



COLLEGE OF HEALTH PROFESSIONS  
*Department of Physician Assistant Studies*

# **CLINICAL PRECEPTOR HANDBOOK**

TABLE OF CONTENTS

Welcome from the Director of Clinical Education	2
Contact Information for the Clinical Team	3
Clinical Rotation Goals & Logistics	4
Preceptor Role & Responsibilities	5
The Preceptor-Student Relationship	7
Student Supervision	7
E*Value & End of Rotation Performance Evaluations	10
Mercer University College of Health Professions Policies	12
Student Attendance policy	13
Student Appearance and Attire Policy	13
Accidental Exposure to Infectious Diseases and Incident Reporting	13
Malpractice Coverage: Certificate of Insurance	14
Prescription Writing	15
Georgia Preceptor Tax Incentive Program	16

WELCOME  
FROM THE DIRECTOR OF CLINICAL EDUCATION

Dear Preceptors,

Thank you for your vital role in shaping the future of healthcare. Your dedication, time, and mentorship are the foundation of our clinical education program, and we are deeply appreciative of the invaluable learning experiences you provide for our students.

I'd especially like to extend a warm welcome to those of you joining us for the first time as clinical preceptors. We are excited to have you as part of the Mercer University PA Program and look forward to building a strong partnership with you.

Our program includes 13 months of classroom-based instruction, followed by 15 months of clinical education. During the clinical phase, students complete eleven 5-week rotations. Nine of these are core rotations in pediatrics, family medicine, internal medicine, hospital medicine, general surgery, women's health, behavioral medicine, orthopedics, and emergency medicine. The remaining two are electives, which students tailor to their interests in general or specialty areas of medicine or surgery.

Our Clinical Team is here to support you every step of the way. We recognize the value of your time and are committed to making your experience as a preceptor smooth, rewarding, and well-supported. It is our hope to maintain a lasting and collaborative relationship with each of you.

If you ever have questions, ideas, concerns, or simply want to share feedback, please don't hesitate to reach out to me directly. I'm always happy to assist and hear from you.

With sincere gratitude,

Jonathan Hill, MMSc, PA-C

Director of Clinical Education

## CLINICAL DIVISION FACULTY AND STAFF

Team Email: [paclinical@mercer.edu](mailto:paclinical@mercer.edu)

	<p><b>Jonathan Hill, MMSc, PA-C</b> Director of Clinical Education &amp; Clinical Assistant Professor Email: <a href="mailto:hill_jd@mercer.edu">hill_jd@mercer.edu</a> Phone: 678-547-6349</p>
	<p><b>Cynthia Edwards-Wright</b> Credentialing Coordinator Email: <a href="mailto:Edwards-wright_ce@mercer.edu">Edwards-wright_ce@mercer.edu</a> Telephone: 678-547-6318</p>
	<p><b>Laura P. Johnson, MBA</b> Clinical Coordinator Email: <a href="mailto:Johnson_lp@mercer.edu">Johnson_lp@mercer.edu</a> Telephone: 678-547-6399</p>

## GENERAL CLINICAL ROTATION GOALS & LOGISTICS

The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare the students for a lifetime of continued refinement of skills and expanded knowledge as a practicing Physician Assistant. Mercer's goals for clinical rotations include the opportunity for our students to do the following:

- Apply didactic knowledge to supervised clinical practice
- Develop and sharpen clinical problem-solving skills
- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen and refine oral presentation and written documentation skills
- Develop an understanding of the PA role in health care delivery
- Prepare for the Physician Assistant National Certifying Exam
- Develop interpersonal skills and professionalism necessary to function as part of a medical team

### Physician Assistant Competencies

“The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge; interpersonal and communication skills; patient care; professionalism; practice-based learning and improvement; systems-based practice; as well as an unwavering commitment to continual learning, professional growth, and the physician-PA team for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the practice setting.” (NCCPA)

### The Preceptor–Program Expectations

The success of clinical training of PA students depends on maintaining good communication among the student, the clinical division, preceptors and all members of the team should share contact information. If a preceptor has a question or concern about a student, they should contact the clinical office. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

## PRECEPTOR ROLE & RESPONSIBILITIES

### Preceptor Role

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

### Preceptor Responsibilities (include but are not limited to the following):

1. Provide a clinical setting with appropriate clinical direction and supervision of students for 32 hours minimum and 60 hours maximum per week. (Weekend hours, evening hours, and overnight shifts are all welcomed. The student will follow the preceptor's clinical schedule.)
2. Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care
3. Maintain licensure and certification. Preceptors must have medical licensure within the state where the rotation is located and have staff privileges within the facility where the students will see patients during the clinical rotation. Physician preceptors must be Board Certified in their field of practice. Clinical preceptors may be Medical Doctors (MD), Doctor of Osteopathic Medicine (DO), Physicians, Physician Assistants (PA), Nurse Practitioners (NP), Nurse Midwives, Licensed Professional Counselors, Licensed Clinical Social Workers (LCSW), or Licensed Clinical Psychologists (LCP).
4. Orient (or designate the orientation to another staff member) students at the onset of the rotation with the practice/site policies, procedures, and expectations. Discuss any "on-call" schedules. Discuss the appropriate method of student documentation of patient encounters.
5. Oversee the daily student schedule to insure sufficient patient experience. Preceptors may assign willing colleagues in their practices to supervise students in the event of the primary preceptor's unavailability (e.g. due to illness, vacation or practice schedule), or simply for the enhancement of the student's learning opportunities.
6. Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be completed with the student informally each week

or at a designated time and can be formally reported to the clinical coordinator by submitting mid-rotation and end-of-rotation evaluations.

7. Ensure that office staff are aware of the student and how the student fits into office flow. Students should not be used to substitute for other clinical or administrative staff, i.e., serve only in the capacity of a medical assistant or front office staff.
8. Ensure that patients are aware of the student's role and obtain consent for student participation in the clinical encounter.
9. Promptly correct concerns regarding marginal or unacceptable student performance and/or behavior. Advise the Director of Clinical Education immediately of any unacceptable performance, repeated marginal performance, or excessive absences.
10. Complete and promptly return the End of Rotation Performance Evaluation on the student. The student's medical knowledge, practical performance, professionalism, and overall performance and absence(s) are among the items included in the evaluation. This evaluation will be completed online in E\*Value. *(Please see additional information under E\*Value section)*. Your diligence in completing these evaluations is greatly appreciated.
11. Maintain an ethical approach to the care of patients by serving as a role model for the student
12. Demonstrate cultural competency through interactions with patients Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationship
13. Provide timely feedback to the student and the program regarding student performance
14. Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience

## THE PRECEPTOR-STUDENT RELATIONSHIP

The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Twitter, Instagram, Snapchat) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the clinical coordinator regarding specific school or university policies regarding this issue.

## STUDENT SUPERVISION

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly assign students to another MD, DO, or PA who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following —Documentation section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.



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

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year, however, patients must be informed that a physician assistant student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

## **Orientation and Communicating Student Expectations**

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

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

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

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments Write-ups

- Anything additional that the preceptor feels is necessary

Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation — in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the clinical coordinator well in advance of the clinic absence.

## **Documentation**

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator. Students are reminded that the medical record is a legal document. All medical entries must be identified as —student and must include the PA student's signature with the designation —PA-S. The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own edification, which should be reviewed by preceptors whenever possible for feedback.

## **Expected Progression of PA student**

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to 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.

## **E\*VALUE**

### **(Data Management System)**

#### **ACCESS TO CLINICAL SCHEDULE**

Preceptors and Auxiliary Staff will access clinical rotation schedules in E\*value. Emails will be disbursed from Medhub E\*Value including a login and password for each preceptor and auxiliary staff member affiliated to the hospital and/or clinic.

To access your yearly schedule in E\*Value, follow the steps accordingly.

1. Log into the E\*Value system with a secure username and password
2. Click on the tab entitled Reports
3. Under the section entitled Schedule Reports click on the link Schedule Report
4. Change the start and end date to reflect the correct time frame for viewing.
5. Click Next.
6. The schedule will appear providing the following information for each rotation:
  - a. Start and end Date
  - b. The Time Frame
  - c. The Activity
  - d. The Site
  - e. The Trainee (students) Name
  - f. The Documentation for each student (immunizations, Student CV,etc,)
  - g. Letter of Good Standing

## **END OF ROTATION PERFORMANCE EVALUATIONS**

### **Student Evaluation**

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

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student's professionalism and effectiveness as a team player with all members of the health care team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities. Please contact the clinical coordinator for specific evaluation forms and policies, in accordance with the student handbook.

Frequent informal feedback, accompanied by strategies for improving future performance, is critical for effective learning. We ask our students to solicit this feedback from their preceptors in efforts to continually improve their performances over the course of the rotation. We appreciate the informal evaluation and feedback provided by our preceptors. The EOR Performance Evaluation is the opportunity for the Clinical Preceptor to formally evaluate the student. The evaluation system is designed to measure the cognitive, psychomotor and professional abilities of the student.

This formal evaluation is completed electronically on E\*Value and must be completed by the Preceptor during the last week of the rotation, prior to the student's departure. It is appropriate and encouraged for the Preceptor to incorporate input from other associated health care professionals who have taught and/or supervised the student during their clinical rotation.

E\*Value is the electronic platform that the PA Program utilizes for clinical rotation data management including clinical rotation evaluation. Preceptors are provided a username and login from E\*value. Preceptors will utilize the provided login information to access the student's evaluation.

The student is encouraged to remind the preceptor to complete the evaluation before his/her departure from the rotation. If the program does not receive the preceptor evaluation by the end of the rotation. The student will receive an incomplete grade, which may delay graduation. The evaluation report, in addition to results on a nationally standardized tests corresponding to the rotation (e.g. pediatrics, behavioral medicine, general surgery, etc.) is utilized to calculate the student's final grade in the rotation.

Please note that professionalism on clinical rotations is mandatory and must be exemplary throughout the clinical year. If any feedback within the EOR Performance Evaluation Professionalism indicates a deficiency, that deficiency will be addressed directly with the Director of Clinical Education and may result in disciplinary action as determined on a case-by-case basis. Professionalism deficiency include behavior as unkempt demeanor, tardiness and any form of disrespectful, dismissive or argumentative interactions with others.

Preceptors will be assigned a profile and receive an E\*Value login via email.

## Feedback to Students

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

## MERCER UNIVERSITY COLLEGE OF HEALTH PROFESSIONS POLICIES

Professionalism is the demonstration of a willingness to learn, cooperate, interact and respect others, as well as follow through on commitments. The student is expected to act professionally and with integrity during and beyond their tenure at Mercer University. Students are responsible for being knowledgeable of Mercer University, College of Health Professions and Physician Assistant Studies Department policies and procedures which govern the educational and healthcare environments. **Any actions deemed as unethical will be brought forth to the Progress & Advancement Committee.**

As members of one community, we are all responsible for upholding these standards. *Each of the following documents should be reviewed by all students upon matriculation.*

AAPA	<a href="#">Guidelines for Ethical Conduct for the Physician Assistant Profession</a>
OSHA	<a href="#">Regulations for Bloodborne Pathogens</a>
FERPA	<a href="#">Family Educational Rights and Privacy Act</a>
HIPAA	<a href="#">Health and Human Services- Health Insurance Portability and Accountability Act</a>
Code of Conduct & Title IX	<a href="#">College of Health Professions Student Manual</a>
OCR	<a href="#">US Department of Education Office of Civil Rights</a>

## STUDENT ATTENDANCE POLICY

Students are required to report to rotations on time. Students are required to participate in any shift, including nights, weekends, and holidays that is normally staffed by the clinical preceptor in the assigned healthcare facility. Responsibilities may include activities such as clinic hours, meetings, patient rounds, on-call duty and will generally mirror the schedule of the clinical preceptor or their designee (s).

In the event of an absence, students must complete a Clinical Absence Form. Clinical Preceptors and/or the designee will be required to sign off on Clinical Absence Forms provided by the student for all absences. Excessive hours missed from a clinical rotation may result in the need to repeat the clinical rotation and are closely monitored by the program.

## STUDENT APPEARANCE AND ATTIRE POLICY

Students are required to maintain professional appearance during their clinical year experiences. Students are also required to display a Mercer University College of Health Professions identification badge, a patch embossed with the school logo, and the Program- approved name tag at all times. Business casual is acceptable, unless specified otherwise by the preceptor.

## ACCIDENTAL EXPOSURE & INFECTIOUS DISEASE POLICY

### Incident Reporting

Mercer Physician Assistant students exposed to blood or body fluids (i.e., from a needle stick or scalpel injury or from splashing of body fluids in the eye, the mucous membranes of the mouth and nose, or on non-intact skin) must follow the following Blood Exposure Protocol for proper work-up, counseling, and follow-up.

### I: ACCIDENTIAL EXPOSURE

In the event of an accidental exposure (needle stick, splash, TB exposure etc.), students should follow three basic principles: (Refer to Appendix VII)

- 1. Remove or dilute the infectious material and institute first aid measures as appropriate.**
- 2. Remove soiled clothing.**
- 3. Thoroughly wash skin and mucosa by washing with copious amounts of water and soap. Contamination of the eyes requires immediate flushing with water or ophthalmic saline irrigation solution for 15 minutes (remove contacts first if you are a contact wearer).**

### II: INCIDENT REPORTING (Refer to Appendix VII)

- Notify your Clinical Preceptor immediately followed by notification of the Coordinator of Experiential Learning and/or Director of Clinical Education via phone or email.
- Obtain the name and medical record number of the patient source. For accidents with microorganisms for which serological tests are available, a base-line serum sample should be obtained at the time of occurrence.
- You must be evaluated by a medical provider for treatment and evaluation for prophylaxis. Utilize a local hospital Emergency Department for 24- hour accessibility or an Urgent Care with extended hours, depending on the time of your exposure and the geography of your clinical rotation assignment. If the facility in which you are assigned has protocol in place for testing you as a student, we encourage you to utilize their services.
- Along with your medical provider in the facility above, assess the infection risk, which will include an evaluation of the type and amount of infectious material, the mode of transmission, the portal of entry, and the general and specific conditions of the host.
- Submit an Accidental Exposure Incident Form within 24 hours

**NOTE: ALL EXPENSES INCURRED SECONDARY TO AN EXPOSURE ARE THE SOLE RESPONSIBILITY OF THE PA STUDENT. THE CLINICAL SITE AND THE MERCER PA PROGRAM ARE NOT LIABLE FOR THE COST OF EXPOSURE TESTING.**

**Note: See the extensive policy in Appendix VIII**

### **MALPRACTICE COVERAGE: CERTIFICATE OF INSURANCE**

Malpractice insurance is provided by Mercer University and a current Certificate of Insurance maybe provided by the PA Program to all clinical rotation sites/clinics/hospitals as requested to provide verification.

All actively enrolled students are covered under the institutional policy for medical liability associated with training activities during the Pre-Clinical and Clinical portions of the program; however, malpractice coverage during the clinical phase is applicable only to rotation assignments made and approved by the Mercer PA program. Any clinical opportunities that become available to a student on a clinical rotation that fall outside of the original assignment are subject to approval by the Director of Clinical Education and/or the Program Director.

## PREScription WRITING

Because students have no authority or medical license to prescribe medications, the following are strictly prohibited:

- Students may **NOT** individually prescribe any medications.
- Students will **NOT** sign their name on the prescription.
- Students may **NOT** sign the physician's name then write the student's initials after the physician name.
  - Students may **NOT** carry or use a pre-signed prescription pad.



# GA PRECEPTOR TAX INCENTIVE PROGRAM

The Preceptor Tax Incentive Program (PTIP) rewards licensed Georgia MD/DO, NP and PAs taking Georgia medical, physician assistant, and nurse practitioner students into their practices for the students' required clerkships.

Medical students from both allopathic and osteopathic schools are included. **Preceptors who receive direct compensation for teaching from ANY source are not eligible to earn this deduction.**

## PRECEPTORS

- Qualifications:
  - Licensed physician, nurse practitioner or physician assistant in Georgia
  - Cannot receive direct compensation for teaching medical, osteopathic, NP, or PA students from any source
  - The credit is only available for rotations supporting Georgia medical, osteopathic, NP, or PA programs
  - Must complete a minimum of 1 rotation to be eligible; credit is provided retroactively once eligibility is established. A maximum of 10 rotations may be claimed each calendar year.
  - Maximum tax credit earned each year is \$8500

The 160 hours does NOT have to be tied to a single rotation, but is accrued across all students precepted. Some student rotations may be one day a week for four months, while others may be completed in 4-6 week blocks. Using hours to determine a credit levels the field so that all credits are earned based on 160 hours of teaching.

## REGISTRATION

Preceptor: A one-time registration\* is required; no need to renew annually but can edit key information changes. Academic Programs will submit reports of eligible hours upon rotation completion. GA-PTIP website: [www.augusta.edu/ahec/ptip](http://www.augusta.edu/ahec/ptip) • Preceptor registration portal Find FAQs, guidelines, training opportunities, program guidelines, news and updates

## REPORTING REQUIREMENTS

Effective April 2022, to be in alignment with the Georgia Tax Incentive Program, all preceptors will be required to submit the Preceptor Tax Incentive Program (PTIP) Clinical Teaching Hours Submission Form providing the number of hours completed for for the time periods listed below. The form will be provided to the preceptors and must be submitted by the deadline date.

The rotations are submitted three (3) time a year for the current annual year. The rotations must be submitted by the deadline dates below:

January 1-May 31	Due by: June 1
June 1-September 1	Due by: September 1
September 2-December 31	Due by: December 15