

Marquette University PA Preceptor Handbook





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Welcome!

We are grateful for your participation and enthusiasm in educating our Marquette University Masters of Physician Assistant Studies students.

The vision of the Marquette PA Program is to provide an unprecedented educational experience to our students through excellence in academic education, clinical and community partnerships, and a commitment to facilitate access to primary care for all through the Jesuit tradition of *cura personalis* ("care for the whole person").

Following a competitive application and admissions process, students embark onto a rigorous 33 month professional phase curriculum. This consists of 22 months of intensive didactic classroom, laboratory, and practicum education; followed by 11 months of full-time clinical experiences through a variety of core and elective rotations.

Your involvement in providing these clinical rotations is invaluable. The clinical experiences the students will obtain in your practice are paramount to the success of our program. The clinical setting is where synthesis of concepts and application of principles for quality health care occur. You are the key to these successful learning experiences in the clinical setting. The Physician Assistant student will work closely with you, learning from your advice and example. Through your gift of mentoring, the student will progressively develop and refine their skills and clinical judgment en route to becoming an exceptional Physician Assistant.

The Preceptor Handbook was designed to provide you with information about the Marquette University Physician Assistant Studies Program and to offer guidance and educational objectives for supervising and evaluating students during their clinical rotations.

The Marquette University Physician Assistant Program truly values our Preceptors and appreciates your commitment to the education of the next generation of health care providers.

DEFINITION OF A PHYSICIAN ASSISTANT

Physician Assistants are health professionals licensed, or in the case of those employed by the Federal Government, credentialed to practice medicine with physician supervision. Physician Assistants are qualified by graduation from an accredited Physician Assistant educational program and/or certification by the National Commission on Certification of Physician Assistants. Within the physician/PA relationship, Physician Assistants exercise autonomy in medical decision-making and provide a broad range of diagnostic and therapeutic services. The clinical role of Physician Assistants includes primary and specialty care in medical and surgical practice settings in rural and urban areas. Physician Assistant practice is centered on patient care and may include educational, research, and administrative activities.

Adopted 1995, Amended 1996

AAPA House of Delegates Definition of a Physician Assistant

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)

Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:

- Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done 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
- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care
- Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting
 - Direct evaluation of presentations (including both oral and written)
 - Assignment of outside readings and research to promote further learning
 - Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
- Maintain an ethical approach to the care of patients by serving as a role model for the student



OUR MISSION STATEMENT:

Our mission is to develop physician assistants in the Jesuit tradition who realize their full potential as excellent clinicians and national leaders. We pursue this for *ad majorem Dei gloriam*, the greater glory of God, and the benefit of the human community.

An ideal graduate of our program is well-rounded, clinically and intellectually competent, committed to professional growth, spiritually centered, compassionate and dedicated to doing justice in generous service to others. Our graduates will be leaders in promoting health, wellness, and preventing disease in diverse healthcare settings and in their communities.

"The best way to
FIND YOURSELF
is to
LOSE YOURSELF
in the service of
OTHERS"

- Mahatma Gandhi

CLINICAL ROTATIONS

All of our students will complete core rotations in the following:

- Family Practice
- Internal Medicine
- Emergency Medicine
- Pediatrics
- General Surgery
- Women's Health
- Behavioral Medicine

They also have the ability to choose two elective clinical rotations. Within each of the core clinical rotations the students are expected to complete the required competencies. The comprehensive list for the clinical year is listed below.

CORE CLINICAL COMPETENCIES

Internal Medicine

Wound Management
Mental Status Exam
Xray Interpretation
Oral Presentation
History & Physical

Family Practice

Biopsy
Breast Exam
Incision and Drainage
IM Injection
Rapid Strep Screen
PAP/Pelvic Exam
Rectal Exam
Splinting
Xray Interpretation
Oral Presentation
History & Physical

Pediatrics

Cast Application/Removal
Newborn Exam
IM Injection
Nasopharyngeal Swab
Oral Presentation

Emergency Medicine

Pelvic Exam
Peripheral IV
Rapid Strep
Rectal Exam
Venipuncture
Splinting
Incision & Drainage
IM injection
Oral Presentation

General Surgery

Incision and Drainage
Foley Catheter Placement
Peripheral IV Placement
Suturing
Oral Presentation

Womens Health

Breast Exam
PAP/Pelvic
Fetal Heart Tones
Fundus Measurement
Oral Presentation

Behavioral Medicine

Patient Education

At the completion of each rotation students will print a graphical report of their case logs for preceptors to review, verify, and sign. This will serve as proof that the students have completed the required competencies during the clinical year.



DIDACTIC CURRICULUM

Fall 2016

BISC 4340	Human & Appl MedGenetics
BISC 7130	Gross Anatomy
BISC 4145	Human Physiology
BISC 7410	Microbiology
PHAS 7117	Cultural Diversity in Healthcare

Summer 2017

PHAS 7080	Evidence Based Medicine
PHAS 7091	Clinical Medicine 1
PHAS 7092	Clinical Medicine 2
PHAS 7265	Health Care Systems/Med Code

Fall 2017

BISC 7120	Medical Pharmacology
PHAS 7093	Clinical Medicine 3
PHAS 7094	Clinical Medicine 4
PHAS 7116	Clinical Decision Making 2
PHAS 7260	Pediatrics

Spring 2017

PHAS 7050	Intro to Med History and PE
PHAS7270	Diagnostics Technology
PHTH 7558	Neuroanatomy
PHAS 7245	Professional and Ethical Issues
BISC 3150	General Pathology

Spring 2018

PHAS 7118	Clinical Decision Making 3
PHAS 7255	Women's Health
PHAS 7220	Clinical Pharmacotherapeutics
PHAS 7230	Geriatric Medicine
PHAS 7235	Emergency Medicine
PHAS 7250	Surgical Principles & Procedures

INTEGRATING THE STUDENT INTO A BUSY CLINICAL PRACTICE

The Model "Wave" Schedule¹

This resource provides an actual time schedule for a preceptor and student to follow; it allows the student to see a sufficient number of patients while also allowing the preceptor to stay on schedule and not fall behind.

http://medicine.yale.edu/intmed/Images/preceptor_handbook_tcm309-40876.pdf

(See page 13) Adapted from Yale Medical School Ambulatory Clerkship Handbook

Integrating the Learner into the Busy Office Practice²

This article outlines five strategies for effectively integrating a student into a busy practice; it helps answer preceptor questions, including "What do I do if I get behind?" and "What measures can help prevent me from getting behind?"

<http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm>

Time-Efficient Preceptors in Ambulatory Care Settings³

This case-based article gives the reader time-saving and educationally effective strategies for



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.

Medicare Policy

Medicare reimbursement requires limited student participation in regards to documentation. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. Following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation.

<https://www.cms.gov/MLNProducts/downloads/gdelinesteachgresfctshst.pdf>

Program Policies Available Upon Request:

- Drugs and alcohol
- Needle stick procedure
- HIPAA training

PRECEPTOR BENEFITS

- Category I and II CME
- Adjunct Faculty Appointment to Marquette University
- Discounted CME Registration Fees for events hosted by MU PA
- Annual Alumni and Community Engagement Event
- Access to Marquette University's online library resources



WHY MARQUETTE?

- Marquette University Physician Assistant program graduates have finished in the top 9% of PA students nationwide on the board exam
- Marquette University has a 100% first time pass rate on the board exam
- The program has had 6 National Health Service Core Scholars in the last 3 years
- Our graduates report 100% job placement within 6 months of graduation
- Our 3rd year Clinical Students complete graduate level research focused papers and projects

STUDENT EVALUATION

Portion Completed By Preceptor:

The evaluation of student performance knowledge, skills, and attitudes correlating to Clerkship objectives. Preceptors are asked to complete a midterm evaluation and final evaluation of the PA student. The evaluation measures a student's ability in various task areas including physical exam skills, diagnostic evaluation, formulation of a differential diagnosis and assessment and plan, as well as their ability to document and record patient visits. Additionally it evaluates their oral presentation skills, relationships and interactions with patients, and professional attributes.

The evaluation also highlights a student's current progress in their clinical education by assessing their overall performance according to the categories listed below:

REPORTER: Accurately gathers information and communicates facts about the patient. Able to perform a physical exam which is focused on the current complaint. Good bedside manner.

INTERPRETER: Prioritize and compose a reasonable differential diagnosis, interpret diagnostic tests. Has become an active participant in patient care.

MANAGER: Demonstrates confidence and command of medical knowledge. Able to make patient management decisions. The patient plan is specific to the individual. Possesses strong interpersonal and procedural skills.

EDUCATOR: Motivated to pursue additional learning on own and relate the new material to others. Develops relevant questions and uses evidence to analyze and apply it to the patient. There is a level of confidence and maturity to lead and educate other members of the health care team.

Portion Completed By Program:

In addition to the preceptor's evaluation of each student the program also evaluates them on their efficiency and accuracy of their patient records and medical knowledge in the **core content** areas.

Students utilize the Typhon software system to record patient cases they participate in while on clinical rotations. The students are required to complete these case logs in a timely and efficient manner throughout the clinic year. These logs reflect several aspects of each case including the setting, patient demographics, level of participation, and ICD-9 codes.

Students are also tested at the completion of each core rotation on their knowledge of the content area. The questions found on this end of rotation exams are reflective of the kind of questions students will encounter on the board exam that is required for certification.

ATTENDANCE POLICY

Mandatory attendance is required in all clinical course activities in order to completely obtain the knowledge and skills necessary to practice complete and competent patient care. Like the work environment where attendance and timeliness is highly expected, we have modeled an identical expectation for every clinical experience.

Absences due to illness or any other reason must be reported to the Department of Physician Assistant Studies office on the morning of EACH day of absence. Attendance before and beyond the usual "8 to 5 day" does occur with regular frequency. Students are expected to remain and participate in all instances.

EXCUSED ABSENCE:

There are a few excused absences that are acceptable. They are:
Immediate family illness/death.
Jury Duty
Students own personal health concerns.
Participation in student branches of WAPA or AAPA

DISCRETIONARY DAY:

Policy Statement

The PA Program recognizes that important family or personal events may occasionally necessitate a student's absence from rotation. Each student is allotted two discretionary days of absence which may be used at any point in the clinical year, approved by the Clinical Director.

A discretionary day **may not** be taken on a Return to Campus Day. All discretionary days must be approved at least seven days in advance by the student's preceptor and the Clinical Director. You **may not** take discretionary days the last week your final clinical rotation.

Example of discretionary day use:

- 1) Weddings
- 2) Family vacations
- 3) Illnesses/death of non-immediate family persons and pets.
- 4) Interviews



MARQUETTE UNIVERSITY VISION STATEMENT

Marquette University aspires to be, and to be recognized, among the most innovative and accomplished Catholic and Jesuit universities in the world, promoting the greater glory of God and the well-being of humankind.

We must reach beyond traditional academic boundaries and embrace new and collaborative methods of teaching, learning, research and service in an inclusive environment that supports all of our members in reaching their fullest potential.

Marquette graduates will be problem-solvers and agents for change in a complex world so in the spirit of St. Ignatius and Jacques Marquette, they are ready in every way "to go and set the world on fire."

