

CLINICAL PRECEPTOR RESPONSIBILITIES

The preceptor plays a vital role in the educational process. The preceptor acts as a clinical resource while students apply the medical knowledge obtained during the didactic education. *It is not the expectation that a preceptor act as an instructor for said didactic knowledge.* The Preceptor must be a licensed health care provider and is responsible for the on-site supervision, education and evaluation of the physician assistant student.

1. Student Schedule - The preceptor determines the student's schedule. Students are expected to adhere to the preceptor's work schedule. Students are expected to work at the site at least 40 hours per week but this can vary depending on the site, with a minimum of 30 hours and a maximum of 60 hours per week. When a preceptor is seeing patients, it is expected that the student will be working as well. Students are expected to work nights, weekends, and be on-call if required by the site.
2. Clinical Experience - Students should spend as much time as possible involved in supervised hands-on patient care activities. Seeing the largest number and greatest diversity of patients that is possible at the site enhances the learning experience. It is especially important that all students obtain exposure to patients across the entire life span. Additionally, students should be exposed to all aspects of a clinician's daily duties.
3. Objectives - Students are given learning objectives to guide their learning and to focus their study efforts for the end of rotation exam. Students are also required to complete a list of minimum requirements throughout the clinical year. We acknowledge that it is not possible for the student to be exposed to each entity or problem listed; however we do ask that the preceptor review the learning objectives and the minimum requirements.
4. Supervision - The preceptor is responsible for the overall supervision of the physician assistant student's educational experience at the clinical site. An assigned qualified licensed provider **must be on the premises and available at all times** while the student is performing patient care tasks. The student must know who this person is and how to contact them. Unusual or abnormal physical findings must be confirmed. Students require supervision for surgical procedures. While on rotations, the physician assistant student will be supervised in all his/her activities commensurate with the complexity of care being given and the student's own abilities. **Students cannot treat and/or discharge a patient from care without consultation with the clinical preceptor.** The licensed provider retains all legal responsibility and medical duty for all patient care.
5. Assignment of Activities - Students shall be directly involved in the evaluation and management of patients based on the clinical preceptor's preference and the individual student's skill and knowledge level. Patient encounter volumes vary depending on the specialty, location and practice; however, a student is expected to see between 3-10 patients per day as the primary provider for the encounter for early rotations and 8-15 patients per day by the end of the clinical year. Students should not see 20 or more patients per day as the

primary provider for the encounter. Students shall not be used to substitute for regular clinical or administrative staff. The preceptor should assign the students to appropriate clinical oriented activities such as:

- patients to examine and/or follow
- procedures to perform/ surgeries to assist
- clinical oriented paperwork (reviewing diagnostic test results and consultation reports, pharmacy refill requests, treatment prior authorizations, insurance/specialist referrals)
- diagnosis and treatment research

6. Presentation - Preceptors should have the student present patients on a regular basis.
7. Documentation - Preceptors must review and countersign all student documentation and charting. If the practice uses an Electronic Health Record (EHR) system, students should be provided with a student ID and password. Students cannot use a licensed provider's ID and password. If the office/system uses predominately checklists or student EHR access is limited, the program encourages the preceptor to assign (and subsequently evaluate) written notes to the student and/or additional case presentations to the student.
8. Teaching - The Preceptor should allow time for teaching activities. This can be accomplished in a variety of ways such as structured teaching rounds, chart review periods, reading assignments, hallway or informal consultations between patient encounters and/or recommending specific conferences. It is expected that the preceptor will model, expose students to and teach in accordance with current evidence based medicine guidelines and the accepted standards of care.
9. Evaluation - The preceptor, or his/her designee, must observe and assess the student performing clinical functions, including documentation, on a regular basis and provide constructive verbal feedback to the student periodically over the course of the rotation. The preceptor may also be asked to give feedback on student performance to faculty members during site visits. The preceptor will be responsible for completing two performance evaluations, covering clinical knowledge and professionalism. Receiving honest critique and constructive feedback is critical to the academic and professional progression of a student.