately notified by phone and/or email of the situation and a plan will be implemented that meets the preceptor's expectations.

How Do You Feel at Evaluation Time??

There is a transition from "How can I help this student?" to "How do I evaluate this student?" This does not have to be difficult if you have been working on specific goals, given regular and specific feedback, had scheduled meetings, and completed a mid-rotation evaluation. Evaluation is necessary to identify areas to improve and areas that are strong.

Students derive benefits from evaluations that give them a perspective on the changes they have undergone, specify positive attributes, and gives advice and guidance. It also helps them view their work more realistically, motivating and giving them direction.

Objectivity and Subjectivity

In evaluating your student, objective criteria are specific, observable and measurable. If the learning goals have been concrete and specific enough, there should be no problem in assessing the student's progress and achievement in these areas.

Subjectivity, however, does sometimes enter into the evaluative process. This is not necessarily inappropriate since there are qualities in humans that are difficult to measure objectively. Their existence nevertheless deserves acknowledgment. Spend some extra time on these areas and clarify where your student stands.

Learning Outcomes

Graduates will be able to:

1. With the supervision of a physician, practice medicine across the lifespan, including but not limited to the following:
 - Conduct health assessments and provide preventive services
 - Perform histories and physical examinations
 - Evaluate health status and diagnosing disease
 - Formulate management plans for routine health maintenance, acute and chronic illness and emergent conditions
 - Perform clinical procedures and surgical skills in a safe and efficacious manner
 - Provide counseling and health education
 - Evaluate outcomes of care
2. Demonstrate awareness of cultural diversity and sensitivity to multicultural healthcare issues.
3. Provide leadership in medical setting and ethical decision-making across a variety of practice settings.
4. Effectively advocate for the enhancement of healthcare delivery in the public arena using a variety of strategies.
5. Provide leadership in health care organizational systems.
6. Analyze research literature for use in the practice of evidence-based medicine.
7. Participate in research studies designed to contribute to the knowledge base in medicine.
8. Contribute to the education of healthcare professionals in academic and clinical settings.

Rotation-type Specific Objectives

Each rotation-type has its own set of Instructional Objectives. Each preceptor will receive a copy of the appropriate instructional objectives at the initial site visit. Updates to these instructional objectives will be communicated via email and/or during scheduled continuing site visits. Preceptors may also contact the program for the most recent updates. Students also have access to the instructional outcomes for each rotation and can readily provide it to preceptors.

Contact Information

Preceptors are encouraged to contact the program directly should they have any questions or concerns regarding a student or program expectations. The first point of contact should be the Clinical Coordinator. They will provide their direct contact information during the site visit. If a preceptor is unable to reach the Clinical Coordinator or if they feel their concerns require additional engagement, the preceptor is encouraged to contact the program directly.

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