

<p>KANSAS STATE UNIVERSITY College of Health and Human Sciences Physician Assistant Program</p> <p style="text-align: center;">POLICIES</p>	<p>Effective Date: January 1, 2020</p> <p>ARC-PA Standards Addressed: A1.01, A1.02g, A1.10a-b, A2.16a, A2.17a-b, A3.03, B3.01, B3.02, B3.03a-e, B3.04a-d, B3.05, B3.06a-c, B3.07a-g, B4.01a-b, C2.01</p>
<p>Responsible Party: Program Director</p>	<p>Revised: 11/23</p>
<p>Approved by: K-State PA Program Principal Faculty</p>	
<p>Subject: Supervised Clinical Practice Experience Policy</p>	
<p>PURPOSE:</p> <p>The Supervised Clinical Practice Experience (SCPE) portion of the PA curriculum is designed to provide meaningful direct patient care experiences working in a variety of clinical practice environments that allow students an opportunity to apply the extensive knowledge base developed during the didactic year. This will ensure an optimal clinical education experience for K-State PA students, ultimately preparing them for certification and professional practice. The purpose of this policy is to articulate the boundaries with which students may participate in the process of establishing supervised clinical practice experiences and define program expectations and processes for advancement to, recruitment of, and evaluation and approval of clinical sites and preceptors.</p>	
<p>ARC-PA Associated Standards:</p> <ul style="list-style-type: none"> • A1.01 - When more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students <i>must</i> be clearly described and documented in a manner signifying agreement by the involved institutions. Signed affiliation agreement(s) must define the responsibilities of each party related to the educational program for students, must specify whose policies govern, and must document student access to educational resources and clinical experiences. While one agreement between the sponsoring institution and each clinical entity to cover multiple professional disciplines is acceptable, these agreements are expected to include specific notations acknowledging the terms of participation between the PA program and each clinical entity. Agreements are expected to be signed by an authorized individual(s) of each participating entity. • A1.02g - The sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs. • A1.10 - The sponsoring institution <i>must</i> support the program in: <ul style="list-style-type: none"> ○ securing clinical sites and <i>preceptors sufficient</i> in number to allow all students to meet the program's <i>learning outcomes</i> for <i>supervised clinical practice experiences</i> and ○ ensuring all <i>required rotations</i> are located within the <i>United States</i>. 	

- **A2.16** - The program *must*:
 - verify and document that all *instructional faculty* actively serving as *supervised clinical practice experience preceptors* hold a valid license that allows them to practice at the clinical site,
- **A2.17** - In each location to which a student is assigned for didactic instruction or *supervised clinical practice experiences*, the program *must*:
 - inform the student which *principal* or *instructional faculty* member is designated by the program to assess and supervise the student's progress in achieving the *learning outcomes* it requires of students and how to contact this faculty member.
 - Orient all *instructional faculty* to specific *learning outcomes* it requires of students.
- **A3.03** - The program *must* define, publish, make *readily available* and consistently apply a policy for prospective and enrolled students that they *must* not be required to provide or solicit clinical sites or *preceptors*.
- **B3.01** – The program *must* secure clinical sites and preceptors in *sufficient* numbers to allow all clinical students to meet the program's *learning outcomes for supervised clinical practice experiences*.
- **B3.02** Clinical sites and *preceptors* located outside of the *United States* *must* only be used for *elective rotations*.
- **B3.03** - *Supervised clinical practice experiences* *must* enable all students to meet the program's *learning outcomes*:
 - for preventive, emergent, acute, and chronic patient encounters,
 - across the life span, to include infants, children, adolescents, adults, and the elderly
 - for women's health (to include prenatal and gynecologic care),
 - for conditions requiring surgical management, including pre- operative, intra-operative, post-operative care, and
 - for behavioral and mental health conditions.
- **B3.04** - *Supervised clinical practice experiences* *must* occur in the following settings:
 - emergency department,
 - inpatient
 - outpatient, and
 - operating room
- **B3.05** - *Instructional faculty* for the *supervised clinical practice* portion of the educational program *must* consist primarily of practicing physicians and PAs.
- **B3.06** - *Supervised clinical practice experiences* *should* occur with:
 - physicians who are specialty board certified in their area of instruction,
 - NCCPA certified PAs, or
 - other licensed health care providers qualified in their area of instruction.
- **B3.07** - *Supervised clinical practice experiences* *must* occur with *preceptors* who enable students to meet program defined *learning outcomes* for:
 - Family Medicine
 - Emergency medicine
 - Internal medicine
 - Surgery
 - Pediatrics

- women’s health including prenatal and gynecologic care, and
- behavioral and mental health care.
- **B4.01** - The program *must* conduct *frequent*, objective and documented evaluations of student performance for both didactic and *supervised clinical practice experience* components. The evaluations *must*:
 - align with what is expected and taught, and
 - allow the program to identify and address any student deficiencies in a timely manner.
- **C2.01** - The program *must* define and maintain effective processes and document the initial and ongoing evaluation of all sites and *preceptors* used for *supervised clinical practice experiences*, to ensure that students are able to fulfill program *learning outcomes* with access to:
 - physical facilities,
 - patient populations, and
 - supervision.

POLICY STATEMENT:

In compliance with the ARC-PA standards, Kansas State University Physician Assistant program:

- Requires a formal affiliation agreement be established with any clinical site or preceptor involved in providing a SCPE for students enrolled in the program.
- Does not require students to provide or solicit clinical sites or preceptors and does not require students to coordinate clinical sites and preceptors for program required SCPEs.
- Permits students to submit requests to develop new sites to the Clinical Director, who then determines the appropriateness of developing the site.
- Coordinates all activities associated with clinical practice experiences including identifying, contacting, initial and ongoing evaluation of the suitability of, and student placement with clinical sites and preceptors.
- All K-State students on clinical rotations will have 24/7 remote access to all K-State Libraries educational resources. The student’s K-State EID will be required for access.

Supervised Clinical Practice

Requirements for Student Promotion to Clinical Phase

All PA students will be reviewed annually by program faculty. The Progression, Promotion and Professionalism (PPP) committee will determine promotion from one phase to the next at the end of each phase based on faculty review, and students meeting the following requirements:

Didactic to Clinical Phase. The PPP committee will recommend promotion from the didactic phase of training to the clinical phase at the end of the didactic phase based on the following requirements:

- The student has earned a cumulative (didactic phase) GPA of 3.0 or greater on a scale of 4.0, with no course grade below a “C.”
- The student has demonstrated adherence to the University and Program policies, [Guidelines for Ethical Conduct for the PA Profession](#) and [K-State Student Code of Conduct policy](#).*

- The student has participated in all program required events (unless otherwise excused by the appropriate director).
- The student has completed HIPAA and blood borne pathogen training.
- The student has provided documentation of health insurance.
- The student has met all the qualifications for credentialing in the clinical phase to include all required immunizations, TB screening, (or TB testing for known exposure or ongoing transmission, or state mandated), passed urine drug screen, passed criminal background/sex offender check, BLS, and ACLS certification.
- Signed Health Information Release form by student, allowing the K-State Physician Assistant Program to maintain and release the following information to clinical rotation sites: immunizations, TB screening status, background check and UDS results, professional liability insurance, and BLS/ACLS certification,

Clinical Rotation Scheduling

- All students will be scheduled to complete ten mandatory “core” rotations and one elective rotation, all rotations being five (5) weeks in length, in order to meet program experiential learning expectations. The elective rotation may be assigned as a “selective rotation” by the program to remediate student’s area(s) of limited exposure to required experiences. The core rotations include:
 - Family Medicine I
 - Family Medicine II
 - Internal Medicine
 - Emergency Medicine
 - General Surgery
 - Pediatric Medicine
 - Women’s Health
 - Behavioral Medicine
 - Geriatric Medicine
 - Orthopedics
- Students are allowed to submit requests for specific clinical sites and/or preceptors. However, while every attempt is made to accommodate student requests, rotation assignment is done by and at the sole discretion of the Clinical Coordinator and/or Clinical Director subject to approval and availability of the Preceptor/Clinical Site.
- Students are not allowed to request or participate in a rotation at a clinical site associated with a family member, friend or any other person who may be influenced by factors other than clinical performance of the student.
- Students may be required to attend rotations at sites outside of the Manhattan area and are responsible for arranging lodging for all out-of-town rotations and all expenses associated with meals, transportation and parking.

Student Orientation to Clinical Experiential Learning – Policies

- Identification as students in clinical settings:
 - Students will **ALWAYS** introduce themselves to patients, patient family members and clinical site staff by stating their full name and position/title – “*physician assistant student.*”

- Students will wear a short white lab coat emblazoned with the Kansas State University Physician Assistant program's logo during all assigned rotation activities unless wearing the coat is inappropriate based upon the activity being performed (e.g. operating room) or at the discretion of the Preceptor.
- Students will wear the Kansas State University Physician Assistant programs student identification name badge whenever they are participating in PA professional activities (e.g. health fairs, community service opportunities, etc.) and particularly whenever they are in a health care facility, clinic or physician office in their official capacity as a student of the PA program. If a clinical education site requires a different type of ID badge, the designated badge will be worn as directed by the clinical site but must include clear identification of the "student" role.
- **Dress code:** Students will dress and present themselves in a professional and appropriate manner for the clinical rotation to which they are assigned. Students should discuss the appropriate dress code with the assigned preceptor or clinical site coordinator. In situations where the rotation or preceptor mandates no specific dress code, students will dress according to the Kansas State University Physician Assistant programs dress code defined in the K-State PA Dress Code & Identification Policy and included in the Clinical Student Manual.
- **Required Documentation:** It is the students' responsibility to complete the documentation required for each SCPE and return to the Clinical Coordinator NO LESS THAN 10 DAYS PRIOR TO THE START DATE. Failure to complete and return the required documentation related to each SCPE may result in the student NOT being allowed to participate in that SCPE and thus, delaying their date of graduation.
- **Student Attendance on Clinical Rotations:** Students are required to be present at the clinical site a minimum of 160 clinical hours for each rotation. More hours may be required by individual clinical sites and preceptors but should not exceed 80 hours per week. Please refer to the Student Attendance, Participation and Inclement Weather Policy within the Clinical Student Manual for further detail regarding attendance expectations for clinical rotations.

Learning Outcomes

- The program-defined learning outcomes serve as the culminating learning outcomes that must be demonstrated with formal assessment activities during or upon completion of the supervised clinical practice experiences. Each individual rotation has rotation specific learning objectives that must be satisfactorily demonstrated during or upon completion of that rotation. Refer to the Rotation Specific SCPE syllabi. Each clinical site is provided with a Preceptor Orientation Handbook which includes the Rotation specific syllabi as well as Program Policies and Procedures to help guide student learning and support the attainment of program expectations and learning outcomes by students.

Assessment

Assessment of Supervised Clinical Practice Experiences includes the following:

- End-of-Rotation Examinations:
 - PAEA Specialty Subject Exam at conclusion of Core SCPEs
- Rotation Specific Assignment/Assessment - e.g. Critical Topics quiz.

- Completion and submission of all clinical data, via EXXAT, including, but not limited to:
 - Patient demographics
 - Patient clinical information
 - Clinical activity time logs
- Submission of End of Rotation Evaluation, Clinical Site/Preceptor Evaluations and Mid-Rotation Evaluations for each SCPE.

Refer to Rotation specific syllabi for full details of assessment for the SCPEs.

Monitoring of Student Progress

- As defined in the SCPE rotation specific syllabi, students are required to complete specific rotation course requirements including logging of ALL clinical practice experiences and submission of rotation-related written assignments. Refer to the Student Clinical Student Manual for further details regarding expectations for student logging on SCPEs.
- The program-designated clinical team member will be responsible for monitoring student submission/completion of these requirements and progress toward achieving the program-defined SCPE experiences.
- The designated SCPE preceptor and the clinical faculty will also monitor student conduct and professionalism throughout the rotation. If a preceptor reports issues with student conduct, then the student will need to meet with a clinical faculty member to discuss these issues. Depending on the nature of the issue, the student may be required to present before the Progression, Promotion and Professionalism (PPP) Committee.
- In the event a preceptor suspects that a student is participating in a rotation under the influence of any substance that affects their clinical performance, Kansas State University Physician Assistant program reserves the right to remove the student from the rotation, perform an investigation of the matter, and work with its contracted vendor to perform a drug test on the student at the student's expense. Student return to rotation will be determined pending the decision rendered by the PPP Committee.

Determination of Rotation Grade

- As defined by program policy, all clinical rotations are graded as follows:
 - **A** - 90 –100% – Indicates Exceptional Performance
 - **B** - 80 – 89% – Indicates Good Performance
 - **F** - 79 or below – **Failure - Indicates Unsatisfactory Performance**
 - Final grades will be rounded (0.5 or greater). Example: 89.50 percent will be rounded to 90 percent; 89.49 percent will stay the same grade and not be rounded.
- Refer to the SCPE rotation specific syllabi and/or Academic Progression, Promotion, and Completion Policy for details about criteria defining requirements for a passing grade.
- The program retains full authority for determination and assignment of the student's SCPE course grade.

Clinical Sites

Recruitment

- With the support of Kansas State University, the Physician Assistant Studies program assumes responsibility for the recruitment of clinical sites and preceptors in sufficient numbers for the program-mandated supervised clinical practice experience component of the curriculum.
 - The PA Program requires an established formal affiliation agreement with any site or preceptor involved in SCPE or EER education of registered students during the clinical year. The clinical team coordinates all activities associated with all rotations. This includes identifying and contacting SCPE/EER sites and preceptors as well as the initial and ongoing evaluation of SCPE/EER sites and preceptors, and student placement.
 - The clinical team identifies and qualifies sites for student clinical rotations during the clinical year. These sites within the State of Kansas, and out-of-state are thoroughly vetted for compliance with program and ARC-PA standards. This is to ensure that all students experience equivalency in quality across all SCPE/EERs.
 - Students will not be required to provide preceptors or clinical sites for the program mandated clinical experiential learning component of the program.
 - Due to concerns of SCPE/EER site and preceptor appropriateness, safety, and monitoring, the program does not require students to provide or solicit clinical sites or preceptors and does not require students to coordinate clinical sites and preceptors for SCPEs and EERs. No student is permitted to contact a potential preceptor directly. Students are prohibited from contacting and making arrangements for their own clinical placement sites. Failure to follow this protocol can result in dismissal from the program. It is the responsibility of the PA Program, and not the students to identify and schedule sites used for the SCPE.
 - Students may suggest potential preceptors and/or clinical sites to program faculty, that are not already affiliated with the K-State PA program; however, there is no direct or implied guarantee on the part of the program that the student will be assigned a rotation with any requested preceptor or clinical site, including those already affiliated with the program. All suggested site/preceptor requests must be submitted to the Clinical Director before the end of the 2nd semester of the didactic phase. It is important for students to understand that not all recommendations will be pursued or implemented beyond the initial evaluation of the merits of the proposed site or preceptor.
 - It is ultimately up to the Program and Clinical Director to decide whether the preceptor and/or clinical site are deemed appropriate for use in Supervised Clinical Practice Experiences.
- Every student is given a specific rotation schedule for the clinical year. PA students will be placed in required rotations according to their educational needs and available rotation

resources. Considerations such as student personal demographics (gender, race/ethnicity, address, children, spouse, employment, etc.) will not guide the clinical rotation placement of students.

- Exxat will be used to assist the clinical team in developing the rotation schedules. During the first full week in September during students' 3rd semester, students will enter information into the Exxat system. At the close of the designated time, the Exxat system program will match students to SCPE and EER sites. The system attempts to place all students with the majority of their entered preferences; however, this cannot be guaranteed. This process is utilized to place students fairly and evenly without bias and to achieve the educational objectives of the clinical phase for all students. Students will be provided their full Clinical Phase rotation schedule prior to clinical orientation. **The schedule is subject to change during the clinical year for a variety of reasons, some of which may not be controlled by the PA Program.** Students will be notified in a timely manner of changes to their specific schedule.
- Please note that the order in which you complete your rotations does not impact the quality of your clinical education. However, depending on your choices for the elective experience rotation, careful attention may need to be placed on prerequisite SCPEs. For example, if you choose to complete a pediatric surgical rotation, you will have to have successfully completed PAS 840 and PAS 850; for cardiothoracic surgical rotation, the prerequisites are PAS 830 and PAS 850.
- The **Elective Rotation may be changed** if the student is not meeting minimum patient encounters in any designated category. The elective will be changed to a rotation that will assist the student in meeting minimum patient encounters. The elective may be utilized to remediate failed required rotations to allow the student to graduate with their cohort.
- While every effort will be made to accommodate student requests, decisions made by the Program or Clinical Director regarding SCPE/EER placement are final. Students are not to switch rotations with another student.

Program Requirements

- Clinical Sites must meet all program-defined expectations for clinical training sites (see evaluation section below)
- All clinical sites must establish a formal Affiliation Agreement with the program.

Evaluation of Clinical Site

Initial:

- Completion of an Initial Clinical Site Profile & Qualification Form. This form is initiated by a member of the clinical team and completed with a representative of the prospective clinical site.
- Completed Initial Clinical Site Profile & Qualification Form will be used to validate and verify that the clinical site has sufficient resources (workspace, patient exam rooms, support personnel, patient encounters of the designated specialty content) to provide broad experiential learning opportunities in a safe environment in the corresponding clinical practice area (e.g. family medicine, general surgery, etc.) for which the physician assistant student will be assigned at that site.

- The Clinical Director (CD) is responsible for the initial review of sites. He review the Initial Clinical Site Profile and Qualification form completed by a member of the clinical team and signs the form if he agrees that the site has sufficient resources. The CD can also conduct initial reviews of sites by identifying potential sites for supervised clinical practice experience, contacting the potential sites, completing the Initial Clinical Site Profile and Qualification form, and conducting an onsite or a virtual visit with the site. In both instances, the initial site qualification forms must be signed by the clinical and medical directors or the program director in their absence.
- Clinical faculty review of the prospective clinical site's qualification form is one component in the evaluation of a suitable clinical training site for students to fulfill curriculum-mandated SCPEs.
- The Clinical Director and Medical Director will review Clinical Site Profile & Initial Qualification forms to establish program approval of the site as a suitable facility for students to fulfill program required supervised clinical practice experiences.
- Documentation will be stored in the site profile in Exxat.

Ongoing:

- Continued clinical site evaluation of all active clinical sites to be conducted annually. Documentation will include any significant changes of/within the facility since prior evaluation and will be included in the Ongoing Review of Facility/Clinical Site form.
- Review of Student Evaluation of the Clinical Site forms for each clinical site occurs at the conclusion of each rotation to ensure no ratings of "Disagree" (or worse) have been received. In the event a rating of "Disagree" has been received, the program will evaluate the reason for the rating to ascertain and document the suitability of continued use of the clinical site.
- Sites identified as having deficiencies in physical facilities or supervision are visited by a member of the clinical team to ensure that each concern is remediated prior to student placement.

Clinical Site Responsibilities:

- Provide student orientation which addresses, at a minimum:
 - Use and access to local resources including facilities, computers, and internet.
 - Clinical site patient care practices including identifying which patients students are allowed to see.
 - Safety issues including exposure to hazardous materials, exposure control, procedures to be followed in event of exposure, .
 - Access to/use of patient health records and medical documentation policies and procedures.
 - Student's schedule.
- Immediate notification of the program if/when:
 - Student behavior/performance is judged to create risk for the clinical site or its patients.
 - The site determines it will be unable to provide a previously agreed upon student rotation/clinical experience.

Preceptors

- Health Care Providers: The program utilizes primarily ABMS or AOA equivalent board-certified preceptors or NCCPA certified PA's who have been in clinical practice at the existing site for at least one year. Other licensed health care providers experienced in their area of instruction may be designated as preceptors for supervised clinical practice experiences (SCPEs) as the Program deems necessary and appropriate. In some instances, for supervised clinical practice experiences and experiential elective rotations, Behavioral Medicine rotations or Women's Health the Program may utilize non-MD or PA providers, such as LCSW, NP, or mid-wives. In these cases, the licenses and credentials of these preceptors will be scrutinized and documented with rationale for approval.
- Licensure: Providers approved as preceptors must hold a valid license that allows them to practice at the clinical site. The program will verify unrestricted licensure status at the time of initial preceptor evaluation via <http://www.ksbha.org/main.shtml>/respective state medical board for out-of-state providers, or the Federation of State Medical Boards, and again when the certification is due to expire (Exxat alert), to confirm license renewal as long as the provider remains an active preceptor for the Program.
- Specialty Certification: Physician preceptors should be ABMS or AOA board certified in the specialty for which they are providing supervised clinical practice experiences for program students. Specialty board certification of physician preceptors will be confirmed by the program at the time of initial evaluation of the potential preceptor, and again when the certification is due to expire (Exxat alert) if the provider remains an active preceptor for the program.
- The program requires the establishment of a formal Affiliation Agreement with all Clinical Sites, and a signed commitment letter from all preceptors.
- Signature of Preceptors to verify they have become familiar with program-defined supervised clinical practice experience expectations and learning outcomes through review of the Preceptor Orientation Manual and appropriate rotation syllabi provided to each preceptor prior to student rotations. Updates and revisions to the Preceptor Orientation Manual and rotation syllabi will be provided to Preceptors as they occur via Exxat.

Evaluation

Initial:

- Completion of the Initial Preceptor Profile and Evaluation Form. This form is initiated by the clinical team in communication with a prospective preceptor or his/her designee.
- Verification and documentation of (1) current unrestricted licensure, and (2) NCCPA certification for PAs; ABMS or AOA specialty board certification for Physicians.
- Clinical site visit to the primary location, to complete the Initial Preceptor Profile and Evaluation Form, placing emphasis on assessing the Preceptor's clinical practice workload, types and numbers of patients seen, and preceptor understanding of program policies, expectations and learning outcomes. Assessment of preceptors may also be completed by mail, email, telephone, video telecommunication or any combination of these for completion of the Initial Preceptor Profile and Evaluation Form.
- The Clinical Director is responsible for the review and completion of the Initial Preceptor Profile and Evaluation Form to ensure accuracy of information provided. The Medical

Director reviews each preceptor profile, and with the Clinical Director approves or denies the preceptor for the SCPE. If approved, and an affiliation agreement is in place, the CD secures a Letter of Commitment from the preceptor or begins the process of acquiring an Affiliation Agreement if one has not been initiated.

- Documentation will be stored in the site profile in Exxat.

Ongoing:

- Program expectations for learning outcomes and performance evaluation measures are provided to all clinical sites and preceptors through a process of ongoing performance reviews. Reviews incorporate adherence to program expectations with regard to student outcomes as well as informing sites and preceptors of programmatic changes related to these expectations.
- Annually all active preceptors are provided an updated electronic Clinical Preceptor Orientation Handbook on an annual basis. Hard copies are provided as well if preferred by the clinical site or preceptor. Sites and preceptors are provided updated information if and when changes are made during the clinical year.
- Ongoing assessment of preceptors will be completed at the end of each rotation by review of the student's evaluation of the preceptor and site, in part to verify that each clinical site provides the student access to physical facilities, and patient populations, as well as the supervision necessary to fulfill program expectations of the clinical experience.
- Review of Student Evaluations of the Preceptor to ensure no ratings of "Disagree" (or worse) have been received. Any individual score of "Disagree" or worse will be noted and the student will be contacted for clarification. A subsequent telephone call will be placed to the preceptor/clinical site to discuss the area of concern. If resolution is not reached via a telephone conference, a physical site visit may be necessary to ascertain and document the suitability of and/or conditions for continued assignment of students to the provider for SCPE. If the preceptor/clinical site is unable to provide a learning environment suitable for the student to meet the program's learning outcomes, then this preceptor/clinical site will be removed from the list of clinical placements.
- Continued evaluation of all active preceptors will be conducted annually to document any significant changes in the preceptor's practice and/or availability. Documentation will occur within the Ongoing Review of Preceptor Form. Preceptor feedback from previous students will be given at this time as well. Additional data reviewed on an annual basis focuses on changes since last visit, safety and security, and facility adequacy to ensure a supportive learning environment:
 - Exxat electronic patient logs
 - Preceptor evaluations of students
 - Student evaluations of preceptors
 - Student exam/rotation grades
 - Faculty Site Visits
 - Incident reports
- Ongoing review of the number and types of patient encounters students document having with the preceptor (in Exxat) will be used to validate that the clinical practice experience meets defined program expectations for the minimum number of patient encounters (see Patient Encounter Expectations).

- Ongoing review of the numbers and types of technical/clinical skills procedure experiences students document with the preceptor (in Exxat) will be used to verify the students are provided opportunities to develop the program defined technical skills listed in the rotation syllabus.
- Concerns with preceptors based on periodic site/preceptor evaluations, student evaluations, review of patient encounters, and/or review of clinical procedure experiences will be cause for re-evaluation of the preceptor by a member of the clinical team and will include direct communication with the preceptor to determine validity of stated concerns. Information collected will be presented to the clinical curriculum subcommittee to determine whether the preceptor is suitable for continued use by the program. The program may consider the following actions
 - conducting a site visit prior to the next student experience with the preceptor
 - conducting a site visit in conjunction with the next student placement
 - telephone contact with the preceptor and/or office manager
 - removal of the preceptor from program use.
- Assignment of preceptors will be modified as necessary to ensure the expected learning outcomes will be met by each student by program completion.
- Sites identified as having deficiencies in physical facilities or supervision are visited by a member of the clinical team to ensure that each concern is remediated prior to student placement.

Preceptor Responsibilities

- The Kansas State University Physician Assistant programs will designate at least one Clinical Instructional Faculty member (i.e. preceptor) at each clinical site. For each clinical practice rotation, students will be provided contact information for the designated Clinical Instructional Faculty member responsible for oversight of the student's clinical practice experience in that rotation.
- The Preceptor as instructional clinical faculty is responsible for, but not limited to, the following for each rotation:
 - Assessment and supervision of a student's progress in achieving learning outcomes while the student is assigned to that clinical site/rotation. Specific responsibilities include assuring:
 - Student orientation to the site/rotation.
 - Opportunities for active patient care experiences.
 - Completion (and submission to the program) of the mid-rotation and end-of-rotation Preceptor Evaluation of Student.
 - Meet with the student, at the onset of the rotation, with respect to policies and procedures at all clinical sites where students will accompany the Preceptor, and with which students are expected to comply.
 - Review the expectations and objectives for the rotation with the student in an effort to develop a strategic plan for their attainment.
 - Provide the student with an appropriate clinical environment and a variety of patient encounters, which enable student to meet the program's outcomes (as provided in the course syllabus). A minimum of 40/hrs./week participation in clinical activities is expected.

- Provide early and frequent feedback to students regarding their clinical performance, and ways they might improve their performance.
- Establish the work schedule including on-call assignments. These are under local control of the preceptor but must not exceed the ACGME 80-Hour Resident Work Rule, https://assets.fridgecms.com/81a7119e-968c-425c-b67c-1cc44e028d44/CPRs_Section%20VI_with-Background-and-Intent_2017-01.pdf
- Ensure that either you or a designee introduce the student to essential staff and auxiliary personnel and ensure that the student is oriented to the clinical site including but not limited to site-specific policies & procedures, emergency response plans, patient & staff safety, etc.
- Ensure that the student is not used as a substitute for clinical or administrative staff at any time. That the student is clearly identified as a K-State PA Program student and functions as such during SCPE's in that they do not render patient care beyond the realm of educational value and as permitted by professional standards and regulations.
- Provide clinical instruction in a manner that aligns with the rotation specific objectives, patient population and clinical resources.
- Students should actively participate in direct patient care under the supervision of the preceptor and should be delegated increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise.
- Preceptors must retain full responsibility of the patients care.
- Clinical assignments should be consistent with the PA's role as a member of the healthcare team.
- Review and co-sign all student documentation and charting.
- If the student is unable to directly document in the patient chart or enter data in the electronic health record, it is recommended that Preceptors have the student manually document some patient encounters in a SOAP note to be subsequently reviewed for accuracy and appropriateness.
- Allow time for teaching activities. This can be accomplished in a variety of ways such as structured teaching rounds, chart review periods, reading assignments or informal consultations between patient encounters and/or recommending specific conferences. It is expected that the Preceptor will model, expose students to and teach in accordance with current practice guidelines and the accepted standards of care.
- Provide students and PA program faculty ongoing and timely constructive feedback regarding clinical and professional performance, knowledge base, and critical thinking skills.

At a minimum this should be done with the student informally each week or at a designated time.

- Complete the mid-rotation evaluation and discuss with the student.
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting.
 - Direct evaluation of presentations (including both oral and written).
 - Assignment of outside readings and research to promote further learning (encouraged).

- Serve as a role model and teach students current evidenced-based practice guidelines while demonstrating ethical, culturally competent patient interaction.
- 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 relationship.
- Maintain medical licensure in the Preceptor's state as required.
- Maintain board certification within the specialty of practice where the preceptor supervises physician assistant students.
- Inform the Program if the preceptor will be absent from the practice of one week or greater while supervising a student. Student supervision may be delegated to another licensed healthcare provider at that site during the period of absence with Program approval.
- Promptly notify the Clinical Director of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience. It will be the preceptors' responsibility to take reasonable steps to ensure the personal safety and security of the student they are precepting while on site during the SCPE.

Clinical Instructional Faculty (Preceptor) Development:

Initial:

- All preceptors are provided with electronic or printed copies of the program's Preceptor Handbook, SCPE Rotation-specific syllabi and Program Policies and Procedures to orient them to program curriculum and instructional design, student clinical practice experience expectations and program-defined learning outcomes.
- Copies of required documentation related to the student rotation are also included within the Preceptor Orientation Handbook for review/discussion.

Ongoing:

- During clinical site visits, preceptors are asked for ideas and/or suggestions for improvement of clinical practice experiences for both the preceptors and students. As these are identified, the Clinical Team compiles the information to be shared with all Clinical Instructional Faculty/Preceptors as appropriate.
- When student evaluations of a preceptor identify a specific need for improvement, the clinical faculty works with the individual preceptor to create an individualized faculty development plan to address that need.