

# Precepting Smarter, Not Harder

Fitting Students into Busy Medical Practice

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## Disclosures

We have no relevant relationships with ineligible companies to disclose within the past 24 months. (Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)



## Educational Objectives:

*At the conclusion of this session, participants should be able to:*

1. Explain the responsibilities and expectations of PA student preceptors
2. Discuss strategies to efficiently integrate students into clinical practice
3. Describe effective and practical teaching strategies for the clinical setting

## Why is this topic important?



Shortage of clinical sites (especially in “core” rotations such as Psych, Women’s Health and Pediatrics)



50% of PA curriculum is through supervised clinical experiences



PA’s are trained to care for patients and most do not receive formal training as educators



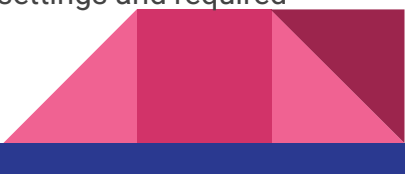
Rotation sites are the limiting factor for growth and development of new graduate PAs and the PA profession

# The Role of the Preceptor

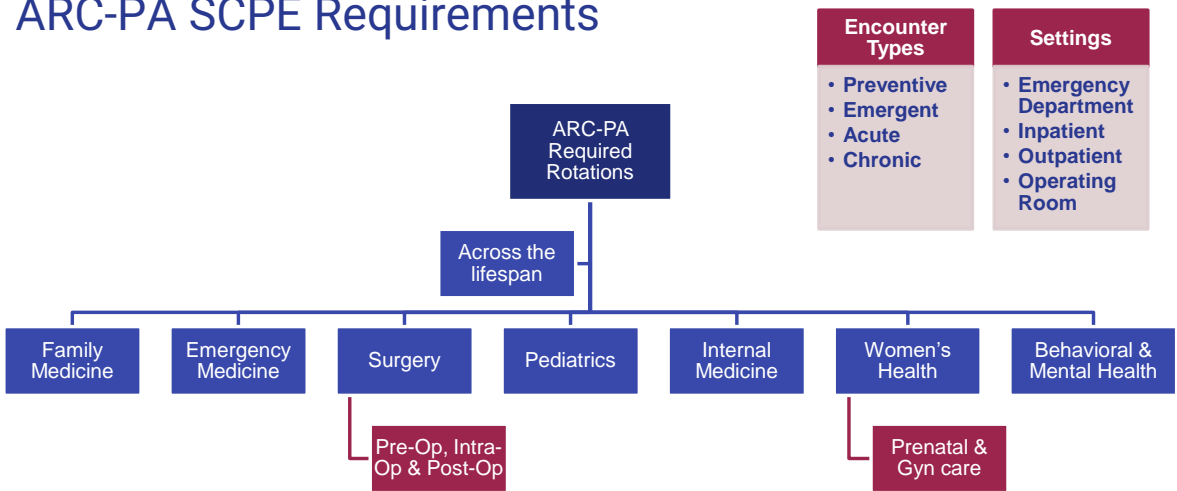
## Expectations of ARC-PA

Rotation = “Supervised Clinical Practice Experience” or “SCPE”

### ARC-PA Standards related to SCPEs: “B3s”

- SCPEs must be in sufficient number to meet program learning outcomes
  - Majority of preceptors should be PAs and physicians
    - Preceptors MUST be board certified
  - Must cover patients across the lifespan in specified settings and required rotations
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# ARC-PA SCPE Requirements



## ARC-PA Standards and Expectations

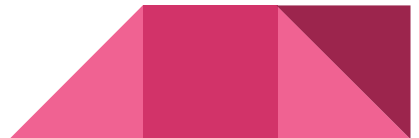
C2.01 The program must define and maintain effective processes and document the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to: a) physical facilities, b) patient populations, and c) supervision.



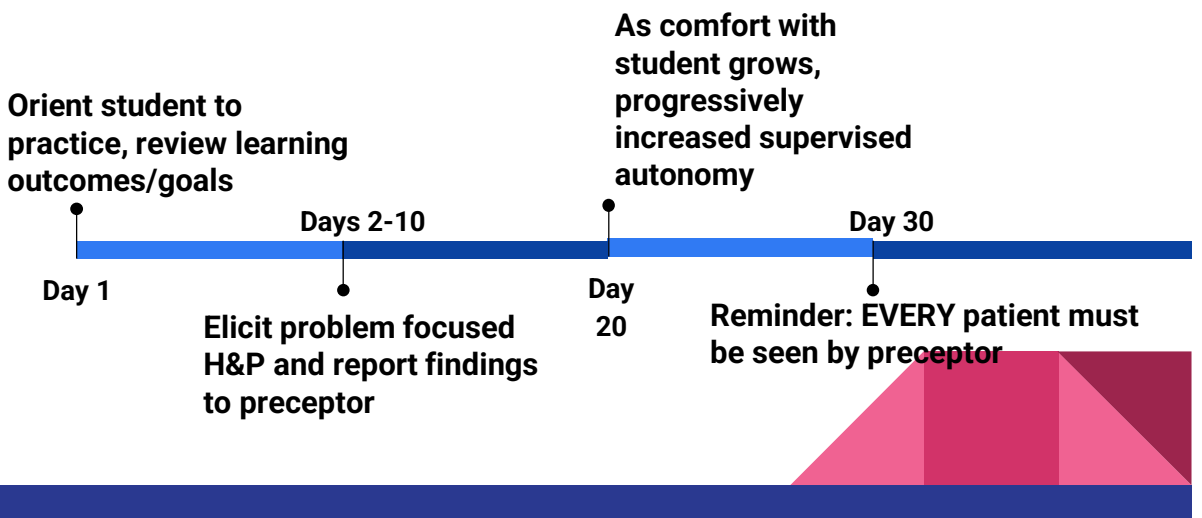


## Program Expectations of Preceptors

1. Provide a constructive clinical experience.
  - Provide patients for students to see in a supervised clinical environment
  - Provide *specific feedback* to the student *throughout* the rotation
  - **Teach** (formal or informal), as time permits
  
1. Provide effective use of rotation time.
  - Take time to **orient** students to site (day to day logistics, expectations, etc.)
  - Progressively increasing supervised autonomy
  - Minimize downtime

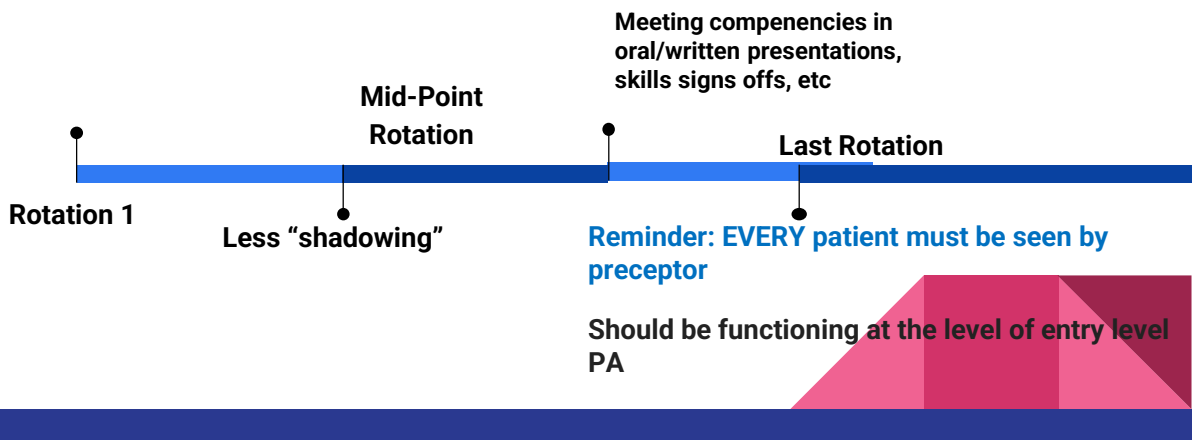


## Expected Progression of Clinical Rotation



## Expected Progression of Clinical Year

As clinical year continues.....



## Preceptor Evaluation of PA Students

-  Patient Care
-  Interpersonal & Communication Skills
-  Medical Knowledge
-  Professionalism
-  Overall Competence



## Program Expectations of Preceptors (cont.)

3. Provide intentional and specific student feedback.
  - No student should be receiving 100% overall
  - Please, provide comments on **specific observations**
  - Strengths, areas for improvement, professionalism
  
4. Promptly **notify the PA program** of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience.



## Program Expectations of Preceptors (cont.)

5. Maintain an **ethical approach** to patient care of patients by serving as a **role model** for students.
6. Demonstrate **cultural humility** through interactions with students and patients.



## Attributes of an Effective Preceptor

*“...great energy and rapport with patients.. very intentional with giving every opportunity to see interesting cases and get exposure to different patient populations”*

*“...challenged to think for myself and come up with plans daily”*

*“...took the time to go through thought processes when encountering patients, coming up with treatment plans, and documenting”*

*“...gave lots of encouragement, confidence and constructive feedback”*




# Integrating Students into the Practice Setting



## Orienting Students to the Practice Setting

### Things to Cover:

- Paperwork
  - ID Badge and access to necessary areas
  - Tour of facility
  - Didactics schedule (M&M, grand rounds, etc.)
  - Computer/EHR access and training
  - Parking
  - Where to store belongings (breakroom, locker, etc.)
  - Dress code
- 

## Orienting Students to the Practice Setting

### Things to ask:

- Current rotation #
- Previous rotation types
- Prior health care experience
- Rotation goals

### Things to discuss:

- Schedule
- Communication (how and when)\*
- Expectations of student during rotation

*[Orientation Checklist](#) or [Student Guide](#) may be useful to streamline and standardize orientation process for students.*

## Email Template Example

My cell is xxx-xxx-xxxx. Feel free to call or text for a quicker response.

Dress is business casual. We have a break room and fridge if you would like to keep food in there. Please come through the front door (you should be able get in at 745am, our first patient is 8am) and the front staff are expecting you. ABC is a MA that works there and works directly with me, who will start by showing you around the office and our exam rooms. We look forward to meeting you on Monday morning!

Address is [123 PA Way Houston, TX](#)

You may park anywhere in our parking lot.


Let me know if you have any other questions or issues!

# Orientation Info Sheet Example





**JOHNSTON COUNTY HEALTH DEPARTMENT**

**WOMEN'S HEALTH (OB/GYN)**

**CLINICAL ROTATION INFORMATION SHEET**

<p><b>Student Rotation Coordinator</b></p> <p>██████████, PA-C          Email: ██████████@johnstonnc.com (office)          Phone: ██████████ (office)</p>	 <p><b>Student Rotation Co-Coordinator</b></p> <p>██████████, PA-C          Email: ██████████@johnstonnc.com (cell)          Phone: ██████████ (cell)</p>
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**GENERAL INFO**

<p> <b>Clinic Hours:</b> 8am - 5pm</p> <p> <b>Lunch: 12-1pm</b> (clinic permitting)</p>	<p> <b>Scrubs or Business Casual</b></p> <p> <b>Personal electronic devices ok , wifi available</b></p>
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- Arrive by 8am daily
  - First day - report to main entrance, inform switchboard attendant you are a student here for your Women's Health rotation
- Staff parking available in large parking lot beside Family Medical Supply
- ID badge and computer/EMR access will be provided on first day of rotation
- 2nd Friday and 4th Wednesday of each month the clinic closes at 12pm (Except Nov/Dec)
- 5th Fridays of a month and Federal Holidays there are no clinic schedules
- Breakroom available - refrigerator, microwave, toaster oven
- Ice machine and water bottle fountain available
- Healthy snack station foods available for cash purchase
- Come first day prepared to discuss:
  - Rotation number
  - Medical background
  - Your expectations for rotation
- If you are sick or need to call out, notify both coordinators and call the clinic line below

Main: 919-989-5200  
 WH Clinic: 919-989-5215  
 517 N. Brightleaf Blvd, Smithfield, NC 27577

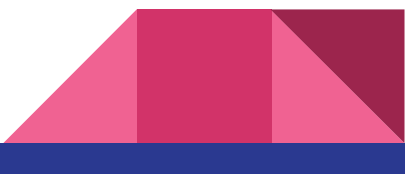
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## Orienting Site and Patients to the Student

- **Prepare your team**
  - Let the clinic/team know of visiting students and involve others in the orientation process
  - Delegate tasks such as obtaining ID badge, EMR access, signing HIPAA waivers, etc.
- **Prepare patients for the students' presence**
  - Post something in the lobby
  - Have the front desk person or clinic staff tell patients upon arrival that you have a student working with you
  - Reassure patients they will still be seen by the healthcare provider even if the students goes in first

## Optimizing Efficiency of Clinic Flow With a Student

### Suggested Method of Precepting:

- Shadowing (1-2 days)
    - May differ depending on where student is in clinical year
  - PA student performs H&P, then presents to preceptor & suggests DDx/Diagnostics/Plan
  - Preceptor & PA student evaluate the patient & discuss the plan together with the patient
  - Have the PA student document!
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## Pre-Select Patients

### Consider the following:

- Variety of disease states and conditions
- Across the lifespan
- Acute versus chronic
- DEI
  - <https://paea.edcast.com/pathways/diversity-equity-and-inclusion-toolkit>



## Optimizing Efficiency of Clinic Flow With a Student

- Have student start with the second patient of the day
- Telehealth opportunities
  - Strategic scheduling while student sees patients in office
- Familiarize yourself with documentation laws
- Interprofessional Education (IPE) opportunities





## Medicare documentation policy 2020

**CMS no longer requires that clinicians serving as preceptors re-perform student-provided documentation. Preceptors may verify (sign and date) student documentation beginning on January 1, 2020.** This makes the role of preceptors significantly easier as they will be able to spend more time teaching than redocumenting. Students will also benefit from increased experience with electronic health records, which will better prepare them for practice.

All physician, PA, and APRN preceptors will be allowed to verify medical record documentation provided by PA students. It is important to note that there are no restrictions on the verification of student-provided documentation on the basis of profession (i.e. a preceptor does not have to be a PA in order to verify the documentation of a PA student).

## IPE opportunities on site



## Optimizing efficiency (Cont.)

### Dedicated time for questions

- Before clinic
- Lunch
- After clinic hours
- Certain time each week
- Have student write down their questions in a specific location (eg. white board)





# Clinical Teaching Strategies

## 1-minute Preceptor Model

Teaching tool utilizing 5 microskills to assess student knowledge and provide timely feedback.

1. **What?** - Ask the learner "What do you think is going on?"
2. **Why?** - Probe for supporting evidence
3. **When?** - Teach general rules; "When this happens, I usually do XYZ."
4. **Warm Fuzzy** - Reinforce what they did well; give specific praise
5. **Whoops** - Give suggestions to correct mistakes; "Next time this happens, try ABC."



## Student Directed Assignments

### ★ “Lunch and Learns”

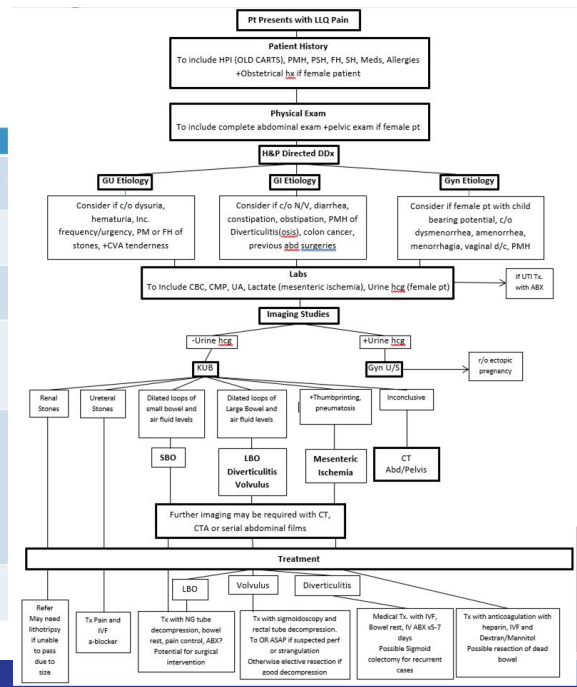
- Topics based on identified deficiency with a specific disease state (ie. COPD)
- Presented to clinic providers/staff or hospital team

### ★ Illness scripts

- Disease recognition and DDx building
- Good for students having difficulty differentiating between 2 like pathologies (ie. COPD and Asthma)
- Can also be good for students with difficulty building a DDx.

# Illness Scripts

	Endocarditis	Pericarditis	Myocarditis
Risk Factors	IV drug use Poor dentition	Recent viral illness (ie. URI)	Recent viral illness (ie. URI)
Most common pathogen	Step viridans Staph aureus	Viral	Viral* - Coxsackie
Chief Complaint	Fever, chills, generally feel awful	Pleuritic chest pain (worse supine)	Pleuritic chest pain
Physical Exam	New regurgitant murmur Roth spots, Janeway lesions, Osler nodes Fever	Pericardial friction rub +/- Tamponade +/- Fever	Tachycardia Gallop +/- Fever Signs of heart failure
Diagnostic Findings	Positive blood cultures Echo - vegetation on valve  DUKE CRITERIA*	EKG - Diffuse ST elevation CXR - Cardiomegaly Echo - Pericardial effusion	EKG - Sinus Tach most common; non-specific ST/T changes CXR - cardiomegaly Echo - Contractile dysfunction Cardiac biomarkers may be elevated Myocardial bx is definitive
Treatment	Admission Broad-spectrum IV ABX	+/- Admission Steroids or NSAIDs +/- pericardiocentesis	Supportive Treat sequelae (HF/arrhythmias)



## Student Directed Assignments

### ★ Grand Rounds Presentations

- Allows students to retroactively assess a patient encounter and consider lessons learned
- Presented to clinic providers/staff or hospital team
- Discuss the presentation, evaluation and management of a particular patient case with teaching points

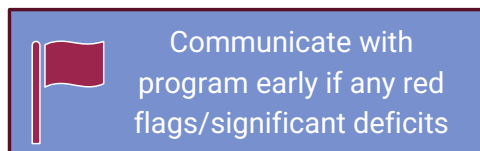
### ★ “Follow ups” from previous days patients

- Assessment and plan development
- Student assigned specific patient(s)
- Allows the student time not afforded during the clinic day/shift





## Providing Feedback



- **Timely, frequent and early**
  - Gives student enough time to self correct and improve
- **Ensure the student knows you are providing feedback**
  - “Let me give you some feedback”; “This is feedback”
- **DIRECT, respectful, productive**
  - Give specific examples
  - Caution with sandwich method → selective hearing!
- **Include feedback from team and patients**





# Resources

## Resources:

- PAEA 1-pagers
  - <https://paeaonline.org/resources/public-resources/paea-news/tips-for-making-precepting-painless-other-resources>
- PAEA EOR/PANCE blueprints
  - <https://www.nccpa.net/wp-content/uploads/2024/02/PANCE-Blueprint-effective-2025.pdf>
  - <https://paeaonline.org/assessment/end-of-rotation/content>
- Airwaves and Educators Podcast
  - <https://airwavesandeducators.libsyn.com/>
- PA Path Podcast
  - <https://www.papathpodcast.com/>
- ARC-PA standards
  - <https://www.arc-pa.org/accreditation/standards-of-accreditation/>

# Questions?

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