MOUNT ST. JOSEPH
UNIVERSITY
Physician Assistant Program

Preceptor Handbook
2021-2022

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Introduction

Thank you for your contribution to Physician Assistant education, to Mount St. Joseph University, and the Greater Cincinnati community.

This Preceptor Handbook includes information developed to assist preceptors in planning a comprehensive clinical experience for physician assistant students (PA-S).

Our faculty and staff are committed to training outstanding, compassionate Physician Assistants. Further, Mount St. Joseph University and the PA Program are committed to the integration of technology to enhance student learning and prepare graduates to further the mission of the Mount. As professionals, they are committed to life-long learning and practicing ethical evidence-based medicine.

We hope this Handbook will be helpful, both to those who have had longstanding involvement with clinical education as well as to new preceptors and individuals considering accepting our PA students.

If you have any questions about the PA Profession, our PA Program, or any of our students please do not hesitate to contact us at the PA Program (contact information on page 6).

Clinical Year Calendar

Mount St. Joseph University PA Program Class of 2022 Clinical Phase: January 2021- May 2022			
Rotation	**Begins**	**Ends**	**Return to Campus**
Clinical Phase Orientation	Tuesday, January 19, 2021	Friday, January 22, 2021 Saturday Operating Room Workshop TBD	N/A
Rotation 1	Monday, January 25	Thursday, February 25	Friday, February 26
Rotation 2	Monday, March 1	Wednesday, March 31	**Thursday, April 1**
Rotation 3	Monday, April 5	Thursday, May 6	Friday, May 7
Spring Break	Monday, May 10	Friday, May 14	N/A
Rotation 4	Monday, May 17	Thursday, June 17	Friday, June 18
Rotation 5	Monday, June 21	Thursday, July 22	Friday, July 23
Rotation 6	Monday, July 26	Thursday, August 26	Friday, August 27
Summer Break	Monday, August 30	Friday, September 3	N/A
Rotation 7	**Tuesday, September 7**	Wednesday, October 6	**Thursday, October 8**
Rotation 8	Monday, October 11	Thursday, November 11	Friday, November 12
Rotation 9	Monday, November 15	Thursday, December 16	Friday, December 17
Holiday Break	Monday, December 20	Friday, January 7, 2022	
Rotation 10	Monday, January 10, 2022	Thursday, February 10, 2022	Friday, February 11, 2022
Rotation 11	Monday, February 14, 2022	Thursday, March 17, 2022	Friday, March 18, 2022
Board Prep Course (optional)	Monday, March 21, 2022	Friday, March 25, 2022	N/A
Spring Break	Monday, March 28, 2022	Friday, April 1, 2022	N/A
Summative Evaluation on campus	Monday, April 4, 2022	Friday, April 29, 2022	N/A
Remediation as needed	Monday, May 2	Friday, May 6	N/A
Graduation 	**Saturday, May 7, 2022**		

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Program Overview

The Physician Assistant Program at Mount St. Joseph University is a twenty-seven month professional education program that prepares individuals as primary health care providers, who practice medicine with the supervision of the physician. Graduates will receive a Masters in Physician Assistant Studies (MPAS), contingent upon satisfactory completion of all University requirements.

The program consists of two phases of training; a didactic phase and clinical phase. The didactic phase is three semesters and includes the following courses: Human Anatomy, Medical Physiology, Genetics and Disease, Introduction to the PA Profession, Ethics, Evidence Based Medicine & Population Health, Principles of Medicine, Pharmacology, Physical Assessment, Clinical Skills, Diagnostics, Radiology/EKG Interpretation, Clinical Approach to Behavioral Health, Nutrition & Preventive Medicine and Clinical Decision Making.

Following the didactic phase, students will complete the clinical phase, which includes four semesters of direct patient care in various disciplines and settings. Rotations should build on the didactic year as well as the students' prior clinical experience and are organized into ambulatory, inpatient, emergency and surgical settings. The focus in all of the supervised clinical experiences is medical care across the lifespan, which includes prenatal, infants, children, adolescents, adults, and elderly patients.

The clinical rotations include Family Medicine (2), Internal Medicine, Emergency Medicine, General Surgery, Orthopedics, Pediatrics, Women's Health, Behavioral Health and two elective rotations. Each of these rotations are five weeks in length with a separate set of learning objectives based on the Competencies of the PA Profession and the Blueprint for the PA National Certification Examination or PANCE.

Mission and Vision Statement

The specific mission of the PA program is to educate outstanding, compassionate clinicians, fully prepared to deliver high quality, accessible health care demonstrating commitment to life-long learning and ethical practice.

The vision of the PA program states that graduates will be recognized for their leadership and the quality of health care they provide, exemplifying professionalism, empathy and an attitude of service to others.

Accreditation Status

The ARC-PA has granted **Accreditation-Provisional** status to the **Mount St. Joseph University Physician Assistant Program** sponsored by **Mount St. Joseph University**.

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.

Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class.

Certification by the National Commission on Certification Of Physician Assistants (NCCPA)

Physician assistants graduating from an accredited PA Program are eligible to sit for the certifying examination administered by the NCCPA. The certifying examination is a comprehensive examination, administered via computer, testing didactic knowledge, and problem solving abilities. In order to maintain certification, PAs are required to obtain a minimum of 100 hours of continuing medical education (CME) every 2 years. Additionally, PAs must pass a recertification examination every ten years to maintain their credentials.

Continuing Medical Education (CME)

In order to remain certified, PAs must also attain a minimum of 100 hours of CME credit every two years. The CME requirements are logged, and maintained by the National Commission on Certification of Physician Assistants or NCCPA. Preceptors who are physician assistants are permitted to earn a maximum of 20 AAPA category 1 CME credits during any single calendar year. Preceptors may earn a total of 2 AAPA Category 1 CME credits per week for each PA student they precept.

Professional Responsibilities of the Physician Assistant

Physician Assistants are skilled members of the health care team qualified by academic and clinical experience to provide a broad range of health care services in practice with a licensed physician. These services may be provided to individuals of any age in various settings, which are considered part of the supervising physician's practice.

Physician Assistant students are educated and trained to perform the following:

1. Obtain Patient History

Objective focuses on skill in obtaining, documenting, and interpreting the patient's history, identifying pertinent factors, and interpreting risk factors.

2. Perform Physical Exam

Objective focuses on physical exam skills such as recognizing, interpreting, and documenting pertinent findings and using required techniques.

3. Using Laboratory and Diagnostic Studies

Objective focuses on skill in selecting the appropriate studies, interpreting, and documenting the results.

4. Formulating the Differential and Most Likely Diagnosis

Objective focuses on skill in formulating and documenting the differential diagnosis and the most likely diagnosis in light of history, physical or diagnostic test findings.

5. Evaluating Severity of Patient's Problems

Objective focuses on skill in evaluating the severity of the condition and the need for further action.

6. Management of Health Maintenance and Disease Prevention

Objective focuses on skill in identifying risk factors and selecting appropriate preventive therapeutic agents or techniques.

7. Clinical Intervention

Objective focuses on skill in prioritizing management and selecting the appropriate medical and/or surgical treatment. Focus on determining the appropriate follow-up schedule or monitoring approach.

8. Clinical Therapeutics

Objective focuses on skill in selecting the appropriate pharmacotherapy, recognizing actions of drugs, and educating patients about the effects of drugs and drug-drug interactions.

9. Legal/Ethical and Health Care Systems

Objective focuses on issues such as patient autonomy, PA/patient relationships, PA/physician relationships, and use of unorthodox or experimental therapies, end-of-life considerations, and treatment of minors.

10. Applying Scientific Concepts (Basic Clinical Sciences & Research Data)

Objective focuses on skill in identifying the processes responsible for a given condition. Focus on basic interpretation of research data and sensitivity and specificity of selected tests.

11. Work Related Behavioral Objectives

There are many work-related behaviors important to successful employment in healthcare. The following are some of the behaviors to consider when evaluating this student: productivity, work quality, initiative, teamwork, attitude, communication skills, and overall performance as a potential employee.

SECTION 2: PRECEPTOR, PROGRAM, & STUDENT RESPONSIBILITIES & GUIDELINES

Definition of the Preceptor Role

The preceptor in an integral part of the teaching program. Preceptors 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 treatment plan development including a logical approach to further studies and therapy.

Preceptor Responsibilities

1. Provide adequate clinical space for the student to care for patients.
2. Ensure that students are not used as a substitute for clinical or administrative staff.
3. Review and sign all of the student's patient records within 24 hours.
4. Familiarize each student with the protocols, rules, and regulations of the facility.
5. Maintain administrative and professional supervision of the student while on duty.
6. Provide direct supervision by qualified staff while the student is performing procedures.
7. Provide students with dressing and eating facilities similar to those of employees.
8. Allow students to participate in and attend educational offerings by and at the facility.
9. Notify the program in a timely manner of any unsatisfactory conduct or performance of any student.
10. Provide an evaluation for each student on a program form. Allow and provide students opportunities to meet the learning objectives.
11. Provide PA program faculty access to the student, preceptor, and facility.
12. In the event of an accident or illness, allow the student to seek medical attention at the facility or an emergency room where the provider on duty will determine the course of treatment. The cost of the injury of illness is the sole responsibility of the student, except when an injury results from acts or omissions of the facility, its agents, or employees.
13. Maintain full responsibility for the patient's medical care and treatment.

Preceptor Guidelines

The majority of clinical assignments run smoothly and are both challenging and rewarding. The guidelines below will be of value in helping to ensure a successful experience for both preceptor and PA student.

1. Expect students to perform similar to a third or fourth year medical student. If the student shows any serious deficiency or is in danger of not achieving the learning objectives or failing the rotation, please promptly notify the program.
2. Orient the student on the first day to facilitate a quicker transition in allowing the student to become a member of the medical team.
3. Establish mutual goals early in the rotation and clearly communicate your expectations to the student regarding hours, interactions with staff, participation in rounds and

conferences, expectations for clinical care and patient encounters, oral presentations, etc.

4. Involve the student in all aspects of the practice, including hospital and nursing home services, so that the students will receive a well-rounded experience.
5. Notify the hospital, clinics, and nursing homes that you will be a preceptor. Inquire about policies and regulations governing PA students in your facility. Inform staff how the student will interact with them and patients.
6. If allowed by the preceptor and/or facility, have the student enter information into the medical record. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S." Preceptors are required to document the services they provide as well as review and edit all student documentation.
7. Ensure that only medical tasks delegated by you are performed by the student and that services rendered by the student are regularly evaluated.
8. Give regular feedback of the student's performance according to the learning objectives and goals set by the program for the clinical rotation.
9. Contact the program for clarification of matters relating to the rotation.

Preceptor Stipend

Starting in the fall of 2020, Mount St. Joseph University began providing a stipend to qualified preceptors of $800/rotation. In order to receive the stipend, each preceptor must complete a W9 form and return it electronically to the Clinical office prior to the end of the agreed upon rotation. The end of rotation evaluation must be completed within two weeks of the end of the rotation for the payment to be generated. The preceptor can expect to receive their payment within 6 weeks of the end of the rotation. Some sites prefer that payment go directly to the site instead of the individual preceptor. In situations such as this, the W9 should be completed as per the discretion of the site administration.

PA Program Responsibilities

1. Provide the preceptor with the student's educational learning objectives.
2. Assume responsibility for selection and assignment of students to the individual preceptor.
3. Coordinate the educational and clinical activities involving the preceptor, clinical facility, student, and program faculty.
4. Make training guides, evaluation measures, and other materials available to the preceptor.
5. Provide information at appropriate intervals to the student and preceptor regarding evaluation outcomes.
6. Inform students on rotations they are subject to the policies, protocols, rules, and regulations of the preceptor and the clinical facility(ies).
7. Inform students they are responsible for their own meals, lodging, transportation, uniforms, laundry, health and liability insurance for the rotation.
8. Mount St. Joseph University represents that each PA student carries professional

liability coverage, are up to date on all program required immunizations, completed a criminal background check, have passed a drug screen, have completed HIPPA training and are currently certified in CPR and ACLS.

9. Require students to attend any site provided or sponsored infection control session regarding universal precautions, TB, and blood borne pathogens.

Liability Insurance

The University maintains proof of student liability insurance and a copy is available to preceptors. Please notify your insurance carrier you are a preceptor for PA students. Insurance companies generally accept the presence of PA students without difficulty. PA students are covered for liability related to their normal curriculum studies and assignments. The limits of the professional liability policy are $1,000,000/$5,000,000.

Student Responsibilities

1. Report patient data fully and accurately to the preceptor
2. Proceed with management of the patient only after consulting with the preceptor.
3. Act as a responsible health care provider by behaving professionally, legally, and ethically at all times.
4. Arrange schedule in advance and promptly notify the preceptor and the PA program of any schedule changes.
5. Wear an identification badge to identify themselves as a Mount St. Joseph University PA student when caring for patients.

Student Supervision

Students function within the academic policies established by the Mount St. Joseph University PA Program. Preceptors serve by providing clinical learning experiences, direction, and supervision of students during the clinical rotation. The degree of responsibility delegated to a student depends on the student's attitude and ability. Students have no responsibility for patients except when under the supervision of a preceptor. **Students are not to practice medicine without direct supervision.**

Students are specifically prohibited from the following:

1. Initiating unsupervised or unauthorized patient care.
2. Discussing physical findings, lab results, significance of historical data, or treatment plan without prior discussion with the preceptor.
3. Ordering lab or diagnostic studies without prior consultation with the preceptor.
4. Dispensing or writing prescriptions without authorization and preceptor's signature.
5. Disobeying protocols, rules, or regulations governing PA students established by the preceptor.
6. Discharging a patient from the facility without the patient personally being seen and evaluated by the preceptor.

Academic Responsibilities

Students learn at different rates, but students must assume an active role in education. The student is expected to show initiative by asking questions, completing assignments, following patients, and giving feedback concerning how well the clinical rotation is meeting learning objectives. Students take examinations at the end of rotations on materials pertinent to medical practice and patient care. The examination material may or may not be related to a specific rotation.

Expected Progression of the 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 more effectively come up with an assessment and plan, 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 Availability

Students should experience a varied, but fairly typical exposure to your practice. Students are expected to be available and in close association with preceptors during practice hours. Students should accompany preceptors to hospitals, operating rooms, nursing homes, and other practice settings. Evening and weekend learning experiences are beneficial to the student so long as the total hours per week are not excessive. Students require time for independent study, assignments, and preparation for the end of rotation exam. If possible, limit student work time to 50 hours per week with a **minimum** of 30 hours per week.

COVID-19

Students are aware to notify both the program and their preceptor if they have been exposed to COVID-19, or if they have any symptoms consistent with COVID-19. If symptoms are present, the student should NOT report to their rotation site and should follow up with their primary care provider for further instructions. If a student has been exposed to COVID-19, they should notify the Clinical Director and their preceptor immediately for review of the exposure in the context of the most recent CDC as well as clinical site guidelines.
The COVID-19 vaccination is strongly recommended for all PA students.

Student Rotation Work Schedule

This form represents a tentative work schedule determined by the student and preceptor the first week of a clinical rotation. This form is located in the forms section of the student's Clinical Handbook and is the student's responsibility to complete and submit after discussing

the schedule with you. The form will be utilized in determining when to make a site visit or call to the student. It will also allow the student to guarantee that they will have sufficient (minimum 30 hours per week) clinical experience.

Site Visit for the Student

A faculty member may visit students during some of their rotations. The site visit may include evaluating the student's patient interactions and clinical reasoning, as well as observation regarding student's overall progression throughout the clinical year. Though it is ideal to perform the site visit in person, some situations, such as the COVID-19 global pandemic, preclude this. In situations where face to face visits are not ideal, a site visit will be scheduled virtually (phone, Zoom, or email communication). Visits may be announced or unannounced. At least one site visit per student will occur during the clinical year, although more visits may occur at the request of the student, preceptor or faculty.

If the visit is on site and announced, the student will notify the preceptor about the site visit. When the faculty member arrives, the student introduces the faculty member to the preceptor and support personnel as appropriate. The student should be prepared to answer questions and present a case to the preceptor or faculty. The student will discuss the treatment plan, evidence based issues, referrals, patient education and follow-up management.

Clinical site visits are graded as Pass or Fail based on objective performance and preceptor comments. Students that receive a failing grade will have additional site visits during their rotations. Repeat unsatisfactory performance will result in failure of the rotation.

Student Dress

While on rotations students will wear a short white lab coat with the program patch on the pocket and name tag identifying them as a Physician Assistant student from Mount St. Joseph University PA Program. Students are instructed to always dress in a professional manner. While some rotations may be more casual than others, jeans, shorts, cutoffs, t-shirts and "recreational clothing" are **NOT** appropriate attire. Nor, should the student wear clothing that exposes large areas of the chest, abdomen, midriff or back. Tattoos or body piercings, other than pierced ears should not be visible. If you have question or concern with respect to certain student attire, please contact the PA program.

PPE must be worn as mandated by the policies of the clinical site.

Harassment Policies

Medical offices, operating rooms, emergency rooms and hospitals are all institutions where the very serious business of taking care of people's health and lives occur. Employees often use humor as a means of stress relief; however, their humor should never make another person feel as though they have been harassed or create a hostile work environment. Mount St. Joseph

University policy states that students should never be engaged in or exposed to behavior, which would constitute harassment.

Sexual harassment in education is defined as: any unwelcome behavior of a sexual nature that interferes with a student's ability to learn, study, work or participate in school activities. Sexual harassment can be peer-peer, by teachers/preceptors or other school employees. While sexual harassment is legally defined as "unwanted" behavior, many experts agree that even consensual sexual interactions between students and teachers constitutes harassment because the power differential creates a dynamic in which "mutual consent" is impossible." (Dzeich et al, 1990) Therefore, it is Mount St. Joseph University PA Program's policy that students are not to enter into an intimate relationship with faculty, staff, patients or preceptors. Incidents will be investigated and immediate action will be taken, up to and including dismissal of a student from the program.

Harassment is defined as: any conduct, physical, verbal, written or electronic, on or off campus, that has the intent or effect of unreasonably interfering with an individual's or group's educational or work performance at the Mount or that creates an intimidating, hostile or offensive educational, work or living environment. The PA Program has a zero tolerance policy regarding any type of harassment issues. Prevention is addressed by identifying situations and their causes, educating students, faculty, staff and preceptors on program policies and zero tolerance of violations.

If you feel that an incident has occurred, you should promptly report the incident to the Program Director for further action.

Troubleshooting

The Program must be aware of any student problems. If you have concerns about a student's professional behavior, academic ability, or clinical skills, please contact us immediately. We are prepared to take an active role to improve difficult situations. In the rare case when problems develop, preceptors can expect a prompt, dependable, and competent response. In return, we anticipate preceptors will be prompt and dependable in informing the PA program of problems.

The PA program maintains regular contact with students and preceptors. Regular communication is intended to facilitate relationships among students, preceptors, and the PA program. Communication provides a mechanism for addressing informal questions about teaching, learning, and evaluation processes. Preceptors may contact the Clinical Director and/or Program Director at any time with questions or comments. Students are expected to contact the program with questions or problems.

Removal from Clinical Rotation

Any student who has willfully, accidentally, or unwittingly endangered the life of a patient, staff, peer, or him/herself during a rotation will be removed from the rotation immediately. The incident will be reported to the Program Director for appropriate action.

The Program Director may remove a student from class, clinical site, or other university function, if indicated. The Disciplinary Process is initiated and the Dean is informed.
PA program policy **strictly** prohibits the "posting" of inappropriate pictures, videos or comments to internet sites or social media pages (e.g., Facebook) for public viewing. This includes pictures or statements related to patient care, which may breach patient privacy laws. Violation of this policy will result in the removal of a student from a clinical practice experience and subsequent dismissal from the program. Examples of inappropriate material includes, but is not limited to, breaches of patient privacy, foul language, pornography, discrimination, harassment, as well as threatening, inflammatory or defamatory comments.

SECTION 3: GRADING & EVALUATIONS

General Rotation Objectives

Rotation objectives outline the duties and tasks defining the PA role. Core objectives are pertinent to all clinical experiences and program outcomes. When applied to any disease process or condition, provide the student with learning experiences relevant to entry-level PA practice, regardless of clinical site. The core rotations for the program include Family Medicine, General Internal Medicine, Emergency Medicine, General Surgery, Women's Health, Pediatrics, Orthopedics and Behavioral Health. Specific learning objectives and outcomes for a scheduled rotation are provided in the course syllabus. Elective rotation objectives will be tailored to the experience and sent to the individual preceptor when scheduled.

COURSE GOALS

The following is a general list of objectives that are to be met each rotation regardless of the type of rotation. The rotation specific learning outcomes are included in the syllabus provided separately.

Identify and study the objectives listed below for the most common diseases and conditions encountered on rotation.

- The student will be able to identify the most common reported signs and symptoms found on history taking when given a specific disease or disorder. (History & Physical Exam)
- The student will be able to formulate the differential and most likely diagnosis when given a specific clinical vignette. (Forming a differential diagnosis)
- The student will be able to distinguish the most appropriate diagnostics to order and interpret for a specific disease/diagnosis. (Diagnostics)
- The student will be able to select the treatment of choice (medication, physical therapy…) for a specific disease or disorder. (Treatment)
- The student will be able to assess specific classes of pharmacologic agents along with their indications, contra-indications, side effects/complications, and lab evaluations for a commonly seen disease or disorder. (Treatment)
- The student will be able to judge the criteria utilized to determine whether hospitalization is required and subsequent discharge criteria for a specific disease/diagnosis. (Treatment)
- The student will be able to evaluate the etiology or cause, risk factors, pediatric, geriatric, or pregnancy related considerations, expected course or prognosis, and most appropriate location/level of care for a specific disease/diagnosis. (Scientific concepts)
- The student will be able to develop patient education plans using the most appropriate preventive measures related to a specific disease/diagnosis. (Health maintenance/patient education)

- The student will be able to characterize the legal and regulatory roles of the PA. (Professionalism)
- The student will integrate their understanding of the professional aspects of the PA profession by showing respect, compassion, and integrity to all patients and providers. (Professionalism)
- The student will demonstrate ethical principles of provision/with-holding clinical care, confidentiality of patient information, informed consent including providing cost-effective health care and resource allocation without compromising quality. (Professionalism)
- The student will apply information technology to support patient care decisions and patient education when given a specific disease or diagnosis. (Medical Technology)
- The student will document and record information in the medical record that shows an understanding for the legal, medical, ethical, and financial aspects of quality medical care. (Documentation)
- The student will integrate evidence from scientific studies, apply knowledge of study design and statistical methods, apply information technology and access/evaluate on-line information as it relates to a specific disease or diagnosis. (Practice- Based Learning/Improvement)

Evaluation Grading

- *EOR exam* *600 points*
- *Preceptor evaluation* *200 points*
- *EOR assignment* *100 points*
- *Professionalism* *100 points*
  - *Weekly emails (5 points/week)* *25 points*
  - *Case logging (10 points/week)* *50 points*
  - *Rosh Review (50 ?'s/rotation)* *25 points*

Students not achieving a minimum passing score of 75% for a rotation are required to meet with the program's Promotions and Professional Conduct committee to perform an in-depth analysis of the student's performance in the rotation. Committee recommendations may include remediation for exam failure, deceleration and repeating the required rotation or potential dismissal from the PA Program.

Regardless of the student's calculated grade for a particular rotation, if the preceptor has identified serious deficits in any area(s) of the student's performance, including professionalism, the Program Director should be contacted. Students encountering these types of problems will typically receive, at a minimum, a failing rotation grade and may be required to repeat the rotation at a different clinical site. Early identification of problems is ideal, so intervention can occur before a student receives a failing grade and disciplinary measures or program dismissal results.

Written Examinations (EOR Examinations)

Students return to the university campus for seminars, presentations, and written examinations following each clinical rotation. The written examination includes primary care topics pertinent to the NCCPA exam and medical practice.

Rotation Specific Assignments

During the student's return to campus day they will be required to complete rotation specific assignments, which may include clinical skills check-offs that are universal in nature. These assignments are worth a total of 100 points of the total rotation grade. Failure to complete the assignment will result in 0 points.

Case Logs

Each student completes patient logs via an electronic tracking system (E*Value) which allow the student to document their clinical evaluations. The logs include patient volume, patient problems, learning experiences, procedures performed, and other activities, which do not include patient identification and are HIPPA compliant. The completion of patient logs are a requirement during each rotation and are worth a total of 25 points of the total rotation grade. The preceptor may review these logs to ensure accuracy as well as determining that the learning objectives of the rotation are being met.

Evaluations

Evaluation should be an ongoing process beginning on the first clinical day, continuing through rotation completion. Evaluation is a two-way process. The preceptor evaluates student performance and students evaluate rotations. Feedback is an art and, while the evaluation form has a number of specific grading points, we encourage preceptors to provide feedback on the student's overall performance by commenting on their specific strengths and weaknesses. This is extremely helpful to the faculty advisor in guiding the student's overall development.

Preceptor Evaluation

Each area of the evaluation is graded on a scale of 1-5, with a score of 3 being a benchmark, or "good/average" (would equate to a 75%). The purpose of grading the evaluation is not to simply give or avoid giving a student a "bad" grade. Preceptors should give an honest assessment of where the student is performing. The program looks for student progress over the course of the clinical year and identifies areas for improvement and remediation as quickly as possible. Comments on strengths and weakness are also helpful for student development

The preceptor or preceptor designee should meet with the student at the midpoint and near the rotation end, to discuss the student's evaluation, and fill out the evaluation form electronically. A link to the evaluations will be sent to the preceptor email on file and are submitted

electronically. Preceptors should review all evaluations even if preceptors have delegated the evaluation process to another.

When the preceptor is completing the student's midpoint evaluation, he/she should evaluate the student's **preparedness** for the rotation in regards to medical knowledge, taking a history and performing a physical exam, selecting and interpreting appropriate diagnostic tests, formulating a differential diagnosis, facilitating a treatment plan, health maintenance and disease prevention, interpersonal skills, professionalism, practice-based learning, system-based practice, and medical/legal documentation. The final evaluation evaluates the student's progress in each of these areas as well rotation specific learning outcomes. Successfully meeting or achieving learning outcomes is an integral component of the supervised clinical practice experience, therefore preceptors are strongly encouraged to address each evaluation question to the best of their ability.

The student is responsible for ensuring the evaluation form is submitted to the program office. Students should electronically cosign the evaluation form indicating they reviewed the evaluation with the preceptor. Signing the form does not indicate agreement with content.

Clinical evaluations with an overall score of less than 75% or ones where any individual rotation specific question receives a score of less than 3 on the 5 point Likert scale will trigger a formal review to provide due process to students and ensure the low evaluation score is deserved. **The PA program should be informed immediately if a student is performing below the adequate level so immediate intervention can be initiated.**

Rotation Specific Learning Outcomes

Family Medicine Clinical Rotation

Acute Care (B3.02)

1. In an adult patient presenting with dysuria, evaluate the patient, analyze the urinalysis to recommend pharmacological management.
2. Perform the appropriate throat or nasal culture for a patient presenting with upper respiratory symptoms, conduct a problem-focused history and physical exam, and recommend a management plan.
3. Develop a differential diagnosis for a patient presenting with a rash and recommend the appropriate management.
4. In an adult patient presenting with heartburn symptoms, perform a problem-focused history and physical exam, order and interpret the appropriate labs and diagnostic tests if warranted, and recommend lifestyle modification and pharmacological treatment.
5. In a patient presenting with fatigue, perform a problem-oriented history and physical exam, order and interpret appropriate lab tests and recommend a management plan to include pharmacological treatment if indicated.

Chronic Care (B3.02)

1. In an adult patient with hyperlipidemia, interpret the lipid panel and other appropriate laboratory tests and recommend a management plan to include patient education, lifestyle modification, and pharmacological treatment.
2. Perform an appropriate physical exam, review laboratory results including a HgbA1c, appropriately adjust medications, and recommend appropriate glucose monitoring and lifestyle modifications for an adult patient presenting for follow-up of diabetes mellitus.
3. In a patient with Asthma/COPD, evaluate the patient and adjust the management plan if indicated.
4. Conduct a problem-based history/physical exam, order and interpret appropriate diagnostic studies, and recommend a management plan for a patient with thyroid disease.
5. Accurately document an outpatient SOAP note and a referral for a patient in the family practice setting.

Preventive (B3.02)

1. Order colonoscopy screening using current guidelines for patients at risk and low-risk of developing colon cancer. (B3.02 Prevention)
2. Screen adult patients for hyperlipidemia and appropriately determine life style modifications and/or medication management.
3. Appropriately educate patients on smoking cessation.
4. Screen adult patients for diabetes mellitus by random glucose or HbgA1c testing.
5. Order and interpret a DEXA scan to screen patients for osteoporosis.

Internal Medicine Clinical Rotation (Inpatient Medicine)

Acute (B3.02)

1. Perform a comprehensive history and physical exam for admission of a hospitalized patient.
2. In a patient in the hospital setting, recommend the appropriate intravenous fluid and oxygen management.
3. Recommend the appropriate intravenous medication management for a patient in a hospital setting.
4. Accurately document an admission note and patient orders for a hospital patient.
5. In a hospitalized patient with anemia, order and interpret a CBC and other diagnostic testing, and recommend management strategies.

Chronic (B3.02)

1. Monitor a patient with chronic diabetes mellitus and develop a management plan to include glucose monitoring and the appropriate sliding scale insulin regimen.
2. In a hospitalized patient with existing hypertension, recommend appropriate continued management.
3. Order appropriate dietary and medication adjustments for a patient on anticoagulant medication.

4. Appropriately round on an inpatient assessing vital signs, laboratory/diagnostic test results, patient status/disposition and document progress note.
5. In a hospitalized patient with existing hypertension, recommend appropriate continued management.

Elderly (B3.03a)

1. Provide patient education on the risk of household falls in elderly patients.
2. Screen a geriatric patient for hearing impairment and recommend appropriate management.
3. Evaluate a geriatric patient for polypharmacy and provide appropriate medication recommendations.
4. Recommend appropriate immunizations for senior patients to include Pneumococcal pneumonia, influenza, herpes zoster (shingles), and tetanus.
5. Educate geriatric patients on the importance of advanced health care directives under the guidance of the supervising provider.

Pediatric Clinical Rotation

Infant (B3.03a)

1. Perform a well-child exam, elicit a history from the parent/caregiver, and assess the developmental milestones of the infant.
2. Chart the normal development and growth of an infant.
3. Appropriately educate new parents on nutritional considerations, feeding issues, and sleeping positions for infants.
4. Accurately perform age and weight specific drug calculations for common medications like ibuprofen or acetaminophen.
5. Recommend and educate parents of an infant regarding the appropriate immunization schedule.

Child (B3.03a)

1. Perform a well child exam on a toddler and child to include a history, developmental milestones, and charting growth and development.
2. Recommend the appropriate immunization schedule for a toddler or child to include administering an IM/SC injection if warranted.
3. Appropriately screen children for potential child abuse.
4. In a patient presenting with a fever, elicit a problem-focused history and perform an accurate exam, develop a differential diagnosis, and recommend a management plan.
5. Perform an appropriate H&P to include obtaining a throat swab and recommending a treatment plan for a child presenting with upper respiratory/sore throat symptoms.

Adolescent (B3.03a)

1. Perform an appropriate sports/school physical exam on an adolescent patient.
2. Analyze and document the stages of growth and development using Tanner stages for an adolescent patient.
3. Perform patient education regarding the importance of HPV and Meningitis vaccines.
4. Appropriately evaluate an adolescent patient for acne and develop a management plan.

5. Screen an adolescent patient for obesity or eating disorders and recommend a management plan to include patient education if indicated.

Women's Health Clinical Rotation (B3.03b)

Gynecological Care (B3.03b)

1. Elicit an appropriate gynecological history from a female patient.
2. Perform a routine pelvic examination on a female patient to include a Pap smear if indicated by guidelines.
3. For a patient with vaginal discharge, evaluate the patient, form a differential diagnosis and develop a management plan.
4. Appropriately order a screening mammography for a female patient if indicated by current guidelines.
5. Provide patient education for a female patient regarding contraceptive use.

Prenatal Care (B3.03b)

1. Perform a prenatal exam on a pregnant female to include fetal heart tones & fundal height.
2. Calculate the dates of confinement and gestational age using date of last menstrual period or abdominal ultrasound.
3. Order the appropriate prenatal screening tests for a patient in the first trimester of pregnancy. (B3.03b Prenatal)
4. Provide appropriate patient education regarding pre-natal care.
5. Screen a pregnant female for elevated blood pressure and recommend a management plan if indicated.

Behavioral Health Clinical Rotation (B3.03d)

1. Elicit a problem-oriented psychiatric history using patient-centered techniques. (B3.03d)
2. Perform a problem-focused physical exam and order and interpret diagnostic testing to assist in determining if the patient is presenting with a physical or psychological condition. (B3.03d)
3. Administer the MMSE/MSE and formulate the diagnostic assessment for a patient with change in mental status. (B3.03d)
4. Screen a patient for substance abuse using the CAGE questionnaire, formulate a differential diagnosis, and recommend initial management. (B3.03d)
5. Evaluate a patient for depression using the appropriate criteria and recommend a management plan to include pharmacological treatment. (B3.03d)
6. Appropriately screen a patient for suicidal ideation (B3.03d)
7. In a patient presenting with anxiety or stress, develop a differential diagnosis, and recommend a management plan. (B3.03d)
8. Provide patient education on lifestyle modification to avoid situational stressors. (B3.03d)
9. Write an accurate SOAP note for a patient with a behavioral health complaint. (B3.03d)
10. Appropriately use the DSM V in the diagnosis of psychiatric conditions for behavioral medicine patients. (B3.03d)

General Surgery Clinical Rotation

Pre-operative Care (B3.03c Pre-op)

1. Perform a pre-operative history for an adult surgical patient to include assisting with obtaining an informed consent. (B3.03c Pre-op)
2. Conduct an appropriate pre-operative physical exam and identify the American Society of Anesthesia (ASA) risk classification status (B3.03c Pre-op)
3. Write an accurate pre-operative note for a surgical patient. (B3.03c Pre-op)
4. In a patient presenting for surgery, appropriately evaluate the laboratory testing for a patient on anticoagulant medication and recommend management. (B3.03c Pre-op)
5. Educate a pre-operative adult patient regarding potential post-operative complications. (B3.03c Pre-op)

Intra-operative Care (B3.03c)

1. Perform appropriate scrubbing, gowning and gloving for a surgical case. (B3.03c Intra-op)
2. Correctly maintain the sterile field while gowned and gloved in the operating room (B3.03c Intra-op)
3. Accurately identify surgical instruments while assisting the surgeon with a surgical case. (B3.03c Intra-op)
4. Assist in the closure of a surgical wound with the proper suturing or stapling technique (B3.03c Intra-op)
5. Write a surgical note including anesthesia regimens utilized for the surgical procedure (B3.03c Intra-op)

Post-Operative Care (B3.03c)

1. Evaluate an adult patient for post-operative pain and recommend a management plan. (B3.03c Post-op)
2. Screen an adult patient for a post-operative fever, preform an appropriate history and physical exam, formulate a differential diagnosis, and develop a management plan if indicated. (B3.03c Post-op)
3. Correctly change a surgical dressing of a post-operative patient. (B3.03c Post-op)
4. Write an appropriate post-operative note for a surgical patient. (B3.03c Post-op)
5. Correctly remove sutures or staples in a post-operative patient returning for follow-up care. (B3.03c Post-op)

Emergency Medicine Clinical Rotation

Emergent Care (B3.02)

1. Evaluate an adult patient with chest pain, order and interpret the appropriate diagnostic testing to include an ECG, and recommend a management plan.
2. Appropriately triage patients presenting to the Emergency Department and determine which patients have life-threatening versus non-life-threatening medical conditions.
3. In an adult patient presenting with a fracture or extremity injury, conduct an appropriate history and physical exam to determine vascular and neurological status of the extremity.

4. Evaluate a patient with dyspnea, order and interpret lab/diagnostic testing to include pulse ox and chest XR, develop a differential diagnosis, and recommend an initial treatment plan.
5. In an adult patient with a headache, evaluate the patient and select the appropriate pharmacologic treatment.

Acute Care (B3.02)

1. In an adult patient presenting with an extremity injury, appropriately perform a problem-focused history and physical exam, order and interpret laboratory tests/diagnostic imaging to include an x-ray, and properly apply an extremity splint.
2. Appropriately close a laceration of a patient with skin adhesives or suturing.
3. In a patient with abdominal pain, evaluate the patient, order appropriate diagnostic testing and develop a treatment plan.
4. Perform a history and physical exam, order and interpret diagnostic testing, and develop a management plan for an adult patient with back pain.
5. Write an appropriate emergency department SOAP note.

Orthopedic Surgery Clinical Rotation

Acute Care (B3.02)

1. Perform a problem-focused history on a patient presenting with an acute musculoskeletal injury.
2. Appropriately conduct a problem-focused physical exam to include specific orthopedic testing on a patient presenting with an acute injury.
3. Accurately interpret a radiograph for a patient presenting with an orthopedic injury.
4. Correctly assist the orthopedic surgeon on a surgical case in the operating room.
5. While assisting with a surgical case, accurately identify anatomical landmarks pertinent to the orthopedic surgery.

Chronic Care (B3.02)

1. Perform a problem-focused history and physical exam on a patient presenting for follow-up for a chronic orthopedic condition.
2. Evaluate and appropriately manage a patient with osteoarthritis to include pharmacological care.
3. Correctly refer an orthopedic patient to physical therapy as part of the management plan.
4. Perform an intra-articular injection using appropriate technique and therapeutic dosing.
5. Provide patient education regarding activity modification for a patient with a musculoskeletal condition.

Sample Preceptor Evaluation of Student

Preceptor Evaluation of Student Performance (End of Rotation Evaluation)
Family Medicine Rotation

Clinical Rotation #1 2 3 4 5 6 7 8 9 10 11

Please rate Student Performance for the clinical rotation in the following general areas of knowledge and skills:
Rating Scale: N/O = not observed
1= Unsatisfactory
2= Below Average
3=Average
4=Above Average
5=Excellent

Obtaining a Medical History	N/O	1	2	3	4	5
Performing a Physical Examination	N/O	1	2	3	4	5
Presenting an Oral Case Presentation	N/O	1	2	3	4	5
Documenting Written Patient Record	N/O	1	2	3	4	5
Ordering & interpreting Diagnostic Studies	N/O	1	2	3	4	5
Performing Clinical Procedures	N/O	1	2	3	4	5
Demonstrating Problem-solving/Critical Thinking	N/O	1	2	3	4	5
Displaying Medical Knowledge & Concepts	N/O	1	2	3	4	5
Formulating a Diagnosis/Differential Diagnosis	N/O	1	2	3	4	5
Developing a Management Plan	N/O	1	2	3	4	5
Demonstrating Drug knowledge	N/O	1	2	3	4	5
Possessing Anatomy/Physiology knowledge	N/O	1	2	3	4	5
Providing Patient education	N/O	1	2	3	4	5
Providing Prevention/Health maintenance	N/O	1	2	3	4	5
Relating to Colleagues/IPE	N/O	1	2	3	4	5
Relating to Patients/Interpersonal skills	N/O	1	2	3	4	5
Possessing Cultural Awareness/Inclusion	N/O	1	2	3	4	5
Understanding Role of PA	N/O	1	2	3	4	5
Displaying Self-confidence	N/O	1	2	3	4	5
Demonstrating Reliability & Dependability	N/O	1	2	3	4	5
Displaying Professionalism	N/O	1	2	3	4	5
Displaying Empathy & Compassion	N/O	1	2	3	4	5

Please rate <u>Student Achievement</u> of the following <u>Learning Outcomes</u> specific to the <u>Family Medicine Clinical Rotation</u>:

Rating Scale: N/O = not observed
1= Unsatisfactory
2= Below Average
3=Average
4=Above Average
5=Excellent

Acute Care (B3.02)						
In an adult patient presenting with dysuria, evaluate the patient, analyze the urinalysis to recommend pharmacological management.	N/O	1	2	3	4	5
Perform the appropriate throat or nasal culture for a patient presenting with upper respiratory symptoms, conduct a problem-focused history and physical exam, and recommend a management plan.	N/O	1	2	3	4	5
Develop a differential diagnosis for a patient presenting with a rash and recommend the appropriate management.	N/O	1	2	3	4	5
In an adult patient presenting with heartburn symptoms, perform a problem-focused history and physical exam, order and interpret the appropriate labs and diagnostic tests if warranted, and recommend lifestyle modification and pharmacological treatment.	N/O	1	2	3	4	5
In a patient presenting with fatigue, perform a problem-oriented history and physical exam, order and interpret appropriate lab tests and recommend a management plan to include pharmacological treatment if indicated.	N/O	1	2	3	4	5
Chronic Care (B3.02)						
In an adult patient with hyperlipidemia, interpret the lipid panel and other appropriate laboratory tests and recommend a management plan to include patient education, lifestyle modification, and pharmacological treatment.	N/O	1	2	3	4	5
Perform an appropriate physical exam, review laboratory results including a HgbA1c, appropriately adjust medications, and recommend appropriate glucose monitoring and lifestyle modifications for an adult patient presenting for follow-up of diabetes mellitus.	N/O	1	2	3	4	5

In a patient with Asthma/COPD, evaluate the patient and adjust the management plan if indicated.	N/O	1	2	3	4	5
Conduct a problem-based history/physical exam, order and interpret appropriate diagnostic studies, and recommend a management plan for a patient with thyroid disease.	N/O	1	2	3	4	5
Accurately document an outpatient SOAP note and a referral for a patient in the family practice setting.	N/O	1	2	3	4	5
Preventative Care (B3.02)						
Order colonoscopy screening using current guidelines for patients at risk and low-risk of developing colon cancer.	N/O	1	2	3	4	5
Screen adult patients for hyperlipidemia and appropriately determine life style modifications and/or medication management.	N/O	1	2	3	4	5
Appropriately educate patients on smoking cessation.	N/O	1	2	3	4	5
Screen adult patients for diabetes mellitus by random glucose or HbgA1c testing.	N/O	1	2	3	4	5
Order and interpret a DEXA scan to screen patients for osteoporosis.	N/O	1	2	3	4	5

Additional comments:

Describe your overall satisfaction with Mount St. Joseph University PA students.

Would you be willing to take future Mount St. Joseph University PA students?

Total Points: _____ (Maximum = 185)

SECTION 4: PRECEPTOR DEVELOPMENT TOOLS

The One-Minute Preceptor
A Method for Efficient Evaluation & Feedback

The one-minute preceptor is a strategy for structuring an interaction with the student. It consists of the following sequential steps:

1. Getting the Student to Commitment
    - So, what do you think is going on with this patient?
    - How would you like to treat this patient?
    - Why do you think the patient came in today?
    - What would you like to accomplish on this visit?

2. Probe for Supportive Evidence – Evaluate Student thinking that leads to the Commitment
    - What made you …?
    - What findings support your diagnosis?
    - What else did you consider?
    - How did you reach that conclusion?

3. Reinforce what was Correct – give Positive Feedback
    - I am pleased that you included…that aspect of the physical exam.
    - I appreciate your consideration of the patient's financial situation in prescribing…
    - I agree with your interpretation.

4. Constructive Guidance about Error or Omission – give Negative Feedback
    - I disagree with… the scope of your differential diagnosis
    - What else might you have included?
    - Including the abdominal exam would have been important…
    - A more efficient way to ….

5. Teach a General Principle – Clarify the Take-Home Lesson
    - So in general, it's important to remember …
    - It is always important to think about …
    - In general, taking a little more time …
    - Why don't you read up on this tonight and report back tomorrow!

Reference: Neher JO, Gordon KC, Meyer B, Stevens N. A Five-Step "Microskills" Model of Clinical Teaching. J Am Bd of Fam Pract July-Aug, 1992; Vol 5 No 4, 419-424

Introducing/Orienting a PA Student to Your Practice

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

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

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

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

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

Preparing your patients to have a student:
There are several ways for sites to notify patients that students are participating in patient care:

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

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

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

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

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

Orienting the student to your community:
Discuss with the student early in the rotation characteristics of your local community or patient population that affect patient care as well as available community resources that your practice uses on a regular basis.
*Also be sure to take student and program feedback on your orientation process into consideration moving forward.

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

Incorporating Students Into Patient Care/Workflow

Many clinicians express interest in precepting clinical students with the desire to "give back" to the profession, to serve as a role model for future clinicians, and to share their passion for clinical practice. However, there are perceived challenges to incorporating students into a clinical practice or workflow. Two of the most commonly cited challenges are time management and maintaining efficient patient throughput.

Share the Teaching Responsibilities
• Involve other clinician(s) (MDs, DOs, PAs, NPs) in the practice to work with the student
• Utilize nurses, MAs, techs, etc., to instruct students about procedures they perform (injections, phlebotomy, performing PFTs and EKGs, etc.)

Plan Ahead with Patients
• Preselect the patients most appropriate for the student to see (more straight-forward cases, open to students, etc.)
• Double-book/wave-schedule patients – have the student see a patient in one room while the preceptor sees one (or sometimes more) patient(s) in another room
• In general, students are not expected to see every patient that the provider does over the course of a day

Teamwork
• Have the student obtain the history and/or perform the physical exam while the preceptor observes and documents information in the electronic medical record
• Have the student observe encounters with complex patients

Fully Utilize Student

• Although the primary learning objective for the PA student is focused on the provision of patient care, there are some tasks that the MA might otherwise perform (take vital signs) that the student can do for the patient while the MA prepares another patient for the preceptor
• Have students call patients with test results after discussing them with the preceptor
• Have students provide patient education after confirming the information to be communicated

Summarize and Clarify

• Don't repeat every aspect of the patient history – summarize and clarify information obtained from the student about the patient
• Don't repeat the entire physical exam performed by the student – the preceptor should perform and document only those elements requiring evaluation and/or clarification

Set Time Limits

• If you have specific time constraints for a patient room, let the student know – "you have 15 minutes to see this patient"

Utilize Educational Strategies for Effective Teaching

• See the 1-Pagers for Preceptors: SNAPPS, One-Minute Preceptor, and Ask-Tell-Ask Feedback to maximize your teaching time

References

Seim HC, Johnson OG. Clinical Preceptors: Tips for effective teaching with minimal downtime. *Fam Med* 1999;31(8):538-9.
Cayley Jr. WE. Effective Clinical Education: Strategies for teaching medical students and residents in the office. *WMJ* 2011;110(4):178-81.

The Ask-Tell-Ask Feedback Model

The Ask-Tell-Ask Feedback method fosters students' abilities to identify their own strengths and areas for improvement as well as provides preceptors with the opportunity to share positive and constructive feedback to students. The strengths of this model include that it is learner-centered, fosters students' self-assessment skills, increases students' accountability for learning, gives the preceptors insight into students' perceptions of performance, encourages preceptors to provide specific feedback, and can be used across a variety of settings.

Example 1

Setting: Outpatient
Task Area: Patient Assessment (History-Taking, Physical Exam)

Preceptor: What parts of your assessment of the patient went well?

Student: My problem-focused history-taking seemed complete and only took about five minutes to do.

Preceptor: I agree, your history-taking was thorough and efficient. You also clarified important information that the patient shared during the pertinent review of systems.

Preceptor: What do you think could be improved?

Student: My approach to the physical exam felt disjointed and took longer than I thought necessary.

Preceptor: Yes, while you included essential elements of the physical exam, it was not systematic and the patient had to be repositioned several times. A strategic way to avoid this in the future is to develop a plan for the physical exam before you initiate the exam.

Example 2
Setting: Inpatient
Task Area: Medical Knowledge, Clinical Reasoning

Preceptor: What elements of the diagnosis and treatment planning went well?

Student: I am confident in the most likely diagnosis, and the first-line therapy was appropriate for this patient.

Preceptor: Yes, I believe you came to the correct conclusion about the diagnosis. In addition to knowing which medication is first-line therapy, remember to specify dose/route/frequency and any patient education that is indicated.

Preceptor: What do you think could be improved?

Student: Well, I only had three disorders on my differential diagnosis.

Preceptor: I agree that it is important to have a broader differential diagnosis. I encourage you to read more about the most likely diagnosis and related conditions tonight, then tomorrow we can discuss the clinical reasoning about the diagnosis.

First: ASK: *"What went well*?" → **TELL:** *"This is what I think went well."*

Then: ASK: *"What could be improved?"* → **TELL:** *"This is what I think could be improved."*

SNAPPS: A Six-Step Learner-Centered Approach to Medical Education

SNAPPS is a learner-centered teaching approach to clinical education consisting of six steps. In learner-centered education, the learner takes an active role in their educational encounter by discussing the patient encounter beyond the facts, verbalizing their clinical reasoning, asking questions, and engaging in follow-up learning pertinent to the educational encounter. The preceptor takes on the role of a facilitator by promoting critical thinking, empowering the learner to have an active role in their education, and serving as a knowledge "presenter" rather than a knowledge "source."

Reference

Wolpaw T, Wolpaw D, Papp K. SNAPPS: A learner-centered model for outpatient education. *Academic Medicine*. 2003; 78(9): 893-898.
"Teaching Skills for the Preceptor: Learner-Centered Model." The Association of Gynecology and Obstetrics. www.pnwu.edu/files/4414/2551/7541/Teaching Skills_for_the_Preceptor_Learner-Centered_Model.pdf. Accessed August 2016.

S: Summarize briefly the history and findings

• Obtains a history, performs a physical examination, and presents a summary of their findings to the preceptor. The summary should be brief and concise and should not utilize more than 50% of the learning encounter (~3 minutes maximum to present)

"Eric is a 7-year-old male with a 3-month history of right knee pain and swelling that occurs daily. No other joints are affected. He reports difficulty playing soccer. He denies current or previous illnesses, recent travel, or injury. Daily ibuprofen provides little benefit."

N: Narrow the differential to two or three relevant possibilities

• Provides two to three possibilities of what the diagnosis could be
• Presents their list prior to the preceptor revising the list

"Given the length of the symptoms, my differential diagnosis includes: juvenile idiopathic arthritis, reactive arthritis, and injury."

A: Analyze the differential comparing and contrasting the possibilities

• Discusses the possibilities and analyzes why the patient presentation supports or refutes the differential diagnoses
• Thinks out loud in front of the preceptor

"I think juvenile idiopathic arthritis is highest on my differential diagnosis given the age of the patient and the length of the symptoms. Reactive arthritis is lower due to the length of symptoms and no history of previous illness. Injury is low on the differential due to no history of injury."

P: Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches

• Discusses areas of confusion and asks questions of the preceptor
• Allows the preceptor to learn about their thinking and knowledge base
• Prompts discussion from the preceptor on clinical pearls or areas of importance

"Is there anything else that you would include on your differential?" The preceptor may discuss the importance of considering septic arthritis in the differentia diagnosis.

P: Plan management for the patient's medical issues

• Discusses a management plan for the patient or outlines next steps
• Commits to their plan and utilizes the preceptor as a source of knowledge

"I would begin a prescription-strength anti-inflammatory medication and order an ANA."

S: Select a case-related issue for self-directed learning

• Identifies a learning issue related to the patient encounter
• Discusses the findings from the learning issue with the preceptor
"I would like to understand the relationship of the ANA and the need for ophthalmology monitoring in juvenile idiopathic arthritis