



**BETHEL**  
UNIVERSITY

**BETHEL UNIVERSITY  
PHYSICIAN ASSISTANT  
PROGRAM**

**2016 - 2017**

**PRECEPTOR HANDBOOK**

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# SECTION 1

## Introduction

The Bethel University Physician Assistant program is grateful for your contribution to the training of its students and the promotion of the physician assistant profession. Bethel University is committed to being the premier physician assistant training program in the state and region.

This handbook is designed to answer the questions that preceptors frequently have about PA training, the Bethel University PA Program, and the PA profession. The information included provides a basic framework to assist preceptors in planning a comprehensive clinical experience for their physician assistant students.

Our faculty and staff are committed to creating a positive clinical experience for both the student and preceptor. We have imparted a great deal of medical knowledge to the students during the didactic phase of their education. We look to you to help them apply that knowledge in the clinical setting and become competent and compassionate healthcare providers.

We ask that you make a concerted effort to engage the student in case discussions and critical thinking. Those new to precepting may find the article, *The One-Minute Preceptor*, included on page five of this handbook to be helpful. Our students have access to a wealth of online educational resources through the Bethel library. As physician assistants, they will be expected to commit to life-long learning and the practice of ethical evidence-based medicine. You may wish to task them with researching specific topics they encounter or you feel are essential to their education as physician assistants.

We look forward to working with you to produce Minnesota's finest trained physician assistants. Please feel free to contact us should you have any questions about your role as a preceptor or our expectations of the PA students.

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## **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’s thinking that leads to the Commitment
  - How did you reach that conclusion?
  - What made you ...?
  - What findings support your diagnosis?
  - What else did you consider?
  
3. Reinforce what was Correct – give Positive Feedback
  - I agree with your interpretation.
  - I am pleased that you included...that aspect of the physical exam.
  - I appreciate your consideration of the patient’s financial situation in prescribing....
  
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

## **Clinical Year Overview**

Rotations build on the didactic year and the students' clinical experience is organized in ambulatory, inpatient, emergency and surgical settings. The focus in all clinical experiences is medical care across the lifespan and includes: pregnancy, infants, children, adolescents, adults, and the elderly.

During rotations, students learn the body of knowledge and clinical skills of each specialty within the framework of the health care team and PA role. Throughout the clinical year, students may be exposed to a variety of practice settings in rural, inner city, and medically underserved communities.

With the guidance and supervision of physicians, PAs, and other qualified preceptors, students gain higher levels of clinical skill and confidence. The PA Program provides structured learning activities and timely feedback to students during the clinical year. Students assume increasing responsibilities for their education, provision of patient care, functioning as a team member, adjusting to change in the health care system, practice of evidence-based medicine, and becoming lifelong learners.

## **Program Overview**

The Bethel University Physician Assistant Program is a twenty-seven month professional education program preparing individuals as primary care practitioners, to practice medicine under the supervision of a physician. Students who successfully complete the program receive a Master of Science – Physician Assistant degree (MS-PA).

## **Mission Statement**

Boldly motivated by the Christian faith and in the spirit of Bethel University's academic excellence and ministry focus, the Physician Assistant program will educate students to become physician assistants who develop the skills for competent and excellent medical practice, live out ethical principles and Bethel's academic excellence, serve their community and all cultures, and possess integrity and compassion.

## **Accreditation Status**

The ARC-PA has granted Accreditation-Provisional status to the Bethel University Physician Assistant Program sponsored by Bethel 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.

Graduation from an accredited PA program is the only way to be eligible to sit for the National Certifying Exam (PANCE). If granted provisional accreditation, graduates of the Bethel University PA Program will be eligible to sit for the certifying exam upon graduation. For more information regarding the implications of accreditation please visit [www.arc-pa.org](http://www.arc-pa.org).

## **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.

### **The Didactic Phase**

The Physician Assistant Program at Bethel University consists of two phases. The first phase is the didactic phase and is 15 months in length. Courses in this phase include: Gross Anatomy, Physiology, Pathophysiology, Clinical Medicine, Diagnostics, Pharmacology, PA Professional Issues, and Evidence-Based Medicine.

### **The Clinical Phase**

The clinical phase directly follows the didactic phase and is 12 months in length. The clinical phase takes place at diverse training sites and consists of a wide range of clinical learning situations. The mandatory clinical rotations include: Family Medicine, Internal Medicine, Emergency Medicine, General Surgery, Pediatrics, Women's Health, and Behavioral Health. Family Practice and Internal Medicine are 8 week rotations, while all others rotations are four weeks in length. Additionally, students complete two elective rotations in their choice of disciplines.

Each required rotation has a set of defined learning objectives. General objectives are provided for the preceptors within this handbook and for the students within their Clinical Year Student Handbook. Specific rotation expectations with minimum diagnoses exposures will also be provided to the preceptor under separate cover. These expectations are not meant to be all-inclusive, but rather form a matrix of minimal exposure with which the student must be familiar or have completed during the clinical year.

The end-learning objectives are written in a behavioral format wherever possible. The PA Program seeks feedback from preceptors as well as students regarding the applicability of learning objectives to the actual learning situation. Information from the preceptors, the PA students, as well as graduate PAs, will be taken into account during the annual review of objectives.

## **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 those various settings considered part of the supervising physician's practice. The health care services PAs provide include, but are not limited to:

### **PA students are educated and trained to perform the following duties and tasks:**

- 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 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 off-label 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 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 education offerings by and at the facility.
9. Notify the Clinical Coordinator in a timely manner of any unsatisfactory conduct or performance.
10. Provide evaluations for each student on PA program forms. Allow and provide students with opportunities to meet objectives.
11. Provide PA program faculty access to the student, preceptor, and facility.
12. In the event of an accident or sudden illness, the student will be allowed to seek medical attention at the facility or an emergency room where the provider on duty will determine the course of treatment. Cost of the injury or sudden illness is the sole responsibility of the student. In regards to the management of minor or chronic illness, PA students are advised that preceptors are not required nor encouraged to provide care for the student, pro bono or otherwise.
13. Maintain full responsibility for the patient's medical care and treatment.
14. Orient student to the safety and security measures of the clinical site.

### **Preceptor Guidelines**

The majority of clinical assignments run smoothly and are both challenging and rewarding. However, the few words of caution listed below will be of value in helping to ensure a successful experience for both preceptor and PA student.

The following guidelines are suggested for the preceptor when supervising a 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 Clinical Coordinator.
2. Contact the Clinical Coordinator for clarification of matters relating to the rotation.
3. Notify the hospital, clinics, and nursing homes that you will be a preceptor. Inquire about policies and regulations governing PA students in all facilities.
4. Ensure that only medical tasks delegated by you are performed by the student and that services rendered by the student are regularly evaluated.
5. Judge the student's performance according to the objectives and goals set by the program for the clinical rotation.
6. Involve the student in all aspects of the practice, including hospital and nursing home services, so that the students will receive a well-rounded education.

## **PA Program Responsibilities**

1. Provide the preceptor with the student's educational 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 PA 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 clinical facility.
7. Be responsible for informing students that they are responsible for their own meals, lodging, transportation, uniforms, laundry, health and liability insurance for the rotation.
8. Bethel University requires that each PA student carries professional liability coverage, are up to date on all program required immunizations (including vaccinations or screenings), have completed a criminal background check, have passed a drug screen, have completed HIPAA training, and are currently certified in BCLS and ACLS.
9. Require students to attend any site provided or sponsored infection control session regarding universal precautions, TB, and blood borne pathogens.

## **Student Responsibilities**

1. Report patient data fully 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 Clinical Coordinator of any schedule changes.
5. Wear an identification badge and white lab coat to identify themselves as a Bethel University PA student when caring for patients.

## **Student Supervision**

Students function within the academic policies established by the Bethel 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 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.
7. Student documentation in the Electronic Medical Record may include specific areas, including Past, Family, and Social History, and complete Review of Systems, but the preceptor must repeat and document History of Present Illness, relevant Physical Exam, and perform medical decision-making according to CMS regulations.

## **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 certification exam. If possible, limit student work time to 50 hours per week, with a minimum of at least 30 hours per week.

## **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 the Bethel University PA Program. Students are instructed to always dress in a professional manner. If you have questions or concern with respect to certain student attire, please contact the Clinical Coordinator or the program office.

## **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 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.

## **Liability Insurance**

Bethel University maintains proof of PA 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. Limits of professional liability are \_\_\_\_\_, and paid for by Bethel University PA program.

## **Troubleshooting**

The Clinical Coordinator and/or Program Director 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 arise, preceptors can expect a prompt, dependable, and competent response.

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 Coordinator and/or Program Director at any time with questions or comments. Students are expected to contact the program with questions or problems.

## **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. Bethel University policy states that students should never be engaged in or exposed to behavior that would constitute harassment.

### **Sexual Harassment**

Bethel University recognizes that harassment on the basis of sex is a violation of the law. We are committed to an environment free from explicit and/or implicit coercive sexual behavior used to affect the well-being of members of this academic community. Sexual harassment is unacceptable and grounds for disciplinary action. Students who wish to file a complaint alleging Sexual Harassment should do so by contacting the Clinical Coordinator or Program Director who will investigate and recommend appropriate steps.

## **Evaluation**

### **Student and Preceptor Evaluations**

All evaluations are done on eMedley.

Preceptor or preceptor designee should meet with the student at the midpoint and near the rotation end, discuss the student's evaluation, fill out the evaluation forms, and sign them electronically along with the student. The student is responsible for assuring the completion of the evaluation form(s) and submission to the Clinical Coordinator. Preceptors should review all evaluations even if preceptors have delegated the evaluation process to another provider.

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. Please provide ongoing evaluation in a constructive and thoughtful manner.

Student evaluation consists of preceptor evaluations, written examinations, rotation logs, and case presentations.

The program should be informed immediately if a student is performing unacceptably so that corrective measures may be instituted.

### **Written Examinations (End of Rotation Examinations)**

End of rotation examinations are weighted at 40% of rotation grade. The written examination includes primary care topics pertinent to the NCCPA exam and medical practice. Students must score 80% or higher on the exam to successfully complete the rotation.

### **Rotation Logs (eMedley)**

Each student completes rotation logs via eMedley system. These logs allow student clinical evaluation by monitoring patient load, patient problems, learning experiences, procedures performed, and other activities. The rotation logs are a requirement during each rotation and do not include any patient identifiers. The preceptor is encouraged to review these logs with the student to ensure that the learning objectives of the rotation are being met.

## **Site Visit for the Student**

A Bethel University PA Program faculty member will visit students during rotations. The site visit evaluates the student's patient interactions and clinical reasoning as well as brief feedback from the preceptors and office staff. Medical documentation may also be reviewed during the site visit. Visits may be announced or unannounced. At least one site visit will occur during the student's clinical year, although more visits may occur at the request of the student, preceptor, or faculty.

If the visit is announced, the student notifies the preceptor ahead of time about the visit. When the faculty member arrives, the student introduces the faculty member to the preceptor and to appropriate support personnel. The student should be prepared to answer questions and present a case to the preceptor or faculty member. 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 who receive a failing grade will have additional site visits during their rotations.

## **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 Clinical Coordinator and/or the Program Director for appropriate action.

Bethel University PA program is particularly sensitive to any concern or issues that the preceptor feels strongly should be addressed in an expeditious manner.

The Clinical Coordinator, Medical Director, and Program Director retain the authority to remove a student from class, clinical site, or other program or university function, if indicated.

## SECTION 3

### **General Rotation Objectives**

Rotation objectives outline the duties and tasks defining the PA student areas of learning. Core objectives are pertinent to all clinical experiences and program outcomes. The clinical rotations should provide the student with learning experiences relevant to entry-level PA practice. The core rotations for the program include Family Medicine, Internal Medicine, Emergency Medicine, General Surgery, Women's Health, Pediatrics, and Behavioral Health. Specific program expectations for a scheduled rotation will be provided to each student and preceptor. These expectations are not meant to be all-inclusive, but rather form a matrix of minimal exposure with which the student must be familiar or have completed during the clinical year. Elective rotation objectives will be sent out to the individual preceptor when scheduled.

### **Course Goals**

The following is a general list of objectives that are to be met during each rotation regardless of the type of rotation. The rotation specific expectations will be provided under separate cover.

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, contraindications, side effects/complications, and lab evaluations for 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 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/withholding 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 as allowed and appropriate by the preceptor)
- 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)



# **SECTION 4**

## **Forms and Rotation Calendar**

## Bethel University PA Program Preceptor's Mid-Rotation Evaluation of Student

This form is to be completed by the preceptor at the mid-point of the clinical rotation. It is designed to provide the PA student and program with specific information regarding the student's progress and likelihood of successfully completing the rotation. If a student is performing below the preceptor's expectations, additional resources will be provided to the student to address their areas of weakness. The PA program is greatly appreciative of this early feedback so that appropriate remediation may be offered if necessary.

Name of Student \_\_\_\_\_ Rotation Site \_\_\_\_\_

Type of Rotation \_\_\_\_\_ Dates of Rotation \_\_\_\_\_

Here at the mid-point of your rotation I consider your progress to be:

- \_\_\_\_\_ A.            **Excellent.** Better than the average PA student at this point.
- \_\_\_\_\_ B.            **Adequate.** About average for a PA student at this point.
- \_\_\_\_\_ C.            **Unsatisfactory.** You are in danger of failing this rotation.

Suggestions for improvement are **requested** for any student in the A or B category. Outline of deficiencies and requirements for improvement are **required** for any student in the C category. Also, please contact the PA program Clinical Coordinator regarding any student in the C category.

**\*This student has reviewed the Program Expectations for this rotation with me: Yes / No**

Comments:

\_\_\_\_\_  
Signature of Preceptor/Date

\_\_\_\_\_  
Signature of Student/Date

Send to: **Dr. Greg Ekbom, Director of Clinical Education**  
**Bethel University - Physician Assistant Program**  
**2 Pine Tree Drive**  
**Arden Hills, MN 55112 Fax: 651-287-0824**  
**Email: pa-clinical@bethel.edu**

# Preceptor's End of Rotation Evaluation of Student Bethel University Physician Assistant Program

Circle the performance rating which reflects your evaluation of the student with respect to each characteristic.  
If you had no opportunity to observe a characteristic, indicate not applicable (N/A).

## GENERAL RANGES OF PERFORMANCE

A.	Unacceptable Performance	Below Average Performance	Average Performance	Above Average Performance	Exceptional Performance	Not Applicable
	1 (E)	2(D)	3(C)	4 (B)	5 (A)	
1) GENERAL MEDICAL KNOWLEDGE	Demonstrates lack of adequate general medical knowledge	Needs improved knowledge base to function consistently in the clinical setting	Recalls basic knowledge; occasionally unable to relate it to cases	Recalls basic knowledge and is able to relate it to the cases	Recalls basic knowledge and applies it to the cases consistently	N/A ( )
2) MEDICAL HISTORY	History is inaccurate with major errors of omission or commission	History is incomplete and/or inconsistent; fails to elicit important information	History is generally complete and accurate; occasionally fails to elicit important information	History is complete and accurate; elicits important information	History is comprehensive; elicits important information; seeks and specifies related findings	N/A ( )
3) PHYSICAL EXAMINATION	Major errors of omission and/or commission	Physical exams are inconsistent and/or incomplete	Exam is generally complete; occasionally fails to include important findings	Exam is thorough; follows logical sequence; technically reliable	Exam is thorough and precise; includes all pertinent data even in difficult cases	N/A ( )
4) ASSIMILATION OF CLINICAL DATA	Haphazard and/or vague organization of data	Unable to identify problems and priorities; overlooks significant data	Identifies problems and priorities; occasionally overlooks significant data	Understands and identifies problems and priorities; integrates data	Understands and identifies problems and priorities; integration of data is comprehensive; correlates additional data	N/A ( )
5) ASSESSMENT/ DIAGNOSIS	Unable to generate a basic differential diagnosis	Differential diagnoses are incomplete; misses important considerations	Develops appropriate differential diagnoses, but occasionally misses important considerations	Develops appropriate differential diagnoses. Rarely misses important considerations	Develops thorough differential diagnoses; correctly prioritizes the important diagnoses	N/A ( )
6) UTILIZATION OF DIAGNOSTIC STUDIES	Unable to recommend an acceptable diagnostic plan	Regularly recommends incomplete or inappropriate studies	Recommends appropriate studies, but understanding of rationale is partial.	Recommends appropriate studies, understands rationale	Recommendations for studies are excellent, with insightful rationale for each proposal	N/A ( )
7) TREATMENT PLAN	Unable to generate basic treatment plans; fails to implement preceptor's instructions	Treatment plans appropriate but incomplete; generally implements preceptor's instructions	Treatment plan complete but understanding of plan is partial; implements preceptor's instructions	Treatment plan and follow-up plan complete with understanding; implements preceptor's instructions	Treatment plan is comprehensive and precise; implements preceptor's instructions efficiently	N/A ( )
8) PROCEDURAL SKILLS	Unable to learn procedures; poor technical skill	Demonstrates more difficulty than most in learning procedures; needs to improve technical skill	Learns fundamentals of procedures, but occasionally demonstrates technical problems	Learns procedures without difficulty; performs them well	Learns new procedures quickly; performs them with skill	N/A ( )

9) CASE PRESENTATIONS	1 Inarticulate/disorganized or factually inaccurate	2 Needs improvement in communication techniques; gaps in pertinent data	3 Presents accurate data; occasionally presentation is confusing	4 Explains and summarizes data without difficulty; communicates effectively	5 Explains and summarizes data completely and concisely; polished communication skills	N/A ( )
10) PATIENT RAPPORT	1 Unable to establish appropriate rapport with the patient; offensive to patients	2 Able to establish fair rapport; lacks strong communication skills	3 Generally establishes good rapport; has occasional difficulty communicating	4 Good rapport; listens and communicates concern for the patient's problems	5 Excellent rapport with even most difficult patients; instills confidence in his/her ability	N/A ( )
11) PROFESSIONAL RELATIONSHIPS	1 Behavior is unacceptable to colleagues; does not cooperate; makes poor impressions	2 Behavior is usually acceptable to colleagues; cooperates when necessary	3 Maintains acceptable and workable co-worker relationships	4 Establishes atmosphere of mutual respect and dignity with co-workers	5 Earns respect of co-workers; conduct indicative of a true professional	N/A ( )
12) ATTITUDE TOWARD LEARNING	1 Negative; apathetic	2 Generally passive and/or indifferent	3 Shows interest; asks a few good questions	4 Gives extra effort; asks many good questions	5 Demonstrates independent learning; excellent questions: insightful and enthusiastic	N/A ( )
13) WORK HABITS	1 Does less than prescribed	2 Must usually be reminded; is inefficient	3 Strives to maintain workload appropriate to level of involvement	4 Takes initiative for extra work with moderate supervision	5 Functions very well independently; pursues productively and assertively	N/A ( )

B. PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THE STUDENT'S BEHAVIOR, CONDUCT AND APPEARANCE:  
(If "yes" to any, please attach a separate sheet with explanation)

- Student has knowingly performed actions detrimental to the well-being of patients and/or peers. Yes \_\_\_\_\_ No \_\_\_\_\_
- Student has behaved in a fashion which demonstrated disrespect for patients, peers, and/or others. Yes \_\_\_\_\_ No \_\_\_\_\_
- Student has been unclean, unkempt, or inappropriate in appearance in the professional setting. Yes \_\_\_\_\_ No \_\_\_\_\_
- Has the student had any unexcused absences from the rotation? Yes \_\_\_\_\_ No \_\_\_\_\_

C. Approximately how many weeks and hours per week did you have contact with this Physician Assistant Student?

\_\_\_\_\_ Weeks \_\_\_\_\_ Hrs/wk

D. Please **circle** the appropriate level of your agreement or disagreement with respect to each of the three statements listed below:

- This clerkship provided the student with access to the physical facilities and resources necessary to fulfill the rotation objectives.

Circle:      1 – Strongly Disagree      2 – Disagree      3 – Neutral      4 – Agree      5 – Strongly Agree

- This clerkship provided the student with access to the patient populations necessary to fulfill the rotation objectives.

Circle:      1 – Strongly Disagree      2 – Disagree      3 – Neutral      4 – Agree      5 – Strongly Agree

- This clerkship provided the student with access to the supervision necessary to fulfill the rotation objectives.

Circle:      1 – Strongly Disagree      2 – Disagree      3 – Neutral      4 – Agree      5 – Strongly Agree

E. Please write a short paragraph commenting on this student's particular strengths and areas for improvement:

Strengths:

Areas for Improvement:

Was this evaluation discussed with the student? Yes \_\_\_\_\_ No \_\_\_\_\_

Evaluator Name (Please Print) \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

Completed form (attn. Clinical Coordinator) may be submitted electronically on eMedley (preferred)

or faxed to: 651-287-0824

or mailed to: Bethel University Physician Assistant Program  
3900 Bethel Drive  
St. Paul, Minnesota 55112

# STUDENT EVALUATION OF THE CLINICAL ROTATION

## BETHEL UNIVERSITY PHYSICIAN ASSISTANT PROGRAM

Student Name: \_\_\_\_\_  
 Medical Specialty: \_\_\_\_\_  
 Rotation Site: \_\_\_\_\_  
 Dates: \_\_\_\_\_

**I. Preceptor evaluation: list below the name(s) of the physician preceptor(s) and staff PA's who have provided supervision and clinical instruction during your clinical rotation and for each, rate their overall performance.**

				Very	
Physician/PA-C (full name)	Poor	Fair	Good	Good	Excellent
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

**II. Clinical and Educational activity:**

A. In the space provided, estimate the average number of HOURS PER WEEK you spent in the following type of setting during this clinical rotation.

Office	Hospital	Nursing	Home	ER/	<b>TOTAL</b>
Clinic: _____	Inpatient: _____	Home: _____	Visits: _____	Outpatient: _____	<b>HOURS: _____</b>

B. In the space provided, estimate the number of PATIENTS PER WEEK seen by you by type of setting as either a *direct encounter* or an *indirect encounter* as defined below. If you see the same patient 2x, then record as two encounters.

Direct Encounter: Participated directly in the care of the patient, i.e. Hx, Rx, patient rounds, surgery experience, telephone and/or MD consult.

Office	Hospital	Nursing	Home	ER/	<b>TOTAL</b>
Clinic: _____	Inpatient: _____	Home: _____	Visits: _____	Outpatient: _____	<b>PATIENTS: _____</b>

Indirect Encounter: No direct contact with the patient care, i.e. chart review, EKG and X-ray review, case presentation.

Office	Hospital	Nursing	Home	ER/	<b>TOTAL</b>
Clinic: _____	Inpatient: _____	Home: _____	Visits: _____	Outpatient: _____	<b>PATIENTS: _____</b>

C. Identify from the list of activities below those that were available to you during this rotation and their approximate frequency.

Lectures/Conferences:	No _____	Yes _____	# per week: _____
Hospital Rounds:	No _____	Yes _____	# per week: _____
Other (specify): _____			

D. Did you participate in any community education activities: No\_\_ Yes\_\_ Total #: \_\_\_\_\_  
 Please describe: \_\_\_\_\_

**III. Attributes of the Rotation:**

A. List the positive attributes of this rotation: \_\_\_\_\_

B. List the negative attributes of this rotation: \_\_\_\_\_

**IV. Accommodations:**

A. Was housing provided: No\_\_\_ Yes\_\_\_ Where did you stay/cost?\_\_\_\_\_

B. Were meals provided: No\_\_\_ Yes\_\_\_ Where did you eat/cost?\_\_\_\_\_

C. Was transportation needed for this rotation? No\_\_\_ Yes\_\_\_

D. Identify any required or recommended texts:\_\_\_\_\_

**V. Description of Rotation: In the space below, please write a brief narrative of your rotation experience including a description of the duties and responsibilities delegated to you and the types of skills you learned or were exposed to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. To what extent were the objectives of this rotation fulfilled?

(Minimal) 1 2 3 4 5 (Maximal)

B. Indicate the amount of progress you have made during this clinical rotation:

(Minimal) 1 2 3 4 5 (Maximal)

C. How would you rate the overall quality of this clinical rotation?

Poor Fair Good Very Good Excellent  
1 2 3 4 5

**VI. Did your clinical site(s) provide student access to the following (if no, please provide a short explanation):**

A. Physical facilities necessary to fulfill the rotation objectives \_\_\_\_\_Yes \_\_\_\_\_No

B. Patient populations necessary to fulfill the rotation objectives \_\_\_\_\_Yes \_\_\_\_\_No

C. Supervision necessary to fulfill the rotation objectives \_\_\_\_\_Yes \_\_\_\_\_No

Signature:\_\_\_\_\_

Date:\_\_\_\_\_

## Bethel University PA Program 2016-2017 Rotation Schedule

Interval	Length	Start Date	End Date	EOR Plan
<u>Term 1 PHAS 710</u>				
1	4 weeks	Aug 22,2016	September 16, 2016	Exam 9/16/16
2	4 weeks	Sept 19. 2016	October 14,2016	Exam 10/14/16
3	4 weeks	October 17,2016	November 11,2016	Exam 11/11/16
4	4 weeks	Nov. 14, 2016	December 9, 2016	Exam 12/12/16 Meetings 12/12-14/16
Christmas Break		December 15,2016	January 1, 2017	

<u>Term 2 PHAS 720</u>				
5	4 weeks	January 2,2017	January 27,2017	Exam 1/27/17
6	4 weeks	January 27,2017	February 24,2017	Exam 2/24/17
7	4 weeks	February 27,2017	March 24,2017	Exam 3/24/17
8	4 weeks	March 27,2017	April 21,2017	Exam 4/21/17
9	4 weeks	April 24,2017	May 19,2017	Exam 5/22/17 Meetings 5/22-24/17
Late Spring Break		May 24, 2017	June 4,2017	
<u>Term 3 PHAS 730</u>				
10	4 weeks	June 5,2017	June 30,2017	Exam 6/30/17
11	4 weeks	July 3,2017	July 28,2017	Exam 7/31/17 Meetings 7/31-8/2/17

Summative Evaluation, including PHAS 735 Professional Capstone Graduation
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### **Holidays**

Labor Day                      September 5, 2016  
 Thanksgiving                November 24 - 25, 2016  
 AAPA                              May 15-19, 2017 (elective option)  
 Fourth of July                 July 4, 2017

Holidays start at 5:00 pm on the day prior to the holiday start date listed above. Students are to report back to their rotations on the morning following the holiday end date.

### **Return to St. Paul**

Students are required to return to Bethel University periodically for testing (EOR Exams 1-3 PM) and meetings with their faculty advisor. Students rotating at sites more than three hours from St. Paul should be excused early on the last day of their rotation to permit adequate time for travel. This only applies to the return to dates listed above.