



Elizabethtown College

PHYSICIAN ASSISTANT PROGRAM

PRECEPTOR HANDBOOK

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## **Introduction**

Please accept our sincere gratitude for your hard work and dedication to the success of our Physician Assistant students at Elizabethtown College. You play an integral role in each student's education, and the clinical experience they will obtain in your office is crucial to their education. Through your supervision and guidance, the students will progressively develop the skills necessary and clinical judgment necessary to fully integrate into clinical practice upon graduation. Thank you for your continued commitment to PA education.

## **Mission, Vision, and Goals**

### Mission:

*University Mission Statement:* The Elizabethtown College provides a transformative educational experience that cultivates personal strengths and develops a passion for lifelong learning and purposeful work.

*PA Program Mission:* The mission of the Elizabethtown College Physician Assistant Program is to educate and matriculate motivated students who will provide high quality healthcare as skilled Physician Assistants. Through a transformative educational experience and evidence based curriculum that emphasizes purposeful work, cultivates personal strengths, and develops a passion for lifelong learning, students will be prepared to educate for Service. Upon graduation, our students will provide individualized healthcare to diverse patient populations while simultaneously working as a member of an interdisciplinary care team.

### Vision:

*PA Program Vision Statement:* The vision of the Elizabethtown College Physician Assistant Program is to provide an innovative and supportive environment which elevates the standard of PA education through the utilization of an evidence based curriculum that is continuously assessed and adapted to address emerging challenges in healthcare, while fostering a collegial environment amongst students and faculty.

### Core Values:

The Elizabethtown College Physician Assistant Program's core values include:

- Service
- Scholarship
- Professionalism
- Diversity
- Inclusion
- Accountability
- Excellence
- Integrity
- Advocacy
- Collaboration

### Program Goals

1. Achieve a first time PANCE pass rate at or above the national average.
2. Obtain a job placement rate of over 80% in a variety of clinical specialties at six months following graduation.
3. Provide all students with an opportunity to perform community service while in the didactic and clinical years of the program.
4. All faculty will maintain a professional development plan that addresses teaching, scholarship, and service.

### Curriculum Goals

1. Prepare graduates with the core medical knowledge and skills necessary to become competent Physician Assistants, to include the integration of clinical data obtained from a medical history, physical examination, and diagnostic studies to formulate a diagnosis and treatment plan appropriate for the patient's clinical condition
2. Provide a high quality, evidence based curriculum that allows students to secure employment in a variety of clinical specialties
3. Promote opportunities for community service and outreach for students within their communities
4. Facilitate the development of interpersonal characteristics that allow students to communicate effectively while providing patient-centered care and working as a member of an interdisciplinary care team
5. Demonstrate competent ability of a wide range of clinical procedures
6. Foster the development of awareness and sensitivity to ethical, legal, diverse and social issues that affect healthcare

### **Clinical Year Objectives**

The general goals of clinical year education include:

- application of didactic knowledge to supervised clinical practice
- enhancement of clinical problem solving skills
- expansion of medical fund of knowledge
- excellence in concise history taking
- excellence in physical examination skills
- refinement of oral presentation
- precision in written documentation skills
- expression of understanding physician assistant role in the delivery of healthcare
- preparation for the Physician Assistant National Certifying Exam (PANCE)
- development of interpersonal and professional skills necessary for members of interdisciplinary teams

## Clinical Year Administration

Name	Position	Phone	Email
Dionna Rookey, PA-C	Program Director	717-361-4766	rookeyd@etown.edu
Amanda Adair, PA-C	Clinical Coordinator	717.361.3720	adaira@etown.edu
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Lauren Wenerd	Clinical Site Specialist	717.361.3725	wenerdl@etown.edu

### Clinical Year Schedule:

- Clinical Year Orientation: August 16-18
  - R1: August 21 to September 22
    - Senior Seminar: September 25-29
  - R2: October 2 to November 3
    - Senior Seminar: November 6-8
  - R3: November 9 to December 13
    - Senior Seminar: December 14-18
  - Winter Break: December 19-January 7
    - Zoom Check-In January 5
  - R4: January 8 to February 9
    - Senior Seminar: February 12-16
  - R5: February 19 to March 22
    - Senior Seminar: March 25-29
  - R6: April 1 to May 3
    - Senior Seminar: May 6-10
  - R7: May 13 to June 14
    - Senior Seminar: June 17-28
  - Summative Testing: June 20-21
  - Board Review Course: June 24-28
  - R8: July 1 to August 2
    - Senior Seminar: August 5-15

### Technical Standards/Competencies

The faculty and staff of the Elizabethtown College Physician Assistant Program recognize their responsibilities to present candidates for graduation with a PA degree who have met the program's graduate competencies and the recommended competencies of the Physician Assistant Education

Association (PAEA) for new graduates to provide a broad spectrum of patient care in a variety of clinical situations.

Successful candidates for completion of the Elizabethtown College Physician Program must have the abilities and attributes necessary to be able to perform the following skills required for integration into clinical practice, either with or without accommodation.

- Behavior Attributes
  - Tolerate the emotional, mental, and physical stress associated with PA training and providing patient care
  - Adaptable, flexible, and able to function within a team setting despite uncertainty or adversity
  - Recognize, understand, and demonstrate professional behaviors
- Communication Skills
  - Obtain information from patients using speech, active listening, and observation of non-verbal communication
  - Utilize oral, written, and electronic forms of communication with patients, caregivers, and members of the healthcare team
  - Follow HIPAA guidelines, convey sensitivity and respect to all communication with patients, caregivers, and members of the healthcare team
- Intellectual-Conceptual Abilities
  - Apply knowledge learned and critical reasoning to solve problems as required by the program curriculum
  - In a variety of educational settings, students must be able to collect, prioritize, organize, analyze, integrate, and apply complex and detailed information in a time sensitive manner
  - Synthesize information appropriately for problem solving and decision making
- Motor Skills
  - Coordinate gross and fine muscular movements, equilibrium, and sensation to provide acute, chronic, preventive, and emergent care to patients
  - Apply skills learned to correctly utilize instruments and equipment to perform and interpret basic laboratory and medical procedures required to attain goals set forth by the program curriculum
- Sensory Skills
  - Utilize vision, hearing, and somatic sensation to observe patients and their families closely and at a distance
  - Utilize audiovisual and palpable sensation in a lecture and laboratory setting
  - Apply skills learned to correctly perform a physical examination by palpation, auscultation, percussion, and other components as needed
- Social Attributes
  - Accept constructive criticism and respond appropriately with behavior modification
  - Display integrity, compassion for others, and motivation to serve
  - Possess the ability to participate in self-assessment processes and recognize implicit bias

- Develop an appropriate interpersonal and interprofessional relationship with patients and colleagues.

The Physician Assistant Faculty Committee is responsible for adhering to all technical standards listed above during the selection of Physician Assistant students for admission and matriculation into the program.

### **Standards of Professional Conduct**

1. Professional conduct and attitude is expected of all students and at all times during clinical rotations. Unprofessional conduct or attitude toward program faculty or staff, clinical facility staff, patients, or the public is grounds for review by the academic and professional affairs committee.
2. Students should report to their clinical rotation site approximately 15 minutes prior to their scheduled time unless otherwise directed by clinical faculty.
3. Students should try to stay busy at all times and make themselves available to perform any duties within the scope of their training.
4. Students may study when clinical areas are quiet and there are not patients present to observe or assist with care for.
5. Students must not perform any duties beyond their scope of training or in procedures in which one has not been trained. Performing beyond one's scope of practice or without adequate training is grounds for review by the academic and professional affairs committee.
6. Students may only perform procedural skill under the direct supervision of a clinical faculty member or designated preceptor. Performing unsupervised procedures is grounds for review by the academic and professional affairs committee.
7. Students may only review medical records for, and participate in the care of patients to whom they are assigned.
8. Students must maintain patient confidentiality and follow all HIPAA guidelines. Discussion of a patient's condition or treatment should only be held in a private location with clinical personnel responsible for the patient's care. Violation of patient confidentiality is grounds for review by the academic and professional affairs committee.
9. Questions from the patient, their family, or others regarding the patient's condition or treatment must be referred to the preceptor.
10. If a student disagrees with, or questions the care plan of a patient, this should not be done in the presence of a patient or his family. Questions should be **respectfully** directed to the preceptor at an appropriate time and place.
11. Students must not discuss or criticize the actions of physicians, nurses, technicians, support staff, or program faculty/staff. Any problems or concerns should be discussed with the Clinical Coordinator.
12. Students are not permitted to seek medical advice for themselves, family, or friends during clinical rotations.
13. Students are not permitted to bring relatives or friends to their clinical rotation sites.
14. Students should not use the hospital or facility telephones for personal calls.
15. Students should follow all hospital and clinic policies and procedures as set forth during the practice/facility orientation.

## Student Role

Physician Assistant students will be considered an extension of instructional faculty with the ability to perform tasks as delegated to them by the supervising preceptor.

The specific role of the PA student will vary from preceptorship to preceptorship, however, there are standard procedures that must be adhered to by both the PA student and preceptor.

## Student Responsibilities

- Adherence to professional conduct standards
- Attend clinical preceptorships as scheduled, in addition to grand rounds, lectures, and conferences as made available to them
- Obtain detailed histories and conduct physical examinations
- Perform and/or interpret common laboratory and diagnostic studies
- Develop a differential diagnosis
- Formulate an assessment and plan through discussion with the preceptor
- Give an accurate oral presentation
- Provide concise and accurate documentation of findings
- Educate and counsel patients on health-related concerns across the lifespan
- Demonstrate adaptability, flexibility, emotional resilience, and stability throughout the clinical year

Open lines of communication must be maintained between the clinical coordinator and the clinical year Physician Assistant students. The following points of communication between the student and clinical coordinator are required for each Clinical Rotation:

- Confirmation of arrival to clinical site
- Identification of the primary preceptor and their contact information
- Submission of preceptorship schedule by the completion of the first week of the preceptorship
- Immediate notification if students identify any areas of concern with the Clinical Rotation site or assigned preceptor

Electronic communication with any program faculty, staff, and administration **must** be performed utilizing the Elizabethtown College email account. To maintain privacy and student security, **no** outside accounts will be recognized for student communication.

- Physician Assistant students may not be used to substitute for hospital or office staff, and students may not receive monetary or other compensation for their services at a clinical site.
- **Every** patient seen by a Physician Assistant student **must** be seen by a preceptor!



- Name tags must be clearly displayed at all times in the clinical setting to ensure student identification. Short white coats or scrubs displaying the Elizabethtown College PA Program emblem must be worn unless otherwise requested by instructional faculty. Students must be introduced to patients and clinic staff as physician assistant students.

*Patient Logging.* Accurate maintenance of the patient database is essential to ensuring adequate student experience in patient type, load, and depth of involvement in care. Preceptors are responsible for review patient logs on a weekly basis. Continuous review of clinical patient encounters via Exxat logging software will occur by the Clinical Coordinator at the point of mid-rotation evaluations and at the completion of the clinical preceptorship. Students identified as at-risk for inability to meet any of the above clinical encounter benchmarks may undergo changes to their clinical preceptorship schedule to ensure they have a sufficient depth and breadth of clinical experiences in each group. Changes may include movement to a different clinical site or assignment of additional core clerkships during their elective/clinical specialty preceptorship.

*Clinical Year Passport.* The clinical year passport will serve as a guide to ensure that students are exposed to, and experienced in, aspects of medicine that will prepare them to become a well-rounded Physician Assistant. The Clinical Year Passport should remain with students at all times. Once students complete listed requirements with proficiency, as determined by you as their preceptor, please initial and date each item. Students are required to submit their passport to the clinical coordinator for review at the completion of each clinical rotation. In the event that students are unable to fulfill the requirements listed in the clinical passport, all efforts will be made by the program to arrange additional clinical exposures targeted towards those items to prove competence.

## **Preceptor Role**

Preceptors serve an integral role in Physician Assistant education as a role model for students who will assist in fine tuning their clinical skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development.

Preceptors during the clinical education portion of the Physician Assistant program primarily consist of licensed and board-certified physicians and physician assistants. Occasionally, students may be assigned to a Nurse Practitioner during portions of a clinical preceptorship.

Preceptors must assist students in the completion of a tour and orientation to the practice, discussion of goals and expectations of the preceptorship, approval of the student schedule, review of preceptorship objectives, student supervision, documentation and charting on all patient encounters, evaluation of student presentation, teaching, and evaluation completion.

## **Preceptor Responsibilities**

- Adhere to professional and ethical conduct standards while serving as a role model for the student

- Collaborate with PA program faculty and students to ensure that student learning outcomes are met for each clinical preceptorship
- Orient students with the practice/site policies, procedures, and expectations
- Provide ongoing feedback regarding clinical performance, fund of knowledge, and critical thinking skills
- Teach, demonstrate, and supervise clinical activities to enhance clinical skills and ensure quality patient care
- Promote an appropriate level of responsibility for clinical assessment and management for student's level of experience and expertise
- Participate in the evaluation of medical knowledge and clinical skills through direct supervision and teaching in the clinical setting, direct evaluation of oral and written presentations, and through the assignment of outside readings and research to promote further learning
- Engage in open dialogue with program faculty during site visits to enhance learning and evaluate student progress
- Review clinical documentation to evaluate the student's ability to write concise progress notes, histories, physical examinations, assessments, and treatment plans
- Complete periodic reviews (weekly) of student patient logs in *Exxat*
- Complete and return evaluation forms provided by the program in a manner that accurately reflects student knowledge and skills, as well as areas of improvement throughout the preceptorship
- Notify the program promptly if any circumstances arise that may interfere with the student's ability to complete the preceptorship
- Demonstrate cultural competency in each patient interaction

### **Preceptor-Student Relationship**

Preceptors are expected to maintain a professional relationship with Physician Assistant students at all times while adhering to appropriate professional boundaries. Contact through social media and web-based networking should be avoided until the student fully matriculates through the educational program, or at a minimum, completes the rotation where the supervision is occurring. In situations where preceptors and students have an existing personal relationship prior to the start of the rotation, a professional relationship **must** be maintaining at **all** times in the clinical setting. All questions and concerns should be directed to the clinical coordinator for clarification.

### **Preceptor-Program Relationship**

Successful clinical training of Physician Assistant students depends on maintaining good communication among the student, the PA program, preceptors, and the clinical coordinator.

Preceptors must communicate with the Clinical Coordinator at the following times:

- Student Concerns – preceptors and students should attempt to handle minor concerns with one another directly; however, the preceptor should notify the Clinical Coordinator promptly if any circumstances arise that impede the student's training experience

- Vacation – preceptors must inform the Clinical Coordinator if he/she is taking a vacation that extends beyond one week during a clinical preceptorship with a student. Student supervision is a critical component of the clinical experience. Student supervision may be delegated to another licensed healthcare provider during the preceptor absence with program notification and approval.
- Licensure – all preceptors must maintain active and current state licenses to work with students. The preceptor must notify the program immediately in the case of license expiration or if their license is revoked for any reason.
- Board Certification – all preceptors must notify the program immediately if a change to board certification arises.
- Student Visit – preceptors must meet with the Clinical Coordinator briefly during any student visits. Unless circumstances arise with student or site concerns, preceptors should anticipate encountering one site visit per clinical year.

### **Orientation to the Practice**

Each student must receive an orientation to the practice to facilitate a quicker transition for students to become a member of the healthcare team and establish a feeling of enthusiasm that accompanies such involvement. Additionally, an adequate practice orientation will assist students in developing the capability of working more efficiently in the practice.

By the end of the first day of the rotation, students should have access to the electronic health record (as approved by the healthcare facility), complete necessary paperwork and EMR training, obtain an identification badge, and complete any additional site-specific trainings or requirements.

By the conclusion of the first week, clinical faculty should meet with each student to formulate mutual goals for their rotation achievements. At this time, all preceptor expectations should be communicated to the student; including:

- Interactions with office and professional staff
- Attendance and rotation hours (not to exceed 70 hours per week)
- Call expectations
- Overnight/weekend expectations
- Participation during conferences and rounds
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Additional information felt necessary

Students are expected to communicate any special scheduling needs they may have during their rotation with the preceptor and clinical coordinator.

Many clinical sites create their own written orientation manual that can be distributed to each student prior to the first day of the rotation to help students become more efficient while in their rotation.

### **Preparing Administrative Staff and Clinical Providers for Students**

Each member of the office staff/clinical team play an essential role in ensuring that each student has a successful rotation experience. Student functionality and confidence is enhanced as they are oriented to office, clinic, and ward routines. The preceptor should notify staff about how the student will interact with them and with patients.

Many clinical sites create a memo to distribute to staff prior to the student's arrival that includes:

- Student's name
- Student's schedule
- Student's role in patient care
- Expected effect of the student on office operations
- How patients will be scheduled for the student

### **Supervision of a Student**

Preceptors or alternate preceptors must be available for supervision, consultation, and teaching students while on clinical rotations. Although the primary supervising preceptor may not be with the student during each shift, students must be assigned to another MD, DO, PA, or NP who will serve in the primary preceptor's place for that time.

Students are not employees of the hospitals or clinics and should not be treated as such, therefore, students must work entirely under the supervision of the preceptor or their designated alternate.

Each patient seen by a student must also be seen by a clinical preceptor prior to the patient being discharged. PA students may not perform any procedures without the supervision of a preceptor.

### **Informed Consent**

Each patient must be informed that a physician assistant student will participate in their care, and the patient's consent for student involvement in their care must be obtained. Standard forms through the office for consent for treatment will suffice, or conversation can be held on a face to face basis. Students must be clearly identified as a PA student and must also verbally identify themselves as a student prior to providing patient care. Any requests from patients to not be seen by the PA student must be honored.

### **Documentation**

The ability of the PA student to enter information in the medical record is at the discretion of the preceptor and/or healthcare facility. Writing a succinct note that communicates patient condition effectively is a critical skill that PA students must develop. Student permitted to document in the medical record must be clearly identified as "student" and must include the PA student's signature with the designation "PA-S" on each document.

Preceptors should review documentation guidelines and clearly understand how different payors view student notes related to documentation of services provided for reimbursement purposes. In

situations where students are not permitted to document in the EMR system, students are encouraged to complete hand-written notes to be reviewed by preceptors for feedback as time allows.

At a minimum, preceptors must document that the student was supervised during the entirety of the patient visit.

### **Medicare Guidelines for Reimbursement**

Medicare reimbursement limits student participation in regards to documentation. Students may document aspects of the history; including past medical history, family history, social history, and review of systems. The preceptor is responsible for documenting the History of Present Illness (HPI), Physical Examination (PE), and all components of medical decision making for proper billing.

CMS rules regarding student documentation can be found at the link below:

<https://www.cms.gov/MLNProducts/downloads/gdelinesteachgresfctshst.pdf>

### **Prescription Writing**

Students may transmit prescribing information for the preceptor, but the preceptor is responsible for signing all prescriptions. The student's name may **not** appear on written prescriptions and only the preceptor should sign and send electronic prescriptions.

### **Expected Progression of the Clinical Year Student**

From the beginning of their first rotation, clinical year students should be competent in taking detailed histories, performing physical examinations, giving oral presentations of findings, and develop a differential diagnosis. As the year progresses, students will develop an effective assessment and plan through discussion with the clinical preceptor.

Preceptors may determine the extent of student participation in patient care throughout the rotation. It is acceptable for students to observe patient encounters initially, however, by the end of the first week, students should be actively participating in patient care. As preceptors improve their comfortability with student's skills and abilities, students should have a progressive increase in allowed supervised autonomy.

### **Student Evaluation**

Student evaluations are designed to enhance communication between students and preceptors. Preceptors are expected to complete one formal evaluation for each student during each clinical rotation via EXAAT. Preceptors should discuss student strengths and weaknesses as well as provide recommendations on ways to improve upon their weaknesses. Evaluations should reflect the student's knowledge and skills as well as their improvement throughout the clinical rotation.

The evaluation that student's receive from the preceptor is essential to their education and rotation grade. Students must receive a passing evaluation for each core rotation. If deemed "not passing," the clinical coordinator will discuss the student's performance with both the student and the clinical preceptor. Students may be required to repeat the clinical rotation or undergo a formal remediation from the program dependent upon reasons behind evaluation failure.

The final grade for each clinical rotation and the decision to pass or fail a student are made by the clinical coordinator and in some cases, by consultation with additional program faculty.

If specific questions surrounding student feedback and evaluations arise, the clinical coordinator should be contacted for clarification.

**Red Flag Behaviors.** Each preceptor evaluation form contains a list of **red flag** behaviors that represent concerns which may become problematic for students if not corrected in a timely manner. Preceptors are encouraged to notify the program if any of these behaviors occur. Students identified with red flag behaviors will meet with the clinical coordinator to develop an action plan for improvement to optimize their clinical education and opportunities for success in clinical practice upon graduation.

- a) Doesn't know limitations: not cautious, proceeds on own without asking, overestimates abilities
- b) Impractical plans and suggestions, dangers orders, off on tangents
- c) Incomplete or sloppy work with unfinished carts or failure to complete assignments given
- d) Unresponsive to correction when deficiencies are noted, makes same errors repeatedly, defensive
- e) Does take initiative and needs constant direction
- f) Poor attitude: negativism, chronic complaining, lack of enjoyment in work
- g) Performance affected by lack of self-confidence
- h) Student spends work time on social media
- i) Student does not appreciate the role of other healthcare professionals
- j) Repeated absence from activities, lateness, not available for rounds and conferences
- k) Repeatedly fails to identify self as PA student
- l) Appearance not appropriate for site
- m) Unprofessional behavior

### **Student Feedback**

Formal evaluations of students will occur once during each clinical rotation, however, it is imperative that students receive continuous feedback that is both positive and constructive on a daily basis. Feedback is expected to help students improve their clinical performance and enhance patient care. If specific questions surrounding student feedback and evaluations arise, the clinical coordinator should be contacted for clarification.

### **Program Policies**

Please refer to the PA program webpage for program-specific policies.

The following link to the U.S. Department of Education's Office of Civil Rights provides information about federal laws that protect students against discrimination due to race, sex, and age:

<http://www2.ed.gov/about/offices/list/ocr/know.html>

## **Preceptor Perks**

1. Stipend paid at fulfillment of the following preceptor commitments per academic year (as permitted by healthcare organization):

- Three (3) student rotation placements \$100
- Four (4) student rotation placements \$200
- Five (5) student rotation placements \$350
- Six (6) student rotation placements \$500
- Eight (8) student rotation placements \$800

2. Discounted Continuing Education Tuition

- Preceptors receive a 20% tuition discount on graduate certificate through Etown's School of Graduate and Professional Studies (SPGS)
- SPGS offers online graduate certificates, master's programs and micro-credentials in a variety of PA-related areas including:
  - Health Care Administration
  - Trauma Informed Practice
  - Strategic Leadership

3. Instructional Faculty Appointment

4. Category I CME (applicable to PAs only earned at rate of 2 credits/40-hour week)

5. Campus Involvement/Program Education

6. Preceptor Recognition/Awards Banquet

7. Continuing Education: Preceptor Workshop

## **Liability Insurance**

Each PA student must be fully covered with malpractice insurance as a requirement of the PA program. Students are **not** permitted to participate in patient-care activities outside of the formal rotation assignment agreement prior to graduation. Liability insurance will not cover students in these circumstances.

Additionally, PA students working in a paid position in a different health-care related capacity at any time during their PA education are not permitted to assume the role of a PA student while on duty as a paid employee. Students may not 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 in situations outside of an assigned clinical rotation.

Preceptors can access the following electronic resources via PAEA's website at: [www.PAEAonline.org](http://www.PAEAonline.org) under the Preceptors tab.

- Integration of Students into a Busy Practice
    - Model Wave Schedule
    - Integration of Student to Practice
    - Time Efficient Preceptors in Ambulatory Care Settings
  
  - Strategies for Evaluation and Teaching
    - GRADE Strategy
    - One-Minute Preceptor
    - Teaching Methods for Clinical Education
    - Characteristics of Effective Clinical Educators
  
  - Effective Feedback
    - Feedback in Clinical Medical Education
    - Educational Model for Community Based Teachers
    - Going Beyond "Good Job"
  
  - Managing Difficult Situations
    - Providing Difficult Feedback
    - Dealing with Difficult Learning Situations
  
  - Developing Expectations
    - Setting Expectations
  
  - Conflict Resolution
    - Aspects of Conflict Resolution
- \_\_\_\_\_ **Date:** \_\_\_\_\_