BUTLER

UNIVERSITY

PHYSICIAN ASSISTANT PROGRAM

PRECEPTOR MANUAL

Table of Contents

Acknowledgment

Portions of this handbook are adapted from the Preceptor Orientation Handbook developed through the volunteer efforts of physician assistant educators in collaboration with the Physician Assistant Education Association (PAEA).

The Butler University Physician Assistant Program gratefully acknowledges the individuals who contributed to the development and revision of this resource. We extend special thanks to the 2021 Clinical Coordinator Workshop faculty who revised the handbook, building on the work of the 2011 Clinical Education Committee:

Mitzi D'Aquila, Laura Gerstner, Susan McDiarmid, Elana Min, Amanda Moloney-Johns, Bobbie Morici, Craig Myers, and Lisa Tshuma. We also acknowledge the 2011 Clinical Education Committee for its foundational work and for sharing program materials: Patrick Enking, Jerry Glavaz, Rosana Gonzales-Colaso, Carol Gorney, Amanda Moloney-Johns, Thomas Parish, Jack Percelay, Jacqueline Sivahop, Michel Statler, and Jeanette Smith.

Additional thanks are extended to Daytheon Sturges and the PAEA Diversity, Equity, and Inclusion Mission Advancement Commission for reviewing the diversity and inclusion strategies included in the most recent version of the handbook.

We also recognize PAEA staff contributors: Karen Hills, Christine Vucinich, and Elizabeth Alesbury

Physician Assistant Education Association
300 N. Washington Street, Suite 710
Alexandria, VA 22314-2544
Telephone: (703) 548-5538

Additional information also available: www.paeaonline.org

Welcome

On behalf of the Butler University Physician Assistant Program, thank you for your interest in serving as a preceptor for our Physician Assistant (PA) students. We are deeply grateful for your willingness to contribute your time, expertise, and mentorship to the education of future PAs.

The transition from the didactic phase to the experiential phase of PA education is a pivotal step in professional development and would not be possible without the dedication of our clinical preceptors. The clinical environment provides students with the opportunity to integrate foundational knowledge with hands-on patient care, fostering the synthesis of medical concepts, clinical reasoning, and professional practice.

As a clinical preceptor, you play a vital role in shaping each student's educational experience. Through your supervision, guidance, and example, students refine their clinical skills, strengthen their medical knowledge, and develop the sound judgment and professionalism required for effective practice. Your mentorship enables students to progressively assume greater responsibility as they prepare to enter the profession.

The faculty of the Butler University PA Program sincerely appreciates your commitment to clinical education. Your knowledge, experience, and dedication are essential to preparing the next generation of compassionate and competent healthcare providers.

Please do not hesitate to contact us by phone or email with any questions, concerns, or suggestions. We value your partnership and look forward to working with you.

Jennifer R. Guthrie, MPAS, PA-C
Director of Experiential Education
Associate Professor
Butler University Physician Assistant Program
(317) 940-9639
jrguthri@butler.edu

Butler University PA Experiential Education Team

Jennifer Guthrie, MPAS, PA-C
Director of Experiential Education
Director of Transition to Clinical Practice Program
Associate Professor
jrguthri@butler.edu
317-940-9639

Karen Corby
Experiential Education Liaison
kcorby@butler.edu
317-940-9507

Liv West
Clinical Coordinator
obwest@butler.edu
317-940-6192

Katherine Patton-Eilers
Administrative Specialist
kpattone@butler.edu
317-940-6027

Physician Assistants

Physician Assistants (PAs) are well-recognized and highly sought-after members of the health care team. “The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for PAs 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)

PAs practice in all specialty fields; approximately twenty-five percent of all PAs provide primary care services, especially in family practice and general internal medicine. Top areas certified PAs are practicing also include Surgical subspecialties and Emergency Medicine. Their job descriptions are as diverse as those of their collaborating physicians and may include non-clinical roles such as medical education, health administration, and research.

PA Program History

In the early 1990s, a report from the Indiana Health Care Commission identified significant portions of Indiana as medically underserved, highlighting a critical need for increased access to primary care services. At the same time, Methodist Hospital broadened its longstanding mission of “curing disease and rescuing from disaster” to include "delivering primary care services." Concurrently, the Butler University College of Pharmacy and Health Sciences recognized an educational void within the state.

The establishment of a PA Program co-sponsored by Methodist Hospital and Butler University emerged as a strategic and collaborative response to these needs. The program was designed to expand the healthcare workforce, improve access to quality care in underserved communities, and strengthen health professions education across Indiana.

The Butler University PA Program admitted its first class of nine students in January 1995, graduating them in August 1996 with a Bachelor of Science in Health Sciences. In 2006, the program transitioned to a master's-level curriculum, and graduates are now awarded a Master of Physician Assistant Studies (MPAS) degree. Today, the PA Program is operated solely by Butler University, and almost all aspects of didactic training occur on the Butler University campus. 75 Students per cohort complete a 24-month graduate-level curriculum for a total of 108 credit hours.

Program Accreditation

The Butler University PA Program is fully accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Upon completion of the program, graduates are eligible to sit for the Physician Assistant National Certifying Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA).

Mission Statement

To produce graduates with a foundation in primary care to deliver high quality, patient-centered care in a wide variety of clinical settings.

Programmatic Goals

1. Select highly qualified applicants through the admission process who will successfully complete our PA Program.
2. Provide a quality educational experience that prepares students with entry-level competencies in primary care.
3. Prepare students to care for a diverse patient population.
4. Foster interprofessional collaborations in clinical practice.
5. Cultivate an atmosphere of professionalism.

Program of Study

The curriculum is 24 consecutive months and is designed to provide an understanding of the knowledge and skills used as a PA. The first 12 months of the program are devoted to didactic studies in the basic medical, clinical, and behavioral sciences, and the final 12 months are largely focused on the clinical experiences in primary care, medical and surgical specialties. Upon completion of the rigorous PA Program, graduates have earned 108 credit hours. You can find the complete curricula for the Butler University PA Program here: didactic curriculum and clinical year curriculum.

The didactic curriculum is integrated to introduce the student to medical sciences as they relate to specific organ systems and clinical problems. Learning strategies include the traditional lecture format and basic science laboratory, hybrid, small group tutorials, and patient case discussions. Regular patient contact is an important part of the first-year curriculum; therefore, students begin to see patients during the didactic year. Standardized patient evaluations, through simulation and actors, are also a part of the didactic curriculum.

As part of the experiential curriculum, students participate in both clinical rotations and didactic course work. Students are required to complete core rotations in emergency medicine, family medicine, internal medicine, mental health, pediatrics, surgery, and women's health. Students also choose an elective rotation. In the experiential year, students must successfully pass end-of-rotation exams and participate in other course work to include Core Topics, Issues of Professional Practice, and the Summative Practicum as they prepare for graduation and entry into clinical practice.

Because the experiential teaching is carried out in many practice settings across the country, students should anticipate travel to local and distant sites for their clinical experiences to fulfill these requirements.

Expected Progression of PA student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, develop differential diagnoses, interpret laboratory and imaging tests, and perform procedures. As

the year continues, they should be able to come up with an assessment and plan more effectively, 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.

The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. To this end, the goals of the clinical year include:

- 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
- Practice procedural skills in the outpatient, inpatient and surgical settings
- Develop an understanding of the PA role in health care delivery
- Prepare for the Physician Assistant National Certifying Exam (PANCE)
- Develop interpersonal skills and professionalism necessary to function as part of a medical team

Clinical Rotations

During the experiential phase of the PA Program, students are required to spend approximately 4 weeks in each of the following core rotations: Surgery, Mental Health, Pediatrics, and Women's Health. Students are required to spend a total of 8 weeks in these core rotations: Emergency Medicine, Family Medicine, and Internal Medicine. Additionally, there is one 4-week elective rotation. Students should be scheduled for a minimum of 32 hours of clinical exposure per week and are not to exceed 80 hours per week. At the conclusion of each of the core rotations, all students are required to successfully pass an end-of-rotation examination in that given specialty, with the exception of an elective rotation.

Students enrolled in our program must not be required to perform clerical or administrative work for your practice and must not be used as a substitute for regular clinical or administrative staff. Participation in these activities should be required if the primary purpose of the participation is patient care-related and it facilitates the PA student's educational process in that setting.

Students must be clearly identified as PA students in clinical setting at all times either with their Butler-issued student photo IDs or the badge provided by the medical education office at their assigned clinical site(s). These IDs are to be worn at all Program-related activities (both on and off campus) that relate to training as a Butler PA student. PA students must be clearly identified in the clinical setting to distinguish them from physicians, medical students, and other health profession students and graduates. While in the Program, students may not use previously earned titles (i.e. RN, MD, DO, PhD, PharmD, etc.) for identification purposes.

Appropriate security and personal safety measure expectations for PA students are communicated to sites and preceptors and agreed upon in a signed Affiliation Agreement obtained prior to the rotation/experience. The facility at which the rotation/experience takes place shall provide to PA students access to the facility's rules, regulations, policies and procedures with which the PA students are expected to comply, including, personal and workplace security and personal safety policies and procedures and shall address all appropriate safety measures for all PA students and any instructors on site.

Student Responsibilities

Students are expected to perform the following during their clinical rotations:

- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings
- Interpret common diagnostic tests, including laboratory and imaging studies
- Perform clinical and technical skills including procedures based on current professional practice
- Educate and counsel patients across the lifespan regarding health-related issues
- Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year

Standards of Professional Conduct

PAs, as health care practitioners, are required to conform to the highest standards of ethical and professional conduct. These include respect, flexibility, academic integrity, honesty, trustworthiness, accountability, and cultural competency. PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the didactic and clinical years of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the PA program. If preceptors observe any concerns about a student's professionalism, please contact the experiential education team immediately. More information is outlined in the student handbook.

End of Rotation Examinations

At the end of each 4-week core clinical rotation, students must successfully pass an exam specific to that given specialty. The Butler University PA Program faculty utilizes the Physician Assistant Education Association (PAEA) End of Rotation Examinations and endorses the objectives utilized to develop these exams as imperative to enter into practice as a PA. Each exam incorporates current, relevant test items that follow rotation-specific content Blueprints and corresponding Topic Lists. More information may be obtained online www.endofrotation.org.

Experiential Year Attendance Policy

Students' attendance is mandatory at the following: any on-site orientation required by clinical sites; rotation-specific pre- and/or post-rotation meetings; End of Rotation (EOR) designated days *(approximately 2 days per month),* Summative Exam, and any additional training and/or assessments pertaining to the clinical year.

Students are expected to be at their assigned clinical site every day as scheduled, regardless of weekends, holidays, or weather. Any student missing an experiential day for any reason must report their absence to the Butler University PA Experiential Team immediately and complete a required absence request in Exxat for review and formal approval by the Director of Experiential Education. Documentation (e.g., doctor's note, obituary, etc.) may be required to justify the absence(s) at the discretion of the Director of Experiential Education. The preceptor must also approve these requests. Students are allowed two excused absences over the entire clinical year. Any days missed beyond the two days will need to be made up before graduation. Unexcused and/or unreported absences may be grounds for failure of a clinical rotation, or other disciplinary actions as deemed appropriate by the Butler PA Program Administration. Please be sure to document any absences on the final student evaluation form for each student.

Policy for Student Travel to End of Rotation Meetings

If an End of Rotation meeting begins the day following the last scheduled rotation day and your site is more than two hours from Butler's campus, the following guidelines apply:

- If a rotation site is a 2–5-hour drive from campus, one half day from rotation will be excused for travel.
- If a rotation site is more than a 5-hour drive from campus, one full day from rotation will be excused for travel.

The Preceptor–Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA Program, preceptors, and the experiential team. All members of the team should share contact information.

Preceptors with questions or concerns about a student are encouraged to contact the experiential education team promptly. The program values its collegial relationships with preceptors and believes that early communication with program faculty is the most effective way to resolve issues before they escalate—protecting both the quality of the educational experience and the preceptor's time.

Electronic Devices and Social Media

Students must obtain explicit permission from their preceptor before using any personal electronic device — including cell phones, tablets, or laptops — in the clinical setting. Personal calls, text messaging, web browsing, and social media use are not permitted during patient care hours. Web-based medical resources may be used when relevant to patient care or learning, but only with preceptor permission. If a preceptor designates text messaging as their preferred mode of communication, students may use it for that purpose only and within those boundaries.

Students are reminded that direct patient care always takes priority. While patient encounter logging is a required component of the clinical curriculum, it should never interrupt or delay active patient care opportunities. Logging should be completed at an appropriate break in the clinical day, not at the expense of time with patients or preceptors.

Preceptors who observe violations of this policy are encouraged to address the behavior directly with the student and to contact the Director of Experiential Education with any concerns.

Sexual Harassment

Butler University is committed to maintain a respectful educational environment, free from harassment. Harassment of any kind is not acceptable at Butler; it is inconsistent with the commitment to excellence that characterizes Butler University's activities. Alleged violations of this policy may result in referral to the University student conduct system. In addition, those who engage in harassing behavior may be subject to criminal prosecution under appropriate federal, state, or municipal law. Action taken by the University through the University's student conduct process does not preclude the pursuit of criminal or civil action. All COPHS students must adhere to the policies outlined under "Harassment, Sexual Misconduct and Sexual Harassment Policies" in the Butler University Student Handbook. Students and preceptors are expected to abide by these policies. The following link to the U.S. Department of Education's Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age discrimination. www2.ed.gov

Needle Stick or Exposure to Biohazard Policy

This policy is based on standard national guidelines to identify and, if applicable, treat those students who incur a needle stick or are exposed to a biohazard related to the accidental exposure. Students will need to discuss site procedures with the preceptor prior to any activities that have the potential of causing a needle stick or exposure to biohazards.

If a student does experience a needle stick or biohazard exposure during their rotation experience, the following steps shall be taken:

- Immediately wash injury with soap and water and induce bleeding. If eye is contaminated, rinse with sterile water or normal saline for 15 minutes. Other mucous membranes can be rinsed with tap water.
- Per affiliation agreements, the student will immediately notify the preceptor and determine what procedures exist at that site to deal with needle stick/biohazard situations.
- Based on the services provided at the site, the student should have the appropriate steps taken based on the site's protocol for needle sticks/biohazard exposure. The student will be responsible for any costs associated with testing, care and treatment provided by the site.
- If the site does not have a protocol in place for accidental exposures, the student and preceptor will determine where the nearest emergency room is located so the appropriate laboratory tests can be collected within 30 minutes of exposure.

Appropriate laboratory tests

Student testing

- Hepatitis B SAG (Hepatitis B Surface Antigen)
- Hepatitis C Antibody
- HIV Antibody (Human immunodeficiency Virus) when consent is given
- Hepatitis B SAB (Hepatitis B Surface Antibody)

Source patient testing

- Hepatitis B SAG (Hepatitis B Surface Antigen)
- Hepatitis C Antibody
- HIV antibody (Human immunodeficiency Virus) when consent is given
- Hepatitis B Core Antibody when the exposed patient is HBSAB negative
- Other tests for confirmation of diagnosis when clinically indicated

Students should be strongly encouraged to schedule an appointment with a healthcare provider within 72 hours of the accidental exposure to determine if they are a candidate for post-exposure prophylaxis (PEP) treatment.

Evaluations

Butler University PA students are responsible for actively discussing their progress with their preceptor throughout the rotation. Preceptors will meet with the student and submit a mid-rotation evaluation through Exxat. Near the conclusion of the rotation, preceptors will also complete a final evaluation of the student via the Exxat system. Copies of rotation learning outcomes in addition to both the mid-rotation and final evaluation forms are available in the appendices of the preceptor manual.

Student Evaluation

The clinical evaluation serves as an important communication tool between preceptors and students. Preceptors are encouraged to provide balanced, candid feedback — acknowledging areas of strength while identifying specific opportunities for growth. Evaluations should reflect the student's clinical knowledge and skills, their progression throughout the rotation, and their performance relative to expectations for their stage of training.

Preceptor evaluations carry significant weight in a student's overall clinical assessment. On all required rotations, a passing preceptor final evaluation is mandatory for successful completion. If a student does not meet the passing threshold, they may be required to repeat the rotation or complete additional remediation procedures as determined by the program. It is important to note that program faculty retain final authority over all clinical rotation grades, including the ultimate decision to pass or fail a student.

Preceptors are also encouraged to seek informal input from colleagues and clinical staff who interact with the student during the rotation. Insights about a student's professionalism, communication style, and effectiveness as a team member can meaningfully enrich the formal evaluation and provide a more complete picture of the student's performance. Staff perspectives can also help identify patterns across rotations — contributing to a more consistent and educationally productive clinical experience over time.

Feedback to Students

While formal evaluations may occur only twice during a clinical rotation, ongoing feedback is essential to student development. Preceptors are encouraged to provide brief, regular feedback throughout each clinical day — both affirming what students are doing well and offering specific, constructive guidance for improvement. This kind of continuous communication is one of the most impactful contributions a preceptor

can make to a student's clinical growth. Please refer to Appendices F-K for practical strategies and examples of effective student feedback.

Exxat®

The Butler University PA Program uses an automated evaluation tool called Exxat. The Exxat system will automatically email you a secure link to an evaluation form prior to the end of the student's rotation. Simply open the email, click on the link, complete the evaluation, and submit. If you have any questions about the Exxat system, you may contact Liv West at obwest@butler.edu or 317-940-6192. Please contact Liv by the last day of the rotation if, for any reason, you do not receive an evaluation in your email or have a change in email address.

Supervision of the PA Student

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, PA, or NP who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor 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. This type of collaboration during short 4-week rotations should be utilized with awareness to ensure the student receives meaningful feedback. Students may be given additional assignments or may spend time with ancillary staff (radiology, lab, physical therapy, etc.), as these experiences can be very valuable. The main preceptor should be aware of the student's assigned clinical 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. The PA student is not allowed to see, treat, or discharge a patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care

Patients are essential partners in the educational experience and must be treated with the utmost respect for their privacy, dignity, and preferences. All students complete HIPAA training prior to both the didactic and clinical years, in addition to any site-specific training required by the clinical site.
Patients must be informed of and consent to PA student involvement in their care. This consent may be obtained through standardized intake forms or on an individual basis. Students must clearly identify themselves as PA students — both verbally and, where applicable, through visible identification — and this introduction should occur at every patient encounter. If a patient declines student involvement or requests to be seen only by their supervising provider, that preference must be honored without hesitation.

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. As of January 1, 2020, The Centers for Medicare and Medicaid Services now allows all preceptors to verify, rather than re-perform, documentation provided by PA students during the provision of E/M services. For review of the full document click here. A brief statement is also available through the PAEA newsroom CMS Finalizes Student Documentation Proposal

Any questions regarding this issue should be directed to the experiential team. 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.

Prescription Writing

Students may transcribe prescribing information for the preceptor, but the physician must approve and sign all prescriptions. More specifically, the student's name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor must log into the system under his/her own password to personally sign and send the electronic prescription. The student or the preceptor must not violate these guidelines.

Certificate of Liability Insurance

Butler University carries group professional liability insurance for all PA students enrolled in our program. To request a copy of the certificate, contact Karen Corby at kcorby@butler.edu or 317-940-9507. A certificate will be emailed directly to you and/or your site from Gregory & Appel Insurance.

Preceptor Appreciation

The Butler University College of Pharmacy and Health Sciences Experiential Education Team hosts preceptor appreciation events throughout the year. Information about these events will be sent to you via email and announced online. Indiana Academy of Physician Assistants (IAPA) awards any active preceptor, defined as acting as a preceptor for at least two PA students per year, a 20% discount on your annual membership to IAPA. Additionally, a complimentary annual membership to Epocrates Plus is provided for active preceptors.

Affiliate Faculty Appointment

Preceptors for the Butler PA Program who take at least four PA students annually are eligible to receive an appointment to our Affiliate Faculty. This designation allows access to Butler's on-line library, which contains extensive medical resources including NEJM, UpToDate, and much more. The Affiliate Faculty member also has free access to the Microsoft Office Suite to access via the web or their mobile device. Upon request, an Affiliate Faculty preceptor can be issued a Butler I.D. card, which will allow access to on-campus libraries and discounts at selected events at Clowes Memorial Hall.

Preceptor Continuing Medical Education (CME)

CME Credits Category 1 (PAs Only)

Clinical Preceptors who are PAs may be awarded an unlimited number of AAPA Category 1 CME for their precepting efforts from the Butler University PA Program. PA Preceptors can earn 2 AAPA Category 1 CME credits per PA student per 40-hour week. Only PA Programs who apply for this accredited activity are approved to award Category 1 Credit to preceptors. Information on how to claim Category 1 CME will be sent out annually from Butler's Experiential Team.

CME Credits for Other Healthcare Providers

The Butler University PA Program will provide a certificate of the preceptors' participation annually, at the conclusion of each experiential year. Upon request, documentation will be provided attesting to hours spent as a preceptor for the Butler University PA Program. Information about claiming CME hours should be available through your accrediting body. Additional requests should be submitted in writing to the PA Experiential Team (PAExperientialTeam@butler.edu) as needed for your certification requirements.

Tuition Discount for Doctor of Medical Science Program

PA Preceptors enrolled in the Butler University Doctor of Medical Science (DMS) Program may be eligible for a tuition discount. Please see the Butler website and this attached document for more information.

Preceptor Resources

Tools specific to each of the appendices listed below can be found in an electronic copy, which can be accessed on the PAEA website at: www.PAEAonline.org, under Resources.

Appendices

Appendix A. New Preceptor Intake Form

Butler University Physician Assistant Program

New Preceptor Form

Please enter your information in the spaces provided below. This PDF with other required documents may be returned via email (PAExperientialTeam@butler.edu) or fax 317-940-9857. This form is not intended to be a contract, but a step in the process of becoming a Butler University PA Program preceptor required by accreditation. Once your information is received, we can begin the process of attaining Affiliation Agreement(s) with site(s) in which you practice.

Name of student making the rotation request (if applicable)	
Name of Preceptor	
Maiden Name/ Previous Name (if applicable)	
Professional Designation (select): ☐ **MD** ☐ **DO** ☐ **PA-C** ☐ **NP**	
Number of years you have practiced in your current specialty: _____ **years**	
Medical License Number:	**Board Certification Number and Certifying Body:**
Preceptor Email Address	

Please include a copy of your current and/or previous board certificate(s).

Primary Practice Site Name					
☐ **Private Practice** ☐ **Affiliated Institution**	Name of Affiliated Institution, if applicable:				
Street Address					
City		**State**		**Zip**	
Practice Phone Number		**Preceptor Mobile Number**			

Additional point of contact for Primary Practice Site (Office Manager, Administrator, Education Coordinator)

Name:

Title:

Email and Phone Number:

Students assigned to this rotation will have opportunities to participate in the care of patients with (check all that apply): ☐ **Preventive Care** ☐ **Acute Conditions** ☐ **Chronic Conditions**

Select current medical specialty:

☐ **Emergency Medicine** ☐ **Family Medicine** ☐ **Internal Medicine** ☐ **General Surgery**
☐ **Mental Health** ☐ **Pediatrics** ☐ **Women's Health** ☐ **Other:** _____

Primary clinical setting(s) (check all that apply):

☐ **Outpatient/Clinic** ☐ **Inpatient/Hospital** ☐ **Emergency Department** ☐ **Operating Room** ☐ **Other:** _____

What percent of your practice is spent in each of these 4 settings?

Outpatient: _____**%** **Inpatient:** _____**%** **Emergency Dept:** _____**%** **Operating Rm:** _____**%** **Other** _____**%**

Patient populations commonly encountered (check all that apply):

☐ **Pediatric** ☐ **Adult** ☐ **Elderly** ☐ **Prenatal** ☐ **Gynecological**
☐ **Behavioral/Mental Health** ☐ **Surgical Patients**

Butler University PA Program 4600 Sunset Avenue Indianapolis, IN 46208-3485

Revised 06/2026

Approximately how many hours per week will a student spend in: **Direct patient-facing clinical activities: _____ hours/week** **Telehealth patient encounters: _____ hours/week**
List all facilities where you intend to have the student accompany you during the rotation (specific hospitals, surgery centers, etc.). Butler University will secure necessary affiliation agreements with all sites you intend to have students accompany you, if agreements are not already on file.
Additional Site Name:
Contact Name:
Contact Title/Dept:
Contact Email:
Percentage of time spent on site____%
Additional Site Name:
Contact Name:
Contact Title/Dept:
Contact Email:
Percentage of time spent on site____%
Will students have direct involvement in patient care activities appropriate to their level of training? ☐ Yes ☐ No
Will students have opportunities to develop clinical reasoning, patient assessment, documentation, and management skills? ☐ Yes ☐ No
I understand that PA students should participate in patient care as active learners and be provided opportunities to achieve the learning outcomes outlined by the PA Program. ☐ Agree

Preceptor Responsibilities & Attestation

As a clinical preceptor for the PA Program, I understand and agree to:

- Provide appropriate supervision of PA students consistent with their level of education and demonstrated competence.
- Ensure patient safety and provide students with clinical experiences appropriate to the rotation objectives.
- Recognize that students are learners and will not be used as substitute staff or provide unsupervised patient care.
- Provide opportunities for direct patient care, clinical reasoning, and professional development.
- Offer feedback to students and complete required evaluations and program documentation in a timely manner.
- Maintain a professional, respectful, and inclusive learning environment.
- Notify the PA Program of concerns regarding student performance, professionalism, safety, or significant changes that may affect the clinical learning experience.

Attestation

I attest that the information provided is accurate and that I am willing to support the clinical education of PA students in accordance with program expectations. I will provide a safe and appropriate learning environment and supervise students in accordance with program policies and applicable professional standards.

Preceptor Name: _____

Signature: _____ **Date:** _____

Please return this completed form, a copy of your current or previous board certification (if applicable), a copy of your CV or resume (if available) to the Butler University Experiential Office (PAExperientialTeam@butler.edu or fax 317-940-9857)

Appendix B. Clinical Year Schedule

Butler University Physician Assistance
Class of 2027
Experiential Year Schedule

Rotation Block	Calendar Dates
ACLS Training	January 31, 2026
Orientation	April 30-May 1, 2026
1	May 4-June 3, 2026
Return to Campus (Thursday & Friday)	June 4 & 5, 2026
2	June 8-July 8, 2026
Return to Campus (Thursday & Friday)	July 9-10, 2026
3	July 13-August 5, 2026
Return to Campus (Thursday & Friday)	August 6 & 7, 2026
4	August 10-September 9, 2026
Return to Campus (Thursday & Friday)	September 10 & 11, 2026
5	September 14-October 8, 2026
Return to Campus (Friday)	October 9, 2026
6	October 12-November 11, 2026
Return to Campus (Thursday & Friday)	November 12 & 13, 2026
7	November 16-December 11, 2026
Professional Development	December 14-18, 2026
Winter Break	December 19-January 3, 2027
8	January 4-February 3, 2027
Return to Campus (Thursday & Friday)	February 4 & 5, 2027
9	February 8-March 2, 2027
Return to Campus (Wednesday, Thursday & Friday)	March 3, 4, & 5, 2027
10	March 8-31, 2027
Return to Campus (Thursday & Friday)	April 1 & 2, 2027
11	April 5-30, 2027
Return to Campus (Monday)	May 3, 2027
Commencement	May 7-8, 2027

- Return to Campus: These dates include End of Rotation Exams, Presentations, Professional Development, and Beginning of Rotation Prep. Attendance is mandatory.
- Students are expected to be available for all shifts during the rotation; which may include weekends, holidays, and evenings.
- This schedule is subject to change with notification based on Butler University, State, and Federal guidance.
- Please note student travel guidelines to allow for a timely return to campus.

Appendix C. Rotation Learning Outcomes

Elective

Elec. 1: Efficiently and effectively elicit pertinent information in a medical history and perform an appropriate physical exam for patients in the elective specialty setting.

Elec. 2: Demonstrate medical knowledge by appropriately ordering and analyzing results of clinical and diagnostic tests associated with conditions in the elective specialty.

Elec. 3: Integrate medical knowledge and clinical reasoning to develop a differential and final diagnosis for conditions encountered in the elective specialty.

Elec. 4: Given a diagnosis and other pertinent patient information, design an appropriately personalized patient management strategy for the elective specialty.

Elec. 5: Correctly perform technical skills and/or common medical procedures in the elective specialty setting with appropriate indications, technique, and post-procedure care.

Elec. 6: Demonstrate professional behavior and interpersonal communication skills in an elective specialty setting.

Emergency Medicine

EM AC 1: For an acute care patient, efficiently and effectively elicit pertinent information in a medical history and perform an appropriate physical exam.

EM AC 2: Appropriately order and analyze results of clinical and diagnostic tests associated with acute care conditions.

EM AC 3: Appropriately select and correctly perform medical procedures related to acute care.

EM AC 4: Develop and implement appropriate treatment plans for patients with acute conditions.

EM EC 1: Rapidly assess and intervene for patients with emergent conditions.

EM EC 2: Appropriately order and interpret diagnostic studies for patients with emergent conditions.

EM EC 3: Perform and assist with emergent procedures.

EM EC 4: Develop and implement appropriate treatment plans for patients with emergent conditions.

EM GEM 1: Integrate data obtained through history, physical examination, and laboratory investigation to develop a differential and final diagnosis in emergency medicine.

EM GEM 2: Given a diagnosis (and other pertinent patient information), design an appropriately personalized patient management strategy including, when necessary, making appropriate patient referrals.

EM GEM 3: Demonstrate professional behavior and interpersonal communication skills in an emergency department setting.

EM GEM 4: Apply principles of evidence-based medicine and patient safety to emergency department practice.

Family Medicine

FM 1: Integrate data obtained through history, physical examination, and laboratory investigation to develop differential and final diagnoses for acute and chronic conditions in the family medicine setting.

FM 2: Given a diagnosis and pertinent patient information, design an appropriate personalized management strategy including pharmacologic and non-pharmacologic interventions.

FM 3: Demonstrate professional behavior and interpersonal communication skills in a family medicine setting.

FM 4: Screen for and manage common chronic conditions according to current evidence-based guidelines.

FM 5: Assess and manage multiple comorbidities in patients with chronic disease presentations.

FM 6: Determine and provide appropriate preventive health services based on age, gender, and risk factors.

FM 7: Incorporate knowledge of social determinants of health in the diagnosis and management of patients' health conditions.

FM 8: Correctly perform common medical procedures in the family medicine setting with appropriate indications, technique, and post-procedure care.

FM 9: Perform age-appropriate comprehensive and problem-focused history and physical examinations for pediatric patients.

FM 10: Apply preventive and anticipatory guidance for pediatric patients according to current guidelines.

FM 11: Diagnose and manage common acute and chronic conditions in pediatric patients.

FM 12: Perform comprehensive and problem-focused history and physical examinations for adult patients.

FM 13: Design and implement evidence-based management plans for common acute conditions in adult patients.

FM 14: Provide counseling on health promotion and disease prevention strategies for adult patients.

FM 15: Perform comprehensive and focused geriatric assessments for elderly patients.

FM 16: Develop and implement appropriate management plans for elderly patients that consider physiological changes, comorbidities, and quality of life.

Internal Medicine

IM 1: Integrate data obtained through history, physical examination, and laboratory investigation to develop differential and final diagnoses for acute and chronic conditions in the internal medicine setting.

IM 2: Given a diagnosis and pertinent patient information, design an appropriate personalized management strategy including pharmacologic and non-pharmacologic interventions.

IM 3: Correctly perform common medical procedures in the internal medicine setting with appropriate indications, technique, and post-procedure care.

IM 4: Demonstrate professional behavior and interpersonal communication skills in an internal medicine setting.

IM 5: Screen for and manage common chronic conditions according to current evidence-based guidelines.

IM 6: Assess and manage multiple comorbidities in patients with chronic disease presentations.

IM 7: Determine and provide appropriate preventive health services based on age, gender, and risk factors.

IM 8: Incorporate knowledge of social determinants of health in the diagnosis and management of patients' health conditions.

IM 9: Perform comprehensive and problem-focused history and physical examination for adult patients.

IM 10: Design and implement evidence-based management plans for common acute conditions in adult patients.

IM 11: Provide counseling on health promotion and disease prevention strategies for adult patients.

IM 12: Perform comprehensive and focused geriatric assessments for elderly patients.

IM 13: Develop and implement appropriate management plans for elderly patients that consider physiological changes, comorbidities, and quality of life.

IM 14: Address end-of-life care and advance care planning for appropriate patients.

Mental Health

MH 1: Efficiently and effectively elicit pertinent information in a medical history and perform an appropriate mental status exam and/or focused physical exam for patient populations encountered in behavioral and mental health.

MH 2: Appropriately perform, order and analyze results of clinical and diagnostic tests associated with conditions for behavioral and mental health conditions.

MH 3: Integrate data obtained through history, physical examination, and laboratory investigation to develop a differential and final diagnosis in patients with acute and chronic psychiatric conditions.

MH 4: Identify risk factors and determine appropriate prevention, anticipatory guidance counseling, as well as patient and family education, related to psychiatric conditions.

MH 5: Given a psychiatric diagnosis (and other pertinent patient information), design a personalized patient management strategy including, when necessary, making appropriate patient referrals for patients seeking behavioral and mental health care.

MH 6: Demonstrate professionalism consistent with a health care provider within the specialty of mental health.

Pediatrics

PED IC 1: For an infant patient, efficiently and effectively elicit pertinent information in a medical history and perform an appropriate physical exam.

PED IC 2: Appropriately order and analyze results of clinical and diagnostic tests associated with infant conditions.

PED IC 3: Appropriately select and correctly perform medical procedures related to infant care.

PED IC 4: Determine appropriate health maintenance and anticipatory guidance for infant care.

PED CC 1: For a child patient, efficiently and effectively elicit pertinent information in a medical history and perform an appropriate physical exam.

PED CC 2: Appropriately order and analyze results of clinical and diagnostic tests associated with childhood conditions.

PED CC 3: Appropriately select and correctly perform medical procedures related to child care.

PED CC 4: Determine appropriate health maintenance and anticipatory guidance for child care.

PED AC 1: For an adolescent patient, efficiently and effectively elicit pertinent information in a medical history and perform an appropriate physical exam.

PED AC 2: Appropriately order and analyze results of clinical and diagnostic tests associated with adolescent conditions.

PED AC 3: Appropriately select and correctly perform medical procedures related to adolescent care.

PED AC 4: Determine appropriate health maintenance and anticipatory guidance for adolescent care.

PED GPC 1: Integrate data obtained through history, physical examination, and laboratory investigation to develop a differential and final diagnosis in acute and chronic pediatric conditions.

PED GPC 2: Given a diagnosis (and other pertinent patient information), design an appropriately personalized patient management strategy including, when necessary, making appropriate pediatric referrals.

PED GPC 3: Demonstrate professional behavior and interpersonal communication skills appropriate for pediatric settings.

Surgery

SPreO1: Efficiently and effectively elicit pertinent information in a medical history and perform an appropriate physical exam for patient populations requiring surgical management including pre-operative evaluations.

SPreO2: Determine appropriate patient and family education related to pre-operative surgical care.

SIntraO1: Appropriately assist with intra-operative procedures while maintaining sterile conditions.

SPostO1: Efficiently and effectively elicit pertinent information in a medical history and perform an appropriate physical exam for patient populations requiring surgical management including post-operative evaluations.

SPostO2: Determine appropriate patient and family education related to post-operative surgical care.

SPostO3: Develop appropriate post-operative plans for a patient including follow-up recommendations.

SG1: Appropriately order and analyze results of clinical and diagnostic tests associated with acute and chronic conditions encountered within surgery.

SG2: Integrate data obtained through history, physical examination, and laboratory investigation to develop a differential and final diagnosis for patients encountered in a surgical specialty.

SG3: Given a diagnosis, develop an appropriate surgical management plan.

SG4: Develop medical records and oral presentations that are clear, concise, and complete.

SG5: Demonstrate the professionalism consistent with a health care provider within the specialty of surgery.

Women’s Health

WH PNC 1: For a prenatal patient, efficiently and effectively elicit pertinent information in a medical history and perform an appropriate physical exam.

WH PNC 2: Appropriately order and analyze results of clinical and diagnostic tests associated with prenatal conditions.

WH PNC 3: Appropriately select and correctly perform medical procedures related to prenatal care.

WH PNC 4: Determine appropriate anticipatory guidance counseling related to preventable diseases, immunization schedules, and healthy lifestyles in prenatal care.

WH GYN 1: For a gynecological patient, efficiently and effectively elicit pertinent information in a medical history and perform an appropriate physical exam.

WH GYN 2: Appropriately order and analyze results of clinical and diagnostic tests associated with gynecologic conditions.

WH GYN 3: Appropriately select and correctly perform medical procedures related to gynecologic care.

WH GYN 4: Determine appropriate anticipatory guidance counseling related to preventable diseases, immunization schedules, and healthy lifestyles in gynecologic care.

WH 1: Integrate data obtained through history, physical examination, and laboratory investigation to develop a differential and final diagnosis in acute and chronic conditions in women’s health.

WH 2: Given a diagnosis (and other pertinent patient information), design an appropriately personalized patient management strategy including, when necessary, making appropriate patient referrals for prenatal and gynecologic care.

WH3: Demonstrate professional behavior and interpersonal communication skills appropriate for women's health settings.

Appendix D. Mid-Rotation Evaluation

Important Note: This is a SAMPLE of the evaluation form. It is not intended for entering and saving information. Any information entered here will not be saved.

Mid-Rotation Evaluation

Form's Score: 5

Who will be filling-up the form? : Preceptor, Student, Admin
Workflow Details: Preceptor fills and submits the form, Student reviews the form, Admin reviews the form
Notification Details: Response-based notification are activated

MID-ROTATION EVALUATION

The student is responsible for scheduling a mutually convenient time with you to complete this evaluation before its due date. This face-to-face meeting is an important part of the mid-rotation experience — it gives you a structured opportunity to discuss the student's performance, reinforce identified strengths, and address any areas needing development so they can meet expected competencies by the end of their time at your site.

Note: that the evaluation criteria differ between Clinical Skills and Professionalism. While both sections follow the same scoring structure, the Professionalism section does not include a "Not Observed" option. All criteria must be assessed and rated accordingly.

Clinical Skills

Medical Fund of Knowledge*

- ○ Demonstrates Advanced Competence (5)
- ○ Demonstrates Competence with Minimal Guidance (4)
- ○ Progressing Appropriately (3)
- ○ Requires Focused Development (2)
- ○ Area of Concern (1)
- ○ Not Observed

History Taking Skills*

- ○ Demonstrates Advanced Competence (5)
- ○ Demonstrates Competence with Minimal Guidance (4)
- ○ Progressing Appropriately (3)
- ○ Requires Focused Development (2)
- ○ Area of Concern (1)
- ○ Not Observed

Physical Exam Skills*

- ○ Demonstrates Advanced Competence (5)
- ○ Demonstrates Competence with Minimal Guidance (4)
- ○ Progressing Appropriately (3)
- ○ Requires Focused Development (2)
- ○ Area of Concern (1)
- ○ Not Observed

Oral Presentation *

- ○ Demonstrates Advanced Competence (5)
- ○ Demonstrates Competence with Minimal Guidance (4)
- ○ Progressing Appropriately (3)
- ○ Requires Focused Development (2)
- ○ Area of Concern (1)
- ○ Not Observed

Written Documentation*

- ○ Demonstrates Advanced Competence (5)
- ○ Demonstrates Competence with Minimal Guidance (4)
- ○ Progressing Appropriately (3)
- ○ Requires Focused Development (2)
- ○ Area of Concern (1)
- ○ Not Observed

Interpreting Labs-Tests*

- ○ Demonstrates Advanced Competence (5)
- ○ Demonstrates Competence with Minimal Guidance (4)
- ○ Progressing Appropriately (3)
- ○ Requires Focused Development (2)
- ○ Area of Concern (1)
- ○ Not Observed

Formulating Differential Diagnoses*

- ○ Demonstrates Advanced Competence (5)
- ○ Demonstrates Competence with Minimal Guidance (4)
- ○ Progressing Appropriately (3)
- ○ Requires Focused Development (2)
- ○ Area of Concern (1)
- ○ Not Observed

Patient Management and Treatment Plans*

- ○ Demonstrates Advanced Competence (5)
- ○ Demonstrates Competence with Minimal Guidance (4)
- ○ Progressing Appropriately (3)
- ○ Requires Focused Development (2)
- ○ Area of Concern (1)
- ○ Not Observed

Procedure Skills*

- ○ Demonstrates Advanced Competence (5)
- ○ Demonstrates Competence with Minimal Guidance (4)
- ○ Progressing Appropriately (3)
- ○ Requires Focused Development (2)
- ○ Area of Concern (1)
- ○ Not Observed

Professionalism

Dependable & Punctual*

- ○ Consistently Models Professional Behavior (5)
- ○ Demonstrates Professional Behavior with Minimal Prompting (4)
- ○ Demonstrates Expected Professional Behavior (3)
- ○ Requires Prompting to Meet Professional Standards (2)
- ○ Area of Concern (1)

Time Management & Organization*

- ○ Consistently Models Professional Behavior (5)
- ○ Demonstrates Professional Behavior with Minimal Prompting (4)
- ○ Demonstrates Expected Professional Behavior (3)
- ○ Requires Prompting to Meet Professional Standards (2)
- ○ Area of Concern (1)

Rapport with Providers, Staff, and Patients*

- ○ Consistently Models Professional Behavior (5)
- ○ Demonstrates Professional Behavior with Minimal Prompting (4)
- ○ Demonstrates Expected Professional Behavior (3)
- ○ Requires Prompting to Meet Professional Standards (2)
- ○ Area of Concern (1)

Communication Skills*

- ○ Consistently Models Professional Behavior (5)
- ○ Demonstrates Professional Behavior with Minimal Prompting (4)
- ○ Demonstrates Expected Professional Behavior (3)
- ○ Requires Prompting to Meet Professional Standards (2)
- ○ Area of Concern (1)

Demonstrates Self-Directed Learning*

- ○ Consistently Models Professional Behavior (5)
- ○ Demonstrates Professional Behavior with Minimal Prompting (4)
- ○ Demonstrates Expected Professional Behavior (3)
- ○ Requires Prompting to Meet Professional Standards (2)
- ○ Area of Concern (1)

Please, comment on any areas of concern or areas needing focused development: *

Preceptor Signature:

Electronic Signature

Please use your mouse or touchscreen to draw your signature in the space provided below.*

Clear

☐ If preferred or required for accessibility purposes, you may check the box to indicate your electronic signature.

Date of Preceptor Signature:*

MM/DD/YYYY

Student Signature

Student Signature

Electronic Signature

Please use your mouse or touchscreen to draw your signature in the space provided below.*

Clear

☐ If preferred or required for accessibility purposes, you may check the box to indicate your electronic signature.

Appendix E. Final Evaluation Example

Important Note: This is a SAMPLE of the evaluation form. It is not intended for entering and saving information. Any information entered here will not be saved.

End of Rotation Final Evaluation of Student-Elective

Form's Score: 5

Who will be filling-up the form? : Preceptor, Student.
Workflow Details: Preceptor fills and submits the form, Admin reviews the form, Student reviews the form
Notification Details: Response-based, Low Score notifications are activated

MPAS 634 Elective Clinical Rotation

Rating	Description
5	Strongly Agree
4	Agree
3	Neither Agree nor Disagree
2	Disagree
1	Strongly Disagree
N/O	Not observed

Please evaluate the student in the following areas. For any score of ≤2, or for a "No" answer, the evaluator should make comments noting the student's specific deficiency (-ies) based on rotation objectives:

Total Days Absent During Rotation:*

Clinical Knowledge And Assessment

Efficiently and effectively elicited pertinent information in a medical history and performed an appropriate physical exam for patients in this specialty setting. *

○ 5 ○ 4 ○ 3 ○ 2 ○ 1 ○ N/O

Appropriately ordered and analyzed results of clinical and diagnostic tests associated with conditions in this specialty*

○ 5 ○ 4 ○ 3 ○ 2 ○ 1 ○ N/O

Integrated data obtained through history, physical examination, and laboratory investigation to develop a differential and final diagnosis for conditions encountered in this specialty. *

○ 5 ○ 4 ○ 3 ○ 2 ○ 1 ○ N/O

Clinical Management And Procedures

Given a diagnosis (and other pertinent patient information), designed an appropriately personalized patient management strategy including, when necessary, making appropriate referrals.*

5 4 3 2 1 N/O

Appropriately selected and correctly performed medical procedures related to this specialty with proper technique and safety considerations. *

5 4 3 2 1 N/O

Demonstrated knowledge of specialty-specific treatment modalities, interventions, and therapeutic approaches. *

5 4 3 2 1 N/O

Professional Development And Learning

Demonstrated initiative in seeking learning opportunities and actively participated in educational activities within the specialty.*

5 4 3 2 1 N/O

Applied evidence-based medicine principles and current clinical guidelines relevant to this specialty practice. *

5 4 3 2 1 N/O

Recognized personal limitations and sought appropriate supervision or consultation when indicated. *

5 4 3 2 1 N/O

Communication And Professionalism

Demonstrated professional behavior and interpersonal communication skills appropriate for this specialty setting.*

5 4 3 2 1 N/O

Communicated effectively with patients, families, and healthcare team members using specialty-appropriate terminology and approaches.*

5 4 3 2 1 N/O

Developed medical records and oral presentations that were clear, concise, and complete. *

5 4 3 2 1 N/O

Specialty-Specific Competencies

Demonstrated understanding of the scope and limitations of this specialty within the broader healthcare system.*

5 4 3 2 1 N/O

Identified appropriate indications for specialty consultation or referral to subspecialty services. *

5 4 3 2 1 N/O

Demonstrated cultural competence and sensitivity to diverse patient populations encountered in this specialty. *

5 4 3 2 1 N/O

Overall Assessment

Acquisition of Knowledge, Skills, and Attitudes Given the stage of training within this rotation specialty, I feel the student has acquired the appropriate knowledge, skills, and attitude. *

○ Yes ○ No

Areas of Strength

Areas for Improvement:

Additional Comments:

Preceptor Signature

Preceptor Signature

Electronic Signature

Please use your mouse or touchscreen to draw your signature in the space provided below.*

Clear

☐ If preferred or required for accessibility purposes, you may check the box to indicate your electronic signature.

Date of Preceptor Signature*

MM/DD/YYYY

Student Signature

Additional Comments for Student

Student Signature

Appendix F. PA Program Curriculum

Butler University Physician Assistant Program

Didactic Curriculum MPAS 1

Summer Semester A	Credit hours
Clinical Anatomy with Lab for PAs	4
Physiology for PAs	4
Interpretation of Imaging Studies for PAs	2
Total Semester Credit Hours	10

Summer Semester B	Credit hours
History and Physical Exam for PAs	2
Clinical Medicine and Pharmacotherapeutics I for PAs	4
Social and Behavioral Medicine	3
Total Semester Credit Hours	9

Fall Semester	Credit hours
12-Lead ECG Interpretation	1
Interpretation of Laboratory Studies for PAs	3
History and Physical Exam with Lab for PAs	3
Clinical Medicine and Pharmacotherapeutics II for PAs	7
Health Care Communications for PAs	1
Medical Literature Interpretation	1
Women's Health	2
Total Semester Credit Hours	18

Spring Semester	Credit hours
Clinical Medicine and Pharmacotherapeutics III for PAs	6
Clinical Procedures with Lab for PAs	4
Health Promotion, Disease Prevention, and Nutrition	1
Pediatric Medicine	2
Orthopedics and Rheumatology	2
Clinical Integration for PAs	3
Total Semester Credit Hours	18

Experiential Year Curriculum MPAS 2*

Summer Semester	Credit hours
Community Mental Health Rotation	4
Core Content 1	1
Emergency Medicine Rotation 1	4
Internal Medicine Rotation 1	4
Issues of Professional Practice 1	1
Total Semester Credit Hours	14

Fall Semester	Credit hours
Core Content 2	1
Family Medicine Rotation 1	4
Issues of Professional Practice 2	2
Internal Medicine Rotation 2	4
Pediatric Rotation	4
Women's Health Rotation	4
Total Semester Credit Hours	19

Spring Semester	Credit hours
Core Content 3	1
Elective Rotation	4
Emergency Medicine Rotation 2	4
Family Medicine Rotation 2	4
Surgery Rotation	4
Interprofessional Experience	1
Summative Practicum	1
Issues of Professional Practice 3	1
Total Semester Credit Hours	21

Total 24 Month Program = 108 Credits

**The above Experiential Curriculum is just one of several possible sequences. The Director of Experiential Education will determine individual rotation schedules.*

**Academic Rotation may be utilized in lieu of Elective Rotation.*

Appendix G. Introducing/Orienting a PA Student to Your Practice

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

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

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

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

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

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

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

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

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

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

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

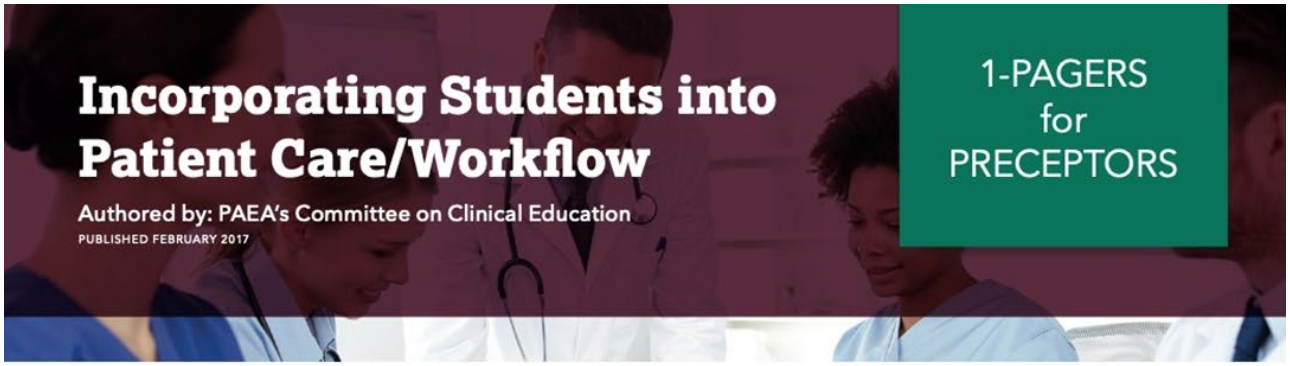
Orienting the student to your community:
Discuss with the student early in the rotation characteristics of your local community or patient population that affect patient care as well as available community resources that your practice uses on a regular basis.

*Also be sure to take student and program feedback on your orientation process into consideration moving forward.

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

PAEA

Appendix H. Incorporating Students into Patient Care/Workflow



This 1-Pager for Preceptors serves as a resource for strategies that can be utilized to more effectively integrate students into clinical practice. Many clinicians express interest in precepting clinical students with the desire to "give back" to the profession, to serve as a role model for future clinicians, and to share their passion for clinical practice. However, there are perceived challenges to incorporating students into a clinical practice or workflow. Two of the most commonly cited challenges are time management and maintaining efficient patient throughput.

Share the Teaching Responsibilities	• Involve other clinician(s) (MDs, DOs, PAs, NPs) in the practice to work with the student • Utilize nurses, MAs, techs, etc., to instruct students about procedures they perform (injections, phlebotomy, performing PFTs and EKGs, etc.)
Plan Ahead with Patients	• Preselect the patients most appropriate for the student to see (more straight-forward cases, open to students, etc.) • Double-book/wave-schedule patients – have the student see a patient in one room while the preceptor sees one (or sometimes more) patient(s) in another room • In general, students are not expected to see every patient that the provider does over the course of a day
Teamwork	• Have the student obtain the history and/or perform the physical exam while the preceptor observes and documents information in the electronic medical record • Have the student observe encounters with complex patients
Fully Utilize Student	• Although the primary learning objective for the PA student is focused on the provision of patient care, there are some tasks that the MA might otherwise perform (take vital signs) that the student can do for the patient while the MA prepares another patient for the preceptor • Have students call patients with test results after discussing them with the preceptor • Have students provide patient education after confirming the information to be communicated
Summarize and Clarify	• Don't repeat every aspect of the patient history – summarize and clarify information obtained from the student about the patient • Don't repeat the entire physical exam performed by the student – the preceptor should perform and document only those elements requiring evaluation and/or clarification
Set Time Limits	• If you have specific time constraints for a patient room, let the student know – "you have 15 minutes to see this patient"
Utilize Educational Strategies for Effective Teaching	• See the 1-Pagers for Preceptors: SNAPPS, One-Minute Preceptor, and Ask-Tell-Ask Feedback to maximize your teaching time

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

Appendix I. The One-Minute Preceptor

The One-Minute Preceptor teaching method guides the preceptor-student encounter via five microskills. This method is a brief teaching tool that fosters assessment of student knowledge as well as provision of timely feedback. The strengths of this teaching method include: increased involvement with patients, increased clinical reasoning by the students, and the student receiving concise, high-quality feedback from the preceptor.

When to use this: During the "pregnant pause" (i.e., when you find yourself wanting to rush things along and give the students the answer, rather than asking for their thoughts)
What not to do: Ask the student for more information about the case or fill in all of the gaps that you noted in the student's knowledge base and presentation skills at once

Microskills

1 Get a Commitment
Focus on one learning point. Encourage students to develop their critical thinking and clinical reasoning skills. Actively engage the student, establishing their readiness and level of competence. Push the student just beyond their comfort zone and encourage them to make a decision about something, be it a diagnosis or a plan.

Ex: "So, tell me what you think is going on with this patient."

2 Probe for Supporting Evidence
Uncover the basis for the student's decision — was it a guess or was it based on a reasonable foundation of knowledge? Establish the student's readiness and level of competency.

Ex: "What other factors in the HPI support your diagnosis?"

3 Reinforce What Was Done Well
The student might not realize they have done something well. Positive feedback reinforces desired behaviors, knowledge, skills, or attitudes.

Ex: "You kept in mind the patient's finances when you chose a medication, which will foster compliance, thereby decreasing the risk of antibiotic resistance."

4 Give Guidance About Errors/Omissions
Approach the student respectfully while concurrently addressing areas of need/improvement. Without timely feedback, it is difficult to improve. If mistakes are not pointed out, students may never discover that they are making these errors and hence repeat them.

Ex: "I agree, at some point PFTs will be helpful, but when the patient is acutely ill, the results likely won't reflect his baseline. We could gain some important information with a peak flow and pulse ox instead."

5 Teach a General Principle
Sharing a pearl of wisdom is your opportunity to shine, so embrace the moment! Students will apply what is shared to future experiences. Students tend to recall guiding principles, and often the individual patient may serve as a cue to recall a general rule that was taught.

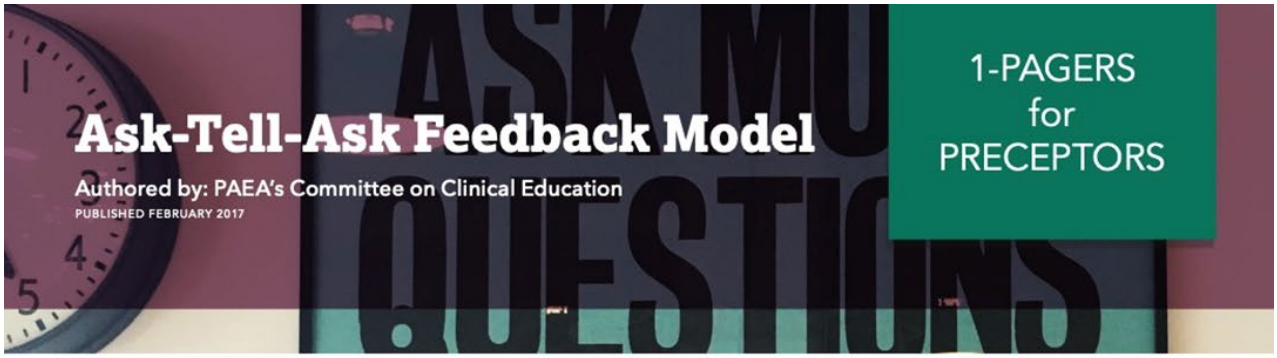
Ex: "Deciding whether or not someone with a sore throat should be started on empiric antibiotics prior to culture results can be challenging. Fortunately, there are some tested criteria that can help…"

Summarize
Consider summarizing or concluding, ending with next steps (e.g., plan for the patient, reading assignment for the student, schedule for follow-up with the student, etc.).

REFERENCE
Neher J, Gordon K, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. *Journal of American Board of Family Practice*, 1992; 5: 419-424.

PAEA

Appendix J. Ask-Tell-Ask Feedback Model



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

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

Example 1

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

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

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

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

Preceptor: What do you think could be improved?

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

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

Example 2

Setting: Inpatient
Task Area: Medical Knowledge, Clinical Reasoning

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

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

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

Preceptor: What do you think could be improved?

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

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

Appendix K. SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education

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

S **Summarize briefly the history and findings**	• Obtains a history, performs a physical examination, and presents a summary of their findings to the preceptor. The summary should be brief and concise and should not utilize more than 50% of the learning encounter (~3 minutes maximum to present)	*"Eric is a 7-year-old male with a 3-month history of right knee pain and swelling that occurs daily. No other joints are affected. He reports difficulty playing soccer. He denies current or previous illnesses, recent travel, or injury. Daily ibuprofen provides little benefit."*
N **Narrow the differential to two or three relevant possibilities**	• Provides two to three possibilities of what the diagnosis could be • Presents their list prior to the preceptor revising the list	*"Given the length of the symptoms, my differential diagnosis includes: juvenile idiopathic arthritis, reactive arthritis, and injury."*
A **Analyze the differential comparing and contrasting the possibilities**	• Discusses the possibilities and analyzes why the patient presentation supports or refutes the differential diagnoses • Thinks out loud in front of the preceptor	*"I think juvenile idiopathic arthritis is highest on my differential diagnosis given the age of the patient and the length of the symptoms. Reactive arthritis is lower due to the length of symptoms and no history of previous illness. Injury is low on the differential due to no history of injury."*
P **Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches**	• Discusses areas of confusion and asks questions of the preceptor • Allows the preceptor to learn about their thinking and knowledge base • Prompts discussion from the preceptor on clinical pearls or areas of importance	*"Is there anything else that you would include on your differential?"* *The preceptor may discuss the importance of considering septic arthritis in the differential diagnosis.*
P **Plan management for the patient's medical issues**	• Discusses a management plan for the patient or outlines next steps • Commits to their plan and utilizes the preceptor as a source of knowledge	*"I would begin a prescription-strength anti-inflammatory medication and order an ANA."*
S **Select a case-related issue for self-directed learning**	• Identifies a learning issue related to the patient encounter • Discusses the findings from the learning issue with the preceptor	*"I would like to understand the relationship of the ANA and the need for ophthalmology monitoring in juvenile idiopathic arthritis."*

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

PAEA

Appendix L. Tailoring Clinical Teaching to an Individual Student

PA students from the same or different programs may come to the clinical setting for training with differences in clinical knowledge and skills based on a number of factors, including:

- Experience level in their clinical training – students on a first rotation may require more direction than those later in their training.
- Whether your practice is primary care or a specialty. Nearly all PA students are trained as generalists.
- Patient care experiences prior to PA school. An IMG or independent Duty Corpsman might be expected to have more advanced skills than a former phlebotomist or scribe.

Suggestions for assessing student on first day of training

- Determine the student's status – early, mid, or late clinical training
- Ask what clinical experiences they had prior to PA school
- Ask how confident they feel in their ability to function clinically in your specialty
- Determine what their general goals are for the rotation (knowledge and skills they wish to acquire)
- Tailor the student's early experiences based on the factors above
- Provide observational experiences in the earliest days of the rotation for less comfortable students
- Note that more accomplished and comfortable students may be able to begin seeing patients independently while you see another patient
- Communicate with students that you expect them to evolve over your time together
- Directly observe certain students to assess skills in Hx, PE, and procedures

Behaviors that indicate the student is "getting it"

- Presents thorough, focused history and physical
- Consistently articulates sound decision-making in differential and in working toward a diagnosis
- Develops and implements a reasonable plan of care
- Connects with patients interpersonally in caring manner
- Is organized, independent, and time-efficient
- Is self-confident but knows their limits, asks for help
- Has holistic view of care; includes health promotion and disease prevention
- Provides concise and accurate charting and oral presentations

"Red flag" behaviors

- Is hesitant, anxious, defensive, or not collegial
- Has uneasy rapport with patients and misses cues
- Presents less-focused history and physical with excessive incomplete data
- Performs physical examination poorly, or inconsistently
- Is unable to explain reasoning for diagnosis
- Is unable to prioritize patient problems
- Is unable to create plans independently
- Misses health education and disease prevention opportunities in plan
- Is unsure of tests to order
- Is unable to provide clear charting and presentations

*For students who consistently display any of the "red flag" behaviors, please document this for the PA program's clinical faculty as a part of the student evaluation. Students and the clinical staff must be aware of these issues to be able to provide appropriate remediation. Early contact with program faculty allows the development of a remediation plan during the time the student is rotating with you.

REFERENCE
Modified from: https://www.midwestern.edu/Documents/AZ%20PA/Mastering_the_preceptor_role(0).pdf

PAEA