



Master of Health Sciences in Physician Assistant Studies Program

The University of North Carolina at Chapel Hill

School of Medicine

Department of Health Sciences

CLINICAL PRECEPTOR HANDBOOK

(B1.09, B1.10)

Class of 2023

Orientation and Guide for Preceptors

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Revision of these policies and procedures

The program reserves the right to make changes to any and all aspects of this guide. Preceptor's will be notified of any substantial changes in writing.

SPECIAL NOTE: This manual replaces all previous clinical preceptor manuals and handbooks.

Dear Clinical Preceptor:

Thank you for your commitment to Physician Assistant clinical education. Your dedication to teaching and enthusiasm for your practice is basis for an excellent learning environment. The skills and experience that the students obtain through working with you and your colleagues will provide the foundation for a career of learning.

This handbook is designed to give you an overview of the UNC Physician Assistant Program and to anticipate questions that may arise in your duties as a preceptor. Your feedback is very important; please let us know if there is additional information that should be included in this handbook. Please note there are various resources in this manual and on the UNC-CH Program website on educating students during the clinical year.

Thank you for providing our students with a hands-on experience in patient assessment and care. They will require an initial orientation to your practice. It is expected that you will need some time to assess their abilities. As you become more comfortable with their skills and abilities, it is hoped you will allow them to assume more responsibility. Under your supervision students should take an active role in obtaining histories and performing physical examinations, ordering and interpreting diagnostic tests, making diagnoses and developing treatment plans, prescribing medications and providing patient education. They should also participate in performing common procedures. It is important that students have exposure to multiple healthcare settings, such as inpatient, outpatient and long-term care settings. As such we request that students accompany you to these facilities when applicable and participate in the patient care. In order to augment the clinical experience, students will return to campus for periodic examinations, case presentations, discussions and seminars.

For your information, all students undergo a complete criminal background check, prior to the start of the clinical rotations. In addition, when requested by the site or facility, students are also required to undergo drug and alcohol testing.

Thank you for providing for our students a meaningful and practical experience. Your generous contribution of time, guidance, and dedication is much appreciated.

With gratitude,

The University of North Carolina Physician Assistant Program Faculty and Staff

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GENERAL PROGRAM OVERVIEW SECTION

Program Overview

The Physician Assistant Studies Program at The University of North Carolina strives to provide an exemplary education to students for careers in primary health care. UNC PA students are taught to work as part of an Inter-professional team in providing preventive and primary healthcare services to patients. PA students entering their clinical practicums have received 12 months of intensive education in basic, behavioral, and clinical sciences. This includes intensive instruction in anatomy and physiology, pathophysiology and clinical medicine. PA students are trained to take medical histories, perform physical examinations, and perform medical procedures before entry into clinical practicums. They have taken courses on clinical decision-making and should be able to identify historical and physical findings common to frequently encountered forms of disease.

Mission and Goals of the UNC-CH PAP

Mission:

The mission of the University of North Carolina at Chapel Hill (UNC) Physician Assistant (PA) program is to promote high-quality, accessible, patient-centered health care for the people of North Carolina and the nation through excellence in education, scholarship, and clinical service. The UNC PA program is committed to the health care and workforce needs of North Carolinians and will use an inter-professional approach to prepare skilled and compassionate health care practitioners across the continuum of life.

Goals:

1. Create a diverse educational environment that fosters learning and graduates' students who possess the knowledge and skills required to practice in a wide range of clinical practice settings.
2. Educate our students in a generalist curriculum which promotes practice in rural or urban medically underserved populations of North Carolina.
3. Foster inter-professionalism as a cornerstone of learning and practice.
4. Recruit non-traditional students, with special attention to North Carolina residents and veterans.

Accreditation Standards for Physician Assistant Education

The Accreditation Review Commission on Education for the PA (ARC-PA) has established Accreditation Standards to maintain and promote appropriate benchmarks of quality in the education process of PAs. These Accreditation Standards are used as guidelines in the development, evaluation, and self-analysis of PA programs. The ARC-PA provides recognition for educational programs that are in compliance with standards of quality for PA education. The policies and procedures in the clinical year and preceptor handbook are in compliance with these standards.

The standards are posted online at:

[Standards 5th Edition \(arc-pa.org\)](https://www.arc-pa.org/standards)

Purpose of the Clinical Year

Clinical practicums enable PA students to sharpen their primary care skills and learn the intricacies of medical practice. For preceptors unfamiliar with PA education, it is useful to compare the clinical practicums with practicums performed by third- and fourth-year medical students. A preceptor should typically allow the student to assess the patient, establish a working diagnosis, present the patient to the preceptor and work with the preceptor to plan therapy. The primary goal is for the student to gain practical experience, develop skills as a healthcare practitioner and learn the role of other members of the healthcare team. The practicums also emphasize the Physician-Physician Assistant Team Concept. To facilitate this, students are available for practicum activities a **minimum** of 40 hours per week. Days off and holidays will follow the schedule of the supervising preceptor.

Goals of the Clinical Year

There are three goals of the UNC-CH PA Program Clinical Year. Each of these goals aligns with the mission of the UNC-CH PAP. The first goal is that all PA students are exposed to a diversity of preventive, emergent, acute and chronic patient encounters. The second goal is that students are exposed to a diversity of patient experiences in the medical care of infants, children, adolescents, adults, and the elderly. The third goal is that students acquire patient care experiences in women's health (prenatal and gynecologic), behavioral and mental health conditions, and conditions requiring surgical management, to include (pre-operative, intra-operative, and post-operative care).

Clinical Year Overview

The clinical year is comprised of 7 required Core Rotations and 2 required elective rotations. The rotations occur in the following areas:

Course Number	Credit Hours	Course Name
PASC 800	6	Family Medicine
PASC 801	6	Internal Medicine
PASC 802	4	General Surgery
PASC 803	4	Pediatrics
PASC 804	4	Obstetrics and Gynecology
PASC 805	4	Psychiatry and Behavioral Medicine
PASC 807	4	Emergency Medicine
PASC 808	4	Elective 1
PASC 809	4	Elective 2

PASC 800 Family Medicine

6 Credits

Students are introduced to the principles of and practice of family medicine with emphasis on disease prevention and health maintenance across the lifespan. The student will refine techniques in history taking, physical examination, health behavior counseling. Many of these sites provides care for the disadvantage and underserved populations exposing students to the diversity of community and family health needs and the occupation and environmental issues that influence health and healthcare decision making.

PASC 801 Internal Medicine**6 Credits**

This rotation provides the student the opportunity to understand the principles of general internal medicine. Student apply knowledge and skills learned in the didactic year to patient evaluation, and begin to apply patient management strategies to patients in an assigned clinical setting. Under the direction of a preceptor, the student will analyze the patient chart, monitor the patient's progress, perform history and physicals, and plan therapeutic interventions. The student will learn to order specialty test, write orders, and request special consultation. Students will participate in discharge planning and disposition regarding home care and follow up.

PASC 802 General Surgery**4 Credits**

The rotation provides experience in the management of patients with surgical problems. The student will learn pre-operative, intra-operative, and post-operative patient care. The student will scrub into surgical cases and assist the surgeon as indicated. The student will participate in the management of the surgical inpatient, and assist with discharge planning. The student will work as part of a surgical on-call team and respond to emergency situations in the emergency department and the operating room with the team.

PASC 803 Pediatrics**4 Credits**

This rotation provides the student exposure to the care of neonates, infants, children, and adolescents. The student will further refine the skills of history taking and physical examination specific to the pediatric population. The student will recognize normal development and appreciate common abnormalities of growth and development. Students will become familiar with the evaluation and treatment of common pediatric disorders. Emphasis will be on preventive care and family dynamics.

PASC 804 Obstetrics and Gynecology**4 Credits**

This course provides the student an opportunity to gain experience in common gynecological conditions. The student learns about screening for breast and gynecologic cancers, normal and abnormal menstrual patterns, infectious disease, and family planning. The student participates in providing routine prenatal and obstetrical care.

PASC 805 Psychiatry and Behavioral Medicine**4 Credits**

The student will be exposed to and participate in the care of patients with psychiatric illnesses and psychosocial disorders. The student will develop skill in counseling patients, communicating with family members of patients living with these conditions, and managing common outpatient illnesses. Under the direction of the preceptor the student will become familiar with the use of psychotropic therapeutics. Students will learn to identify and refer "at-risk" patients.

PASC 807: Emergency Medicine**4 Credits**

This rotation provides in-depth exposure to the illnesses and injuries that necessitate emergency across the continuum of life. Students will participate in all aspects of emergency medical care. The student will interview, evaluate and examine patients presenting to the Emergency Department. Students will present all patients cared for to the precepting clinician. Emergency procedures and treatment will be guided by the clinical preceptor.

PASC 808/809 Elective**4/4 Credits**

In addition to the above required core rotations, students are given the option of electing 2 rotations of their choice.

POLICIES & PROCEDURES SECTION**Student Employment (A3.04, A3.14h)**

During SCPEs, students may not substitute for clinical or administrative staff and must ensure all services provided to patients are directly supervised. The student must contact the Director of Clinical Education if asked to function as a clinical instructor and/or administrative staff. Students must not accept compensation for any services provided during supervised clinical experiences.

Any violations to any component of this policy will result in referral to the SCPE Committee.

Statement of Disabilities

Any student who may need an accommodation based on the potential impact of a disability should the Disability Support Services office at (919) 962-8300 to establish eligibility and to coordinate reasonable accommodations. For additional information, please refer to: <https://www.med.unc.edu/md/student-services/student-services/services-for-students-with-disabilities/>

Academic Integrity Policy

Students are bound to the academic integrity and academic dishonesty policies and procedures as defined in the UNC PA Student Handbook and by the University. If a student is found responsible for or in any way compromising academic integrity, the student may be subject to both academic disciplinary action (including dismissal from SCPE rotation) and student conduct review action (up to and including dismissal from the university).

Technical Standards (A3.15e)

The UNC PA Program is committed to comply with Section 504 of the 1973 Vocational Rehabilitation Act and PL 101-336, the Americans with Disabilities Act (ADA), and also ascertains that the following minimum technical standards must be present in the prospective candidates.

The UNC PA Program has determined technical standards that are essential for successful progression and completion of all aspects of the curriculum, as well as entry into the profession. These Technical Standards are required for admission and must be maintained throughout the UNC PA Program. In the event a student is unable to fulfill these Technical Standards, with or without reasonable accommodation, the student will be subject to dismissal.

Students must have somatic sensation and the functional use of the senses of vision and hearing. Students' diagnostic skills will also be lessened without the functional use of senses of equilibrium, smell, and taste. Additionally, they must have sufficient exteroceptive sense (touch, pain and temperature), sufficient proprioceptive sense (position, pressure, movement, stereognosis, and

vibratory) and sufficient motor function to permit them to carry out the activities described in the section above. They must be able to consistently, quickly, and accurately integrate all information received by whatever sense(s) employed, and they must have the intellectual ability to learn, integrate, analyze, and synthesize data. Technological compensation can be made for some disabilities in these areas, but a candidate should be able to perform them in a reasonably independent manner. The use of a trained intermediary would mean that a student's judgement must be mediated by someone else's power of selection and observation. Therefore, third parties cannot be used to assist students in accomplishing curricular requirements in the five skill areas specified below. Reasonable accommodations can be made for documented disabilities.

Observation

- Students must be able to observe a patient accurately at a distance and close at hand.
- Observation necessitates the functional use of the sense of vision, hearing, smell, and somatic sensation.

Communication

- Students must be able to speak, hear and observe patients in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communications.
- Students must be able to communicate effectively and sensitively with patients.
- Students must be able to communicate (verbal, nonverbal, and written) effectively and efficiently in oral and written form with all members of the healthcare team.
- Students must possess reading level to be able to independently accomplish curricular requirements and provide clinical care for patients.

Motor Coordination and Function

- Students should have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, and other diagnostic maneuvers.
- Students should be able to do basic laboratory tests, carry out diagnostic procedures and read EKGs and X-rays.
- Students should be able to execute motor movements reasonably required to provide general care and emergency treatment to patients. Examples of emergency treatment reasonably required of PAs are cardiopulmonary resuscitation, the administration of intravenous medication, application of pressure to stop bleeding, the opening of obstructed airways, the suturing of simple wounds and the performance of simple obstetrical maneuvers.
- Such actions require coordination of both gross and fine muscular movements, equilibrium and functional use of the senses of touch and vision.

Intellectual, Conceptual, Integrative, and Quantitative Abilities

- Students must exhibit the following intellectual abilities:
 - Measurement
 - Calculation
 - Reasoning
 - Analysis
 - Synthesis

- Comprehend three-dimensional and spatial relationships
- The above listed abilities are necessary skills in order to perform problem solving tasks quickly and efficiently.

Behavioral and Social Attributes

- Students must possess the behavioral emotional health required for full use of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibility's attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients.
- Students must be able to tolerate physically taxing workloads and to function effectively when under stress.
- Students must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of many patients.
- Students must demonstrate empathy, integrity, concern for others, interpersonal skills, interest, motivation, and the ability to interact with people at all levels in a culturally diverse society.

Dress Code

Identification in the Clinical Setting (B3.01)

Proper identification must be clearly displayed identifying that the student is a UNC PA student. UNC student ID badges must be worn at all times. The ID badge must be worn so that it is easily readable by patients and hospital/clinic personnel. ID badges must not be obscured or altered in any manner except as determined by clinical necessity, (e.g. special stickers for newborn nursery access).

White Coats

Student-style white coats are required for clinical settings and during certain laboratory sessions, simulation exercises, competency evaluations and any other times as designated by the Course Director; they must be clean and neat. They will possess the University of North Carolina logo. Exceptions to this rule are at the discretion of the clinical preceptor and must be approved by the Director of Clinical Education. If wearing scrubs outside the operating area, a clean white coat should be worn over scrubs.

Scrubs

In general, scrubs should not be worn outside of the hospital or clinic. Scrubs are expected to be clean when worn in a public area and should be covered with a white coat. The ID Badge must be worn outside the white coat. Scrubs may be worn only as delineated by individual departmental/clinical policy.

Shoes

Footwear must be clean, in good condition, and appropriate. For safety reasons, open-toed shoes and sandals are not allowed in patient care areas or designated laboratory components of didactic courses.

Style

No sweatshirts or shirts with messaging, lettering or logos. No shorts, cut-offs, etc. Jeans are not to be worn even if it is clinic policy to allow providers to wear jeans. A tie is recommended for men,

unless described as optional in specific policy for that clinical setting.

Fragrance

No wearing of colognes, perfumes or scented lotions in clinical settings as patients may be sensitive to fragrances.

Hands

Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, prevention of glove puncture and injury to the patient. Artificial nails and decorative nail designs are prohibited. Some clinics/hospital settings do not permit any colored polish.

Hygiene

Daily hygiene must include personal cleanliness, including use of deodorant. Clothing should be clean, pressed, and in good condition, including the white coat.

Hair

Mustaches, hair longer than chin length, and beards must be clean and well-trimmed. Students with long hair who participate in patient care should wear hair tied back to avoid interfering with performance of procedures or having hair come into contact with patients.

Jewelry

Jewelry should not be functionally restrictive or excessive. Students should avoid wearing long or dangling earrings for their own and for patient safety. There should be no visible jewelry in body piercings with the exception of earrings. In the case of religious requirement, certain piercings may be acceptable. Please consult the Director of Clinical Education if you have religious requirements for piercing. No other facial jewelry (e.g., tongue, eyebrow piercings, etc.) is allowed.

Tattoos

Tattoos shall be appropriately covered when possible.

Students in violation of any of the above dress codes may be asked to change into appropriate attire. Repeated violations will result in referral of the student to the SCPE Committee for disciplinary action.

Medical Records and Patient Confidentiality

Patient confidentiality is a cornerstone in PA practice and essential for establishing and maintaining the patient-provider relationship built on trust.

PA students are privileged to learn information that patients share only with healthcare professionals and be present in very personal moments of patients' lives. Patients, in turn, trust the PA students will preserve their confidentiality; as a key component of medical professionalism, PA students must honor this trust.

Students are not to discuss a patient in any manner or situation that would disclose any information about that patient to any person not directly involved in the patient's healthcare. Students must refrain from discussing patients in public places, (i.e. cafeterias, elevators, etc.) where conversations may be overheard. Students should remind those who may be inappropriately discussing patient information, about confidentiality.

Students will adhere to ethical principles and use practical reasoning when dealing with patients at all times. No student should medically treat other PA students, friends, or family members while a student is in the UNC PA Program.

All students will receive formal instruction on, and must follow the Health Insurance and Portability and Accountability Act (HIPAA) rules when participating in clinical activities at affiliated hospitals and clinics; HIPAA compliance includes maintaining confidentiality of paper and electronic health records.

When violations of HIPAA by a student are identified by a hospital, clinic, physician's office, etc., the violation will be reviewed by the SCPE Committee. Disciplinary actions may which include remediation and/or sanctions, including the possibility of dismissal from the program.

Student Documentation Guidelines for Patient Records

Student must read and observe the rule set forth by the Committee for Medicare and Medicaid (CMM) as it pertains to student documentation. The Center for Medicare and Medicaid Services (CMS) guidelines only permit students to document a Past Medical History, Family History, Social History, and Review of Systems for any patient encounter. The preceptor must personally document all other key elements of the visit.

As stated in the Center for Medicare and Medicaid Services (CMS) regulations on documentation by student's fact sheet: "Any contribution and participation of a student to the performance of a billable service must be performed in the physical presence of a [preceptor]... other than the review of systems [ROS] and/or past, family, and/or social history [PFSH].... You, the student, may document services in the medical record; however, the [preceptor] may only refer to your documentation of an evaluation/management service that is related to the ROS and/or PFSH. The [preceptor] may not refer to your documentation of physical examination findings or medical decision making in his or her personal note. If you document evaluation /management services, the [preceptor] must verify and document again the history of present illness and perform and document again the physical examination and medical decision-making activities of the service."

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

When a PA student has been unable to document in a chart, it is advisable to document the patient encounter on a separate piece of paper so that the student can continue practicing their documentation skills and obtain feedback from the preceptor.

Professionalism (C3.02)

As members of the healthcare community, UNC-CH PA students are expected to adhere to high standards of medical professionalism. Maturity, integrity, honesty, respect, compassion, and self-control are expected of students in all aspects of the didactic and clinical education. Professionalism should be manifest as *a high level of professional judgment and composure* in interactions with instructors, preceptors, fellow students, staff, and patients. Most of all, a medical professional understands that the welfare of the patient is paramount and takes precedence over other considerations.

The American Academy of PAs takes professionalism very seriously. As a PA student, you should be familiar with the Academy's comprehensive statement of values and guidelines for ethical conduct: <https://www.aapa.org/workarea/downloadasset.aspx?id=815>

There is extensive literature written about medical professionalism, and there are many dimensions to what constitutes professional and unprofessional conduct. The UNC-PA Program curriculum will address professionalism in depth. We want you to be aware--at the beginning of your training--of some specific *unprofessional behaviors* that may jeopardize your standing and result in sanction or dismissal from the program. These include but are not limited to:

- *Breaching patient confidentiality.* This is not limited to identifying patients and their health issues to others not involved in the patient's care. This also includes indiscreet conversations in public places (e.g. elevators, hallways, the cafeteria).
- *Illegal drug use, alcohol abuse or abuse of controlled substances.*
- *Sexual involvement with a patient.*
- *Engaging in scope of practice beyond that of a student.*
- *Misrepresenting one's position in the medical care system.*
- *Abandonment of duties.*
- *Serious legal infractions.*
- *Disobeying or showing disrespect to faculty or preceptors.*
- *Abusive and/or threatening behavior or language toward fellow students, instructors, preceptors or staff.*

Misuse of social media and electronic communication. Social media has created unprecedented opportunities to enhance communication, but there is equally greater potential for the rapid, unfair, unethical, and unprofessional dissemination of information. Misuse may be a breach of patient confidentiality or may involve posting of opinions, complaints, derogatory comments, observations about other students, staff, faculty, the educational environment or the healthcare system. A moment's indiscretion may not easily be undone. The UNC-CH Healthcare System has a well-elaborated policy pertaining to the use of social media and dissemination of digital content, including images:

Social Media and the Medical Professional

UNC PA Students should understand and adhere to the guidelines and professional considerations when engaging in social media networking that are outlined in the UNC PA Program Student Handbook.

The UNC PA program supports the American Medical Association's (AMA) Code of Ethics Opinion 2.3.2 titled "Professionalism in the Use of Social Media". The opinion is available at: <https://www.ama-assn.org/delivering-care/ethics/professionalism-use-social-media>

- You should be cognizant of standards of patient privacy and confidentiality that must be maintained in all environments, including online, and must refrain from posting identifiable patient information online.
- You must not use personal social media accounts to communicate with patients.
- You must not communicate patient information in text messages or unsecured email (Your UNC email accounts are secure and you can use this to exchange patient care information with other healthcare professionals within the UNC-CH SOM if there is a patient care need or legitimate educational purpose. The UNC Electronic Health Record, EPIC, is the preferred method for secure patient care communication.)
- If you interact with patients on the internet, you must maintain appropriate boundaries of the patient-provider relationship in accordance with professional ethical guidelines just, as they would in any other context.
- You must never share images taken in clinical settings by text or unsecure email.

Personal Relationships with Clinical Preceptors or SCPE Sites

Pursuit of amorous or sexual relationships between students and clinical rotation personnel during the rotation period compromises the integrity of the education and evaluation processes and should be avoided by students.

Clinical Rotations with Clinical Preceptors who are Friends and/or Relatives

Personal relationships can potentially interfere with the clinical evaluation process, which is both objective and subjective in nature, therefore, such clinical rotation arrangements are prohibited.

Criminal Background Checks/Drug Screening

During the clinical phase of the program, students will be required to undergo one or more national criminal background checks, which may include finger printing. Supervised clinical practice experience (SCPE) sites may require additional background checks, fingerprinting, and/or drug screening for students who are assigned at those institutions. Students are responsible for all expenses related to meeting additional drug screening, and background documentation required by the SCPE site. A criminal record or failure to pass a drug screen will result in a referral to the SCPE Committee, and may result in the student's dismissal from the program; if this occurs, tuition and fees will not be refunded.

By accepting admission to the program, a student agrees to submit to national criminal background checks, as well as drug screening: and pay any associated expenses.

eMedley

All students are required to use the web-based eMedley database, evaluation, and tracking system throughout their SCPEs. The eMedley system will ensure students are meeting program expectations and are able to acquire the competencies needed for clinical practice. The eMedley database helps the student documents the range of patient care and learning experiences during each clinical rotation. Clinical patient encounter data will be collected via eMedley and will include, but not be limited to, preceptor and site demographics, student logging of patient encounters, graded and ungraded student and preceptor evaluations, and procedure logs. Student logging of **all** patient encounters and procedures via eMedley will allow for prompt review and evaluation of students' progress towards meeting the SCPE objectives. The monitoring of this system will allow the UNC PA Program faculty members to review, analyze, and document student and preceptor experiences and concerns.

The following information is maintained in eMedley: (B3.04, B3.05, B3.06, B3.07)

- List(s) of clinical sites
- Clinical rotation schedule for each student
- Rotation specific student schedule
- List(s) of preceptors and supervising physicians for APPs along with relevant contact information
- List(s) of point of contacts for sites with relevant contact information
- Site specific training requirements and other required documents
- Preceptors educational background (relevant specialties), board certification, CV, and licensure

Students must upload and maintain a copy of the following documents in eMedley:

- Most current physical examination
- Immunization record including yearly influenza vaccination and PPD information
- BLS and ACLS certifications
- Health insurance coverage
- HIPPA Training Certification
- Drug Screen
- Annual Criminal Background Check
- All LMS required training
- EPIC Training Documents
- Title IX Training Documents

These items may be required for review by the clinical site and should always be maintained in eMedley. It is the **student's responsibility** that these items are uploaded and ALWAYS current in eMedley. **Students are responsible** for releasing their personal information to clinical sites. Students may not start clinical rotations until the above information has been submitted in

eMedley.

Multipurpose nature of eMedley tracking:

- Education: to ensure you have the appropriate clinical learning opportunities, exposures, and skills
- Employment: to serve as a “portfolio” of sorts as you are applying for jobs or credentialing

CLINICAL POLICIES (A3.08)

Each student will complete annual learning management system (LMS) training modules in the following areas and submit the completed certificates to the Director of Clinical Education prior to starting the clinical year: bloodborne pathogens for healthcare personnel, infection prevention for healthcare personnel, tuberculosis awareness for healthcare personnel, incident reporting, hazard communication and safety.

Infection Control (Needlestick & Bloodborne Pathogen Exposure)

Exposure to blood, infectious body fluid, serum or unfixed tissue by sharp stick, cut or splash onto mucous membrane or non-intact skin constitutes an exposure. Students must **immediately** report any infectious disease exposure to the preceptor, the hospital/clinic and the employee health department per facility protocol, as well as the clinical coordinator.

Procedures concerning exposures can be found by clicking on the Student Handbook link at:

<https://www.med.unc.edu/ahs/unc-pa/files/2017/11/9.-Exposure-to-infectious-hazards.pdf>

Exposure to blood, infectious body fluid, serum or unfixed tissue by sharp stick, cut or splash onto mucous membrane or non-intact skin constitutes an exposure. Students must **immediately** report any infectious disease exposure to the preceptor, the hospital/clinic and the employee health department per facility protocol, as well as the clinical coordinator.

Other Exposures, Illness, or Injury

For student and patient safety, students who have been exposed to a contagious disease or are ill with symptoms of contagious diseases may need to avoid contact with patients. In such cases, or in the event of an injury, the student should be evaluated by a healthcare provider in order to determine need for therapy and clearance for patient care. Students must notify and work with the site preceptor to determine whether the situation requires the student to be evaluated by the site occupational health provider or their own healthcare provider. Students must report via email such instances to the Director of Clinical Education or the Program Director within 24 hours of the event.

Medical Follow-up and Clearance to Return to Clinical Activities

Initial and subsequent care and follow-up activities including recommendations related to counseling, prophylactic/treatment regimens, and continued or restricted practice activities following a student’s exposure incident/illness/injury will be determined by the student’s

healthcare provider (in collaboration with the student) and other appropriate healthcare professionals. The student must obtain a medical attestation form from their healthcare provider clearing the student for participation in patient care.

Financial Responsibility

All students are required to carry medical insurance to cover the expense of such unlikely event and provide coverage for the laboratory testing and treatments that may be required. Costs not covered by insurance are the responsibility of the student.

Effects of Exposure/Illness/Injury on Student Learning Activities

Students may not be able to return to a specific clinical affiliate and/or meet the required technical standards due to effects of clinical exposure to infectious and environmental agents. In such case the SCPE Committee will review the case and make recommendations regarding the student's academic standing.

Students should refer to the remediation, deceleration, and progression policies regarding criteria for academic separation.

Latex Allergy

As part of the "Universal Blood and Body Fluids Precautions" to limit the transmission of various pathogens, use of gloves is required when appropriate. With increased use of latex products in healthcare the emergence of various forms of latex sensitivity and/or allergy has been identified as a problem both for patients and staff. The course directors recommend preventing or minimizing latex use and exposure to help 1) minimize or prevent the student from developing an allergic reaction and 2) to prevent latex exposure to patients that have or may develop such sensitivities. We want to protect both ourselves and others.

Natural latex rubber is potentially found in but not limited to: rubber bands, erasers, elastic, bandages and dressings, gloves, catheters and drains, blood pressure cuffs, stethoscope tubing, balloons, balls & toys and nipples and pacifiers. Latex exposure occurs most commonly through skin via gloves, tape, masks etc., but can also occur through mucous membranes, inhalation, intra-uterine devices or intravascularly.

Common reactions are almost indistinguishable from irritant contact dermatitis of the skin; however more serious reactions are possible, including symptoms of anaphylaxis. Latex avoidance is the best prevention. Careful history taking from patients should identify the high-risk group or those with preexisting allergy.

The student is ultimately responsible for avoiding self-exposure and patient-exposure to prevent reactions or the development of sensitivity. The course directors recommend the use of non-latex products in all situations, but they cannot guarantee availability. It is the students' responsibility to provide non-latex products for their own use.

ATTENDANCE

ATTENDANCE IS MANDATORY

It is a demonstration of professional attitude and behavior. This behavior impacts all members of the healthcare team, including fellow students and patients. Any absence from the clinical rotation may have a direct impact on student performance, the broad-spectrum clinical experience, evaluation of professionalism, overall grade, and the successful completion of the clinical rotation.

The student is allotted 5 excused absences during the clinical year. Unexcused absence will result in Professional Probation. The Director of Clinical Education will respond to the student's request in writing. The student must provide any supporting documentation requested addressing absenteeism. Students who miss scheduled hours are expected to acquire the same level of competency as other students involved in the clinical rotation. Lectures, reading assignments and work load will not be re-created or offset to accommodate any absences.

The work schedule will be determined by your preceptor and students are required to work full time following the same schedule as their preceptors. Students will be required to take on call, nights, and weekends as designated by the preceptor. Holidays or university breaks do not apply to the clinical phase.

Students are expected to attend all scheduled clinical rotation didactic conferences, lectures, workshops, and daily patient rounds. Mandatory sessions and participation requirements in the clinical phase are determined by the individual clinical rotation. Students may be required by some clinical sites to engage in clinical or educational activities during the evenings and/or weekends.

Recognizing that situations arise that require students to miss time from their clinical responsibilities, the procedures presented below will be followed when an unplanned absence is necessary. Both the Director of Clinical Education (DCE) and Preceptor must approve the requests.

1. You are allowed a maximum of **5 (FIVE)** excused absences during the entire clinical year and no more than two (2) in the same clinical rotation. Students are required to submit a written request for approval of any anticipated absence NLT 24 hours of the date of the absence, to the Director of Clinical Education (DCE) prior to the absence. The DCE will communicate with the student regarding details of the anticipated absence, preceptor notification and preceptor approval. Students should not seek approval from the preceptor without prior approval by the DCE lest this be considered an unexcused absence. More than 6 (SIX) excused absences will result in professional probation, referral for a contract, and/or consideration for dismissal.
2. Only excused absences due to documented illness or family emergency (i.e. illness or death of a 1st degree relative) are permitted during the clinical phase of the program. If a student will be absent for the aforementioned reasons, it is their professional obligation to notify the preceptor and program immediately. Additionally, students are not permitted to request a specific schedule or days off during a SCPE. Students are expected to be in attendance during the hours delineated by their preceptor and are only excused at the end of their shift when the preceptor allows, regardless of the scheduled office or shift hours. Preceptors and the program reserve the right to alter hours of attendance as needed throughout the rotation. Students who fail to adhere to these guidelines will be subject to professional probation.

3. In the event of an illness or emergency necessitating absence from the clinical rotation, students must fill out the UNC PA Program Absence request form and notify both the DCE and the clinical preceptor by 9:00 a.m. on the day of the absence. Students should make every effort to reach the clinical preceptor and DCE rather than utilizing voicemail or email. Students are required to submit appropriate documentation supporting the reason for any unplanned absence(s).
4. Absences for scholarly and service activities, such as attendance at NCAPA or AAPA conferences or committee work, may be granted on a case-by-case basis, at the discretion of the DCE. No more than two consecutive days may be missed for these activities. Students who wish to attend such activities must be a good standing academically and professionally and must submit their intention in writing to the DCE 2 months in advance. If the student has 5 excused absences, the request will be declined. The time missed must be rescheduled with the preceptor and made up during the clinical rotation. If unable to make up this time will result in an Incomplete grade for the rotation and will delay graduation. If the preceptor declines the request then the student will not be able to miss the day(s).
5. Absences for other activities may be granted on a case-by-case basis, at the discretion of the DCE. Students who wish to attend such activities must be a good standing academically and professionally and must submit their intention in writing to the DCE 2 months in advance. If the student has 5 excused absences, the request will be declined. The time missed must be rescheduled with preceptor and made up during the clinical rotation. If unable to make up this time will result in an Incomplete grade for the rotation and will delay graduation. If the preceptor declines the request to be absent, then the student will not be able to miss the day(s).
6. Failure to report an absence will result in the student being required to make up the time missed from the clinical rotation and a 5-point deduction on the Clinical Preceptor End of Rotation Clinical Performance Evaluation.
7. Failure to follow this procedure may result in an unexcused absence, negatively affecting the final rotation grade and, potentially, resulting in rotation failure.
8. In the event that a student misses more than two (2) days during a rotation for an excused absence, time must be rescheduled with the preceptor and made up during the clinical rotation. If unable to make up this time, this will result in an Incomplete grade for the rotation and will delay graduation.
9. Any unexcused absence must be rescheduled with preceptor and made up during the clinical rotation. If unable to make up this time, it will result in an Incomplete grade for the rotation and will delay graduation.
10. Should a preceptor grant a student permission for absence from scheduled clinical experiences, the student is responsible for notifying a Clinical Coordinator in writing prior to the missed time. Missed time is not approved until the DCE agreed to the absence.
11. If the preceptor or his/her designee is unavailable to work with the student for 2 or more scheduled clinical days (e.g. vacation, scheduled days off, etc.), the student is required to notify the DCE so that an alternate assignment may be made.
12. Students are expected to be at their clinical sites during the hours dictated to them by their preceptor. Students are expected to log their hours of attendance at SCPE sites daily in E-Medley.

Note: students are fully responsible for all tuition and fees associated with any delayed course or course activity completion.

Tardiness

If a student arrives to the clinical site 30 minutes late or leaves the clinical site 30 minutes early, he/she is required to notify the Clinical Preceptor and the DCE immediately.

If a student accumulates tardy hours totaling 5 hours, this constitutes 1 unexcused absence. The procedure and policy for unexcused absences will then be applied.

UNC PA PROGRAM STUDENT HOURS IN CLINICAL PHASE

UNC PA program students are held to the following clinical-hours guidelines:

1. Duty hours include all in-house clinical and other required activities related to a rotation (patient care, charting, call, rounds, conferences, etc.). Duty hours do not include reading and preparation time spent away from the duty site. All clinical rotations and courses should adhere to the duty hour guidelines outlined below.
2. Duty hours should not exceed 80 hours per week inclusive of all scheduled in-house call activities.
3. Continuous on-site duty, including required in-house call, should not exceed 24 consecutive hours.
4. Students who take required in-house call may remain in-house up to 6 additional hours to participate in didactic activities or to transfer care of patients.
5. Students should be provided 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all scheduled clinical, educational and administrative activities.

Any violation of these guidelines must be reported to the DCE and/or the Program Director immediately.

POSTPONEMENT OR INTERRUPTION OF CLINICAL SCPE

A student may request postponement or interruption of their SCPE schedule. Criteria for this is outlined in the Student Handbook. Written requests must be made to the Director of Clinical Education as soon as possible. The student should be aware that interrupted and postponed SCPEs will delay the student's program completion date. The program may not be able to find a suitable preceptor in the area SCPEs not yet completed in time to meet the student's expected program completion date.

CLOSING OF CAMPUS (INCLUDING INCLEMENT WEATHER)**Clinical Phase Students Rotating within 60 miles of the UNC School of Medicine:**

If classes are to be cancelled and/or the University closed due to inclement weather, the following steps shall be implemented for courses and rotations by the program:

Clinical activities will be suspended in the following way:

- In Condition 2 status, students are excused from clinical duties. Students must notify the preceptor at their clinical site that according to the University Inclement Weather policy they are not to attend clinicals.

- During Condition 2 status, students should be excused immediately from clinical duties in order to return home safely.
- The program will also make efforts to communicate to faculty and to students on their rotation by email when clinical duties are suspended.
- Students must notify the preceptor at their clinical site that according to the University Inclement Weather policy they are not to attend clinicals.

Clinical Phase Students Rotating > 60 miles from UNC School of Medicine:

Students are not expected to put themselves in dangerous situations. If a student feels as though road conditions are too dangerous for driving, then he/she should report the absence to the Director of Clinical Education. If a clinical preceptor cancels a clinic day due to inclement weather, it does not need to be made up, but should be reported to the Director of Clinical Education. Students should strive to still meet the minimum required hours for the rotation. If this is not possible, the student should contact the Director of Clinical Education immediately to discuss options.

Non-inclement weather closure of campus

Should campus be closed for a reason other than inclement weather, clinical phase students are expected to attend clinicals for the day. Should the campus closure be of such a nature that students may be negatively affected in some way (emotionally, physically, etc.), the program will alert students to not attend clinicals.

EXPECTATIONS & RESPONSIBILITIES SECTION

Supervision & Clinical Rules for PA Students on SCPEs

1. PA students must behave in a professional manner at all times as outlined in the *Student Handbook*.
2. PA students must report to the clinical site on time, as directed by the preceptor.
3. PA students must introduce themselves as PA students and wear identifying name tags and badges around their neck or on the left chest pocket. (B3.01)
4. PA students must see and discuss each patient with their preceptor and may not treat, or release a patient without approval of the preceptor.
5. PA students may not administer medications without the express approval and supervision of the responsible preceptor.
6. PA students must discuss patient clinical findings, assessment, and treatment plans with their preceptor before discussing them with the patient.
7. PA students should accept only tasks for which he/she has been properly trained and perform procedures only with the direct supervision of the physician.
8. PA students must notify the preceptor immediately of any patient problems observed while functioning without direct supervision.
9. PA students must sign the appropriate hospital forms agreeing to maintain strict confidentiality of all patient information. Students must complete the following annual learning management system (LMS) training module and turn it in to the Director of Clinical Education prior to starting the clinical year: Confidentiality, Privacy, and Information Security.
10. PA students are responsible for maintaining all current and up to date immunizations in the PA Program. The student must have a required comprehensive physical examination by a licensed medical provider (DO, MD, PA or NP). Students are also required to keep a copy of immunization records to send to clinical practicums as needed. You can find the most up-to-date UNC requirements at <https://campushealth.unc.edu/services/immunizations/health-science-students-immunizations> and <https://campushealth.unc.edu/services/immunizations/north-carolina-required-immunizations-entering-students>. (A3.07, A3.19, A3.21)
11. PA students must report any infectious disease exposures (needle sticks, etc.) to the preceptor, hospital employee health, and a clinical coordinator immediately. (A3.08)
12. PA students must maintain current health insurance and immunizations (including PPD/CXR) throughout the clinical year. (A3.07)
13. PA students must obtain any background criminal investigation and/or drug screening, if required by the clinical site, at the student's expense.
14. PA students will abide by the rules and regulations established by the participating preceptor and institution including scheduling of hours of attendance.
15. PA students must be courteous to the people with whom you work. Most preceptors are not paid for the education they are providing you.
16. PA students will follow the dress code of the participating institution or site.
17. PA students must be courteous to the patients. They are why the PA profession exists.
18. PA students must answer all Q-stream questions during the rotation. **Professionalism**

Student Expectations & Responsibilities

Weekly Reporting

Week 1:

- Student must email a copy of their schedule to the Director of Clinical Education NLT 5:00 p.m. (EST) on the first Wednesday of the current SCPE.

WEEK 1 through WEEK 4 or 6 (Depending on the length of the rotation):

- Maintain an accurate patient encounter log using the eMedley program. Weekly patient logs should be completed by the following 8:00 a.m. (EST) on Mondays. During the last week of the rotation, patient logs are due by 8:00 a.m. (EST) on Friday for core SCPEs and 6:00 p.m. (EST) on Friday for elective SCPEs. Every patient encounter during your SCPE will be required to be logged into eMedley. This is a professionalism requirement. Failure to do this may result in Professional Probation and subsequent referral to SCPE Committee for dismissal. We recommend you take the time at the end of each day to log your patients into eMedley. This will help you get in the habit to finish your notes the same day when you are in clinical practice.
- Maintain an accurate procedure log with documentation of procedures performed, date, and preceptor signature. This log will be reviewed by the clinical coordinators and will subsequently be utilized when applying for privileges at healthcare centers and licensure.
- Both patient encounter log and procedure log will be a component of the final grade for each clinical practicum.
- **Student is responsible to ensure two Mini-Clinical Evaluation Exercises (CEX) Evaluations are conducted and submitted to the DCE prior to the mid-point of the rotation. This is a professionalism requirement.**

WEEK 2:

- Student contacts next preceptor, and notifies the clinical coordinator of the contact. (E-mail is acceptable for this notification); if you fail to confirm your next practicum, and a problem arises with that practicum, the clinical coordinator is under no obligation to immediately find you a replacement practicum. You may be required to complete the missed practicum at the end of your clinical year, delaying your graduation.
- Get directions to practice, day one expectations, complete any additional requirements such as background checks, drug screening, training etc., for the next practicum. Site-specific requirements are listed in Sakai. The student is responsible to ensure all site-specific requirements are complete. If site-specific assignments are not complete in time, this will cause a delay in starting your SCPE rotation and a delay in program completion/graduation.

WEEK 2 (FOR 4 WEEK SCPE'S) OR WEEK 3 (FOR 6 WEEKS SCPE'S):

- You must complete and submit the UNC PA Program mid-point self-reflection in eMedley by Thursday at 5 p.m. (EST) of the mid-point week. You must contact your advisor (email is fine) to check-in and discuss your mid-point self-reflection by 5:00 p.m. (EST) on Thursday of the mid-point week. This gives the student a moment to reflect on the current performance of the SCPE and keeps the faculty advisor up-to-date on problems/issues the student is having in the SCPE.

- This will also give the faculty advisor an opportunity to provide feedback on ways the student can improve his/her studying for the End of Rotation Exam and offer feedback in ways the student can improve his/her performance in the SCPE. This is a professionalism requirement. Failure to comply may result in Professional Probation and subsequent referral to SCPE Committee for dismissal.
- You must sit down with your preceptor and fill out/discuss your mid-point preceptor evaluation and ensure your preceptor submits it in E-medley by 5:00 p.m. (EST) on Friday of the mid-point week. The student is responsible to ensure your preceptor completes and submits the evaluation by the due date. It is also important for the student to obtain constructive feedback on the current performance of the SCPE to allow time to make improvement in identified areas with weak performance. This is a professionalism requirement. Failure to comply may result in Professional Probation and subsequent referral to SCPE Committee for dismissal.
- Student is responsible to complete and submit the third Mini-CEX to the DCE by the end of 3rd week for 4-week rotations or by the end of the 5th week for 6-week rotations.

WEEK 4 or 6 (Last week of SCPE):

- By Friday at 8:00 am (EST), a completed student SCPE evaluation (Preceptor/Self/Site/SCPE) must be submitted in E-medley for each practicum. This is a professionalism requirement. Failure to comply may result in Professional Probation and subsequent referral to SCPE Committee for dismissal.
- You are required to return to UNC campus to complete the End-of Rotation exam and call back days as scheduled.
- If you are on your elective rotation you must attend clinic on the last day of the rotation.
- The Final Preceptor evaluation must be submitted at the end of each practicum. You must sit down with your preceptor and discuss your final evaluation and ensure your preceptor submits it in E-medley by 5:00 p.m. (EST) on the last Thursday for Core SCPE's or 6:00 p.m. (EST) on the last Friday for Elective SCPE's. The student is responsible to ensure the preceptor completes and submits the evaluation by the due date. It is important to know and understand the overall performance during the SCPE and obtain feedback on any weak identified areas that require improvement in which the preceptor recommends for future SCPEs. This is a professionalism requirement. It is not the clinical coordinator's **responsibility to be tracking down your evaluations. Failure to comply may result in Professional Probation and subsequent referral to SCPE Committee for dismissal.**

Contact requirements

- It is the student's responsibility to notify the PA Program administrative assistant and clinical coordinators of any personal contact information changes via e-mail. The student should also make appropriate changes to personal contact information on the eMedley web site.
- Check UNC e-mail account, Sakai and voicemail daily. Respond within 48 hours.
- You must submit an absence request to the PA program according to the UNC PA Program Student Handbook policy. Additionally, you must notify the clinical coordinator and the preceptor.
- If you become ill prior to your shift or reporting to clinic, you must notify the clinical coordinator and preceptor.

Student Professional Clinical Conduct

1. Students at clinical sites must always work under the supervision of a preceptor who must be a licensed and boarded physician, PA, NP or CNM. (B3.05, B3.06)
2. Student must not function in the place of an employee, or assume primary responsibility for a patient's care.
3. Students must not treat and discharge a patient from care without the direct oversight of their clinical preceptor.
4. Students must always identify themselves as "PA students".
5. Students must always visibly display the Program and provided name tag designating student status and association with the Master of Physician Assistant Studies Program.
6. Students shall perform only those procedures authorized by the Program, clinical site, and preceptor.
7. Students shall not exhibit any behavior that may jeopardize the health and safety of patients, faculty, or fellow students.
8. Students will deliver healthcare service to patients without regard to a patient's race, ethnicity, religion, creed, national origin, sexual orientation, socioeconomic status, disability, disease status, and political beliefs.
9. In the event of the temporary absence of the assigned preceptor, the preceptor or his/her designee will identify an alternate preceptor.
10. At no time will students work without having a clearly identified preceptor who directly oversees the student's activities.
11. All documents completed by the student must be signed with the student's name clearly written, followed by the designation "PA-S".
12. At no time may PA students use their other professional titles (e.g. AT-C, RN, EMT-P, DPT, DC, etc.) while on clinical rotation.
13. The preceptor must countersign all chart entries and written orders immediately.
14. Students must know their limits. Students must not consent to assess any patient or perform any procedure that is beyond their ability.
15. The highest level of patient confidentiality and compliance with the HIPAA guidelines will be observed at all times.
16. Students must adhere to standards related to universal precautions.
17. Students must complete mid-point self-reflection rotation and clinical site/preceptor/course evaluation via E-medley. Students are responsible to ensure the preceptor completes all required evaluations prior to the end of the SCPE. The student is responsible that three mini-clinical evaluation exercises (CEX) are completed during the rotation.

PRECEPTOR EXPECTATIONS & RESPONSIBILITIES

Definition of the Preceptor Role

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

CME/(Health Sciences Library (HSL) Access for Precepting PA Students

Individual preceptors may be awarded a maximum of 10 AAPA Category I CME credits for precepting PA students per calendar year. An email will be sent out at the end of the year (December) with a self-report/evaluation link.

This survey will also allow you to opt-in to **UNC Health Sciences Library online resource access** (journals, eBooks, UpToDate, etc.).

Preceptor Responsibilities

Preceptors' responsibilities include, but are not limited to, the following:

1. Will act as part of the Instructional Faculty for the UNC-CH PAP. (A2.14)
2. Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation. Supervise student's clinical activities
3. Although PA students can be expected to evaluate all types of patients, they are not yet licensed practitioners. During clinical practicums, a preceptor who has legal authority to provide medical care for the patient must supervise PA students. This includes physicians who are specialty board certified in their area of instruction, PAs team with physicians who are specialty board certified in their area of instruction or other licensed healthcare providers experienced in their area of instruction. In some cases, the student may present cases to a graduate PA or NP working for the designated preceptor, however, responsibility for supervising the student and the care rendered by that student must rest with the physician-supervisor. (B3.05, B3.06)
4. Evaluate and grade the student's performance.
5. Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise.
6. Ensure that the student follows the reading assignments in the syllabus
7. Provide a fair and honest evaluation of the student's abilities during and on completion of the practicum. (C3.01, C3.02)
8. Assure that students will not be used to substitute for regular clinical or administrative staff. (A3.06)
9. Complete the student's electronic mid and final Clinical Performance Evaluation via E-medley no later than the last day of the rotation. (C3.01, C3.02)
Conduct three Mini-Clinical Evaluation Exercise (mini-CEX) during the SCPE and submit in E-medley. (C3.01, C3.02)
10. Allow the student to attend any required meetings.
11. Make sure that the student follows all HIPAA and Universal Precautions standard operating

procedures, regulations or laws and reports any infectious disease exposures to the PA Program immediately.

12. Provide an environment conducive to learning.
13. Provide feedback on patient care and interactions with staff.
14. **Ensure students are accurately documenting clinic time in eMedley.**
15. Give guidance as a mentor and role model.
16. Provide direction for the student to become a self-motivated lifetime learner.
17. Provide timely feedback to the student and the program regarding student performance.
18. Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and responsibilities.
19. Maintain an updated CV (Every 2 years), Certifications (Based on respected Board Re-certification timeframe), and Licensure (Annually) in E-medley. (A2.16)

HOSPITAL/CLINIC RESPONSIBILITIES AND EXPECTATIONS

1. Provide a comfortable learning environment for the student. (C4.02)
2. Maintain and update as appropriate a roster of all students and supervising physicians currently serving in the hospital.
3. Assure that the non-physician professional staff is aware of the medical staff bylaws allowing student participation in the hospital setting.

CLINICAL YEAR ACADEMIC STANDARDS AND ASSIGNMENTS SECTION

ACADEMIC STANDARDS (A3.17a)

2019 SCPE Year Schedule:

4 Week Rotations:

(1) End of Rotation (EOR) Exam will be on the last Friday of the 4th week from 9:30 am - 11:30 am.

9 January - 3 February

6 February - 3 March

6 March - 31 March

3 April - 28 April

8 May - 2 June

5 June - 30 June

3 July - 28 July

15 August - 8 September

11 September - 6 October

16 October - 10 November

***IF YOU ARE ON YOUR ELECTIVE ROTATION, YOU WILL SHOW UP IN CLINIC FOR A REGULAR SCHEDULED CLINIC DAY. THIS IS NOT A DAY OFF. IF THIS DAY IS MISSED, IT WILL BE REQUIRED TO BE MADE UP AND MAY DELAY PROGRAM COMPLETION AND GRADUATION.**

6-week Rotations:

(1) End of Rotation (EOR) Exam will be on the last Friday of the 6th week from 9 :30 am - 11:30 am except for 29 March, 28 June, 27 September. On these Call-Back days, EOR testing will occur on the last Thursday of the 6th week from 9:30am-11:30am.

7 January - 15 February

18 February - 29 March

8 April - 17 May

20 May - 28 June

8 July - 16 August

19 August - 27 September

Mandatory End of Rotation (EOR) Call Back Day Workshops:

(1) There are 3 Mandatory 3 or 4-day Workshops during the Clinical Year. Each day will be from 9 am - 4 pm.

1 May - 3 May

31 July - 2 August

10 November - 14 November

PHYSICIAN ASSISTANT COMPETENCIES (B3.02)

The PA profession defines specific knowledge, skills, and attitudes required and provide education experiences as needed in order for PA to acquire and demonstrate these competencies. The professional competencies for PA include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and system-based practice. Each specific rotation will have separate learning goals and outcomes associated with the PA Core Competencies.

Medical Knowledge

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. PAs must demonstrate core knowledge about established and evolving biomedical and clinical sciences, as well as the application to patient care in the area of practice. In addition, PAs are expected to demonstrate an investigative and analytic thinking approach to clinical situations. PAs are expected to understand, evaluate, and apply the following to clinical scenarios:

- Evidence-based medicine
- Scientific principles related to patient care
- Etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- Signs and symptoms of medical and surgical conditions
- Appropriate diagnostic studies
- Management of general medical and surgical conditions to include pharmacologic and other treatment modalities
- Interventions for prevention of disease and health promotion/maintenance
- Screening methods to detect conditions in an asymptomatic individual
- History and physical findings and diagnostic studies to formulate differential diagnoses

Interpersonal & Communications Skills

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. PAs must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the healthcare system. PA are expected to:

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective communication skills to elicit and provide information
- Adapt communication style and messages to the context of the interaction
- Work effectively with physicians and other healthcare professionals as a member or leader of a healthcare team or other professional group
- Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- Accurately and adequately document information regarding care for medical, legal,

Patient Care

Patient care includes patient and setting-specific assessment, evaluation, and management. PAs must demonstrate care that is effective, safe, high quality, and equitable.

PAs are expected to:

- Work effectively with physicians and other healthcare professionals to provide patient-centered care
- Demonstrate compassionate and respectful behaviors when interacting with patients and their families
- Obtain essential and accurate information about their patients
- Make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- Develop and implement patient management plans
- Counsel and educate patients and their families
- Perform medical and surgical procedures essential to their area of practice
- Provide healthcare services and education aimed at disease prevention and health maintenance
- Use information technology to support patient care decisions and patient education

Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. PAs must acknowledge their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance use, cognitive deficiency or mental illness. PAs must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. PAs are expected to demonstrate:

- Understanding of legal and regulatory requirements, as well as the appropriate role of the PA
- Professional relationships with physician supervisors and other healthcare providers
- Respect, compassion, and integrity
- Accountability to patients, society, and the profession
- Commitment to excellence and on-going professional development
- Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Sensitivity and responsiveness to patients' culture, age, gender, and abilities
- Self-reflection, critical curiosity, and initiative
- Healthy behaviors and life balance
- Commitment to the education of students and other healthcare professionals quality, and financial purposes

Practice-based Learning & Improvement

Practice-based learning and improvement includes the processes through which PAs engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of self and practice-improvement. PAs must be able to assess, evaluate, and improve their patient care practices. PAs are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the healthcare delivery team
- Locate, appraise, and integrate evidence from scientific studies related to their patients' health
- Apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- Utilize information technology to manage information, access medical information, and support their own education
- Recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

Systems-based Practice

Systems-based practice encompasses the societal, organizational, and economic environments in which healthcare is delivered. PAs must demonstrate an awareness of and responsiveness to the larger system of healthcare to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve the healthcare system of which their practices are a part. PAs are expected to:

- Effectively interact with different types of medical practice and delivery systems
- Understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
- Practice cost-effective healthcare and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Partner with supervising physicians, healthcare managers, and other healthcare providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes
- Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- Apply medical information and clinical data systems to provide effective, efficient patient care
- Recognize and appropriately address system biases that contribute to healthcare disparities
- Apply the concepts of population health to patient care

Expected Progression of the PA Student (COMPETENCY BASED MODEL)

PA Students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to more effectively come up with an assessment and plan, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should be allowed progressively increasing supervised autonomy. Below are some models that can assist a preceptor when working with PA Students.

The General Model – Ambulatory Setting

- Student follows/observes the first 1 – 2 days
- Student sees patients and formally presents
- Patient then seen by supervising preceptor with students – student feedback provided
- Student degree of independence to be governed by student experience and preceptor comfort level

The General Model – Inpatient Settings, Medicine, Surgery

- Assigned inpatient teams
- Daily rounds, assigned patients, patient presentations
- Call as is customary, admissions H&P's, admission orders vs Daily progress notes, orders, labs
- Involve student in patient management decisions
- Periodic team educational conferences as is customary vs Grand Rounds
- Outpatient clinic duties if applicable
- As much "hands on" as possible

The final preceptor evaluation for each SCPE will be based on the ORIME model: (Competency Based Education)

- Observer (passive)
- Reporter (data gathering)
- Interpreter (differential diagnosis)
- Manager (formulates a treatment plan)
- Educator (reads up on a topic, teaches the team)

Student Evaluation Using the ORIME Framework:

The ORIME framework provides terminology for describing the professional growth of PA students. The progression of student development during the clinical years is probably best conceptualized by the ORIME framework. As students grow in knowledge, skills and attitudes, they generally progress through four stages: Reporter, Interpreter, Manager and Educator. Each stage requires an integration of knowledge, skills and attitudes. The more advanced stages require a higher degree of sophistication and confidence. Attributes of each level include:

Observer

The student does not participate in patient care directly, but observes the preceptor in all aspects of healthcare delivery. **It is expected that all students who act as an Observer will quickly transition from Observer to Reporter within a few days on each clinical rotation.**

Reporter

Reporters can accurately and reliably gather clinical information on each of their patients. Reporters can communicate clearly (both verbally and in writing) the clinical information they have obtained. Reporters are able to distinguish important information from unimportant information and are able to focus data collection and presentation on central issues. Students may function as master Reporters in some areas of the PA Competencies (and be transitioning into beginning Interpreters) during the first half of the clinical year.

Interpreter

Interpreters are able to identify problems independently and to prioritize problems, including new problems, as they arise. Interpreters are able to develop a differential diagnosis independently and to make a case for and against each of the important diagnoses under consideration for a patient's central problem(s). Helping students make the transition from Reporter to Interpreter is one of the focal efforts of the clerkship. All students are expected to show significant progress in this area; students should continue making progress in this stage during the second half of the clinical year.

Manager

Managers are able to develop and defend a diagnostic and a therapeutic plan for each of their patients' central problem(s). Managers are able to utilize their growing clinical judgment to decide when action needs to be taken. Managers can analyze the risk/benefit balance of specific diagnostic and therapeutic measures based on an individual patient's circumstances. While some students will acquire sufficient knowledge, skills, and confidence to function as Managers for some of their patients in the latter part of the clerkship, not all will make this transition. The transition from Interpreter to Manager is one of the goals toward the end of the middle to the beginning of the last half of the clinical year.

Educator

Educators have mastered the fundamental skills described above. Educators have the insight to define important questions to research in more depth, the drive to seek out the evidence behind clinical practice, and the skills to scrutinize the quality of this evidence. Educators take a share in educating the rest of the team. The transition from Manager to Educator is usually completed late in the end of the clinical year. **(Students should strive to achieve the level of Educator by the end of their Clinical Year, though it is understood that it may not be possible to do so in all domains.)**

Summary

The RIME model provides a framework and terminology for describing the professional growth of the PA student. Preceptors should provide an authentic, objective assessment of the student using the ORIME framework and provide adequate feedback to the student.

Assessments (B2.14, B3.02, B3.03, B3.04, C3.01, C3.02, C3.03, C3.05, C4.01, C4.02)

Throughout the clinical phase of the program, students will be evaluated and expected to meet the highest standards of achievement in the established learning outcomes and expected competencies. The UNC PA Program adheres to a multi-method and longitudinal global assessment program during the clinical year. The use of multiple combination of assessments will result in a portfolio that resembles the overall picture of how well the student is performing during the clinical year. This will allow for timely feedback of student's clinical performance and to assist in facilitating remediation during the clinical phase.

In each of the core clinical rotations (Internal Medicine, Family Medicine, Pediatrics, Women's Health, Surgery, Emergency Medicine, Behavioral and Mental Health and electives) the student will be evaluated by the Director of Clinical Education, Clinical Preceptor(s) and Faculty Advisor(s) utilizing a variety of assessment tools to review and synthesize the student's clinical performance:

- End-of-Rotation Assignments
- End-of SCPE Examinations/Oral Case Presentations
- Development of Learning Objectives during Elective SCPE
- E-Medley entries
- Preceptor Clinical Evaluation of Student
- Clinical Site Visits
- End-of-SCPE Activities
- Call Back Day OSCEs

Guidance

Students will have access to his/her advisor for assistance and counseling regarding their career development, concerns and problems. Advisors will also be promptly available to assist students in understanding and abiding by program policies and practice and to provide referral for students with personal problems that may interfere with their progress in the clinical experience.

SCPE Evaluations:Mid-Point Preceptor Evaluation:

The Mid-Point evaluation will be completed by one or more preceptors with whom the student has worked. The goal of this evaluation is to ensure the student is on the right track towards learning. It is an opportunity for the preceptor and student to discuss any areas to direct focus for the remainder of the rotation. The Mid-Point evaluation is not part of the official grade. The Mid-Point evaluation is to be uploaded onto eMedley for the appropriate rotation.

Oral Presentation Evaluation:

During an in-person site visit the student will be expected to complete an oral presentation to their preceptor, while the faculty observes and evaluates. The observed oral presentation is only required twice during the clinical year. Feedback will be provided to the student from the faculty member.

Final Preceptor Evaluation:

The Final summative evaluation will be completed by the preceptor at the end of the clinical rotation. The summative evaluation will assess the progression of student development in the clinical year relative to the six PA competencies using the ORIME framework. This evaluation includes assessment of multiple tenets of professionalism, as well as fund of medical knowledge and its application, H&P, clinical and procedural skills and clinical judgement, based on the formulation of differential diagnoses, proper utilization of diagnostic studies and the ability to develop an adequate therapeutic plan, as well as presentation and interpersonal skills. The final evaluation is to be uploaded onto eMedley for the appropriate rotation.

Site Critique/Self-Evaluation/Preceptor/SCPE Course Evaluation:

Students are a vital and integral component of the ongoing PA program self-study process and ARC-PA accreditation. To address these commitments, students are required to complete an evaluation assessing the course objectives, exams, course director, the clinical site and the preceptor. It is important to remember the site/preceptor critique will be shared to preceptors, so please be sure to utilize professional constructive feedback when deemed necessary. Additionally, part of the evaluation will have the student do a self-evaluation to see the relationship and comparison of the preceptor evaluation and the student's perceptions of their progress through the entire SCPE. The evaluation is to be uploaded onto eMedley for the appropriate rotation.

Diagnostic and Therapeutic Technical Skills

Upon completion of the supervised clinical practice experiences, physician assistant students *should* be able to demonstrate/perform the following technical skills in which they have received prior instruction during the didactic phase of the program. Throughout the clinical phase of the program, students will have the opportunity to gain further instruction and continue practicing these skills and procedures in order to improve their technique.

Students are required to log performance of all procedures/skills performed during each rotation, via E-medley clinical tracking system. It is denoted below as to which clinical rotations students will most likely have the greatest opportunities for each skill/procedure.

However, students are expected to proactively pursue any opportunity to participate in such procedures during their clinical rotations to increase their skills set and expand their personal clinical portfolios. Program faculty have established a set of procedures listed below in **bold** which represent the skills and procedures common to primary care for which students are expected to have entry-level competency in performing by completion of the program. Students must be prepared to demonstrate competency on any of the following skills that appear in **bold**, as they will be tested on **randomly selected skills/procedures** during Clinical OSCE Evaluations as well as at the time of Summative evaluation.

Airway management to include intubation (EM, IM, Peds, Elective)

Lumbar Puncture (EM, IM, Peds, Elective)

Wound Care (EM, S, PC, Elective)

Nasopharyngeal swab (Peds, EM, PC, IM)

Incision and Drainage (I&D) (Peds, PC, EM, S, Elective)

Doppler assessment of fetal heart rate (PC, IM, WH, S, EM)

Clinical breast exam (FM, WH, S)

Dipstick urinalysis (PC, Peds, WH, BH)

Interpret Chest X-Ray (PA and Lateral) (IM, EM, PC, S, Peds)

Interpret Musculoskeletal Radiographs (IM, EM, Peds, PC, Elective)

Digital Rectal Exam (DRE) / Prostate Exam (PC, EM, IM)

Fecal occult blood testing (PC, IM, ER)

Peripheral IV Catherization (PC, IM, EM, Peds)

Interpret 12 Lead EKG (PC, IM, Peds, EM)

Throat swab/Rapid Strep-A antigen Testing (Peds, PC, EM)

Injection - Intramuscular (PC, EM, Peds)

Pelvic Exam for collection of urethral, vaginal, and/or cervical specimens for STI testing (WH, PC, ER, Elective)

Pelvic Exam for collection of vaginal and cervical specimens for cytologic (PAP) examination (PC, WH, Elective)

Venipuncture (PC, IM, EM)

Suturing - Interrupted (EM, IM, PC, Peds, S)

Aseptic Technique (S, EM, IM, PC, Peds, Elective)

APPENDIX SECTION

Appendix A: Integrating Students into Patient Care/Workflow

Incorporating Students into Patient Care/Workflow

<http://paeaonline.org/publications/preceptor-handbook/>

Introducing/Orienting a PA Student to Your Practice

<http://paeaonline.org/publications/preceptor-handbook/>

Appendix B: Evaluation and Teaching Strategies

Ask-Tell-Ask Feedback Model

<http://paeaonline.org/publications/preceptor-handbook/>

The One-Minute Preceptor

This resource outlines five “microskills” essential to clinical teaching.

<http://stfm.org/fmhub/fm2003/jun03/stevens.pdf>

<http://paeaonline.org/publications/preceptor-handbook/>

Feedback and Reflection: Teaching Methods for Clinical Settings

This article describes how to use these two clinical teaching methods effectively.

<http://www.uthscsa.edu/gme/documents/FeedbackandReflection.pdf>

Characteristics of Effective Clinical Teachers

This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors.

<https://fammedarchives.blob.core.windows.net/imagesandpdfs/fmhub/fm2005/January/Tama-ra30.pdf>

Tailoring Clinical Teaching to an Individual Student

<http://paeaonline.org/publications/preceptor-handbook/>

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

<http://paeaonline.org/publications/preceptor-handbook/>

Appendix C: Providing Effective Feedback***Getting Beyond “Good Job”: How to Give Effective Feedback***

This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback.

<http://pediatrics.aappublications.org/cgi/reprint/127/2/205>

Feedback in Clinical Medical Education

This article provides effective guidelines for giving feedback.

<https://mfdp.med.harvard.edu/sites/default/files/files/2015/Mentoring/ResourcesForMentors/Twelve%20tips%20for%20giving%20feedback%20in%20clinical%20setting.pdf>

Feedback: An Educational Model for Community-Based Teachers

This document provides insightful tips on giving feedback, describes differences between feedback and evaluation, addresses barriers to giving feedback, and gives the reader case-based practice scenarios.

<http://www.snhahec.org/feedback%20module.pdf>

Appendix D: Managing Difficult Learning Situations***Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers***

These documents outline strategies for both preventing and managing difficult learning situations.

<http://www.snhahec.org/difficult%20learner%20prevention.pdf>

Providing Difficult Feedback: TIPS for the Problem Learner

This article provides an easy-to-use “TIPS” strategy to address difficult learners or learning situations.

<https://uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf>

Appendix E: Developing Expectations

This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher.

<http://www.snhahc.org/EffectivePreceptor.pdf>

Appendix F: Conflict Resolution**Aspects of Conflict Resolution**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3835442/>

Appendix G: Epic Documentation**ISD Tip Sheet for Preceptors with medical and APP students**

[NEW Tip Sheet PRECEPTORS signing APP student notes Inpt and Ambulatory instructs SmartPhrases Apr 2022.pdf](#)