



**DEPARTMENT OF
PHYSICIAN ASSOCIATE**

Preceptor Quick Guide

General Surgery



Excellence in PA Education since 1972

Handbook Revised 6/2023

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Welcome to our Educational Team!

Our vision at the Wichita State University's Physician Associate Program is "excellence in PA education." As a clinical preceptor, you are an integral part of our success, the success our students, and ultimately the high-quality healthcare that our future PAs will provide to the residents of Kansas and beyond.

In this new era of our profession, your support of our clinical year students will help lead the next generation of providers that will respond to the ever-changing needs of our healthcare system. As the demands from this system increases, our profession needs to respond through availability, affability, and ability. We believe the high-quality education provided at WSU's PA program, and your clinical training, is responding to the call to increase availability of providers, creating a culture of providers that connects with their patients, and providing rigorous didactic and clinical medical education to ensure our students are delivering superior evidence-based care.

As a clinical preceptor, your work with our students is vital to their future success. You are called to not only teach our students medical knowledge and skills, but also support a learning environment that mirrors the compassionate care you provide to your patients. We recognize this is not an easy task. We hope, however, you enjoy the opportunity to teach and that your investment of time and talent will be rewarded, and perhaps balanced, by the high potential of our students to provide quality patient care.

This Preceptor Quick Guide is designed to support the relationship between you, the preceptor, WSU PA students and the WSU PA Program. Please reach out to us if you have any questions, concerns, observations, or suggestions to help us better prepare our students for your rotation and/or to better help us support you as a valued clinical preceptor.

We appreciate your dedication to cultivating the next generation of highly qualified professional clinicians.

Thank you for your commitment to PA education!



Stephen Lewia, DMSc, PA-C
Director of Clinical Education

Preceptor Roles/Responsibilities

Your Role as a Preceptor

Most students remember their preceptors as the person who not only taught them important medical knowledge and skills, but who pushed them to learn even more and mentored them with support and advice as they grew in the clinical environment. *Preceptors are an integral part of the teaching program and key to successful learning experiences in the clinical setting.* The guidance of the preceptor humanizes medicine, helps students synthesize and apply concepts from classroom learning to create deep learning and critical thinking.

Preceptor Responsibilities

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

1. Assume primary responsibility for the action and education of the PA student.
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.
3. Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care.
4. Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise.
5. 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
6. **Provide timely and structured feedback to the student and the Program regarding student clinical performance, knowledge base, and critical thinking skills. This includes spending a few minutes each week in a candid discussion with the student regarding performance. In addition, it is required that you set aside time at the midpoint and then prior to the conclusion of the rotation to officially provide the student with constructive feedback and suggestions for improvement.**
7. Review all student medical record / EHR documentation in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.
8. Model appropriate clinical behavior that provides quality patient care in compliance with current laws, regulations, and standards of educational and medical practice.
9. Maintain an ethical approach to the care of patients by serving as a role model for the student and demonstrate cultural competency through interactions with patients and educate the student in this area.
10. Complete the Preceptor Evaluation of Student and Preceptor Evaluation of Clinical Skills through EXXAT promptly at the end of the rotation. **Delays in completing the student evaluation results in delayed feedback to the student, inability to submit grades to the University, and thus, potentially delayed student graduation.**
11. Complete requested Clinical Practice Evaluations (CPE) following student experiences in specific specialties.
12. Promptly notify the Program of circumstances that might interfere with the accomplishment of the above responsibilities or diminish the overall training experience.

Preceptor–Student Relationship

The preceptor should maintain a professional relationship with the PA student, and at all times, adhere to appropriate professional boundaries. Social activities and personal relationships outside of the

professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Instagram) should be avoided until the student fully matriculates through the educational program. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the Program and/or WSU website regarding specific Program or University policies regarding this issue.

Orienting the Student to the Rotation

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

On the first day of the rotation (or when possible, prior to the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional site-specific HIPAA training, if needed.

Communicating Student Expectations

Early in the clinical rotation, it is recommended that the preceptor and student meet to discuss clinical rotation goals developed by the student prior to the rotation and then formulate mutual goals with regard to what they hope to achieve during the rotation. The preceptor should also communicate his/her expectations of the student during the rotation. These expectations often include:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments / Write-ups
- Anything additional that the preceptor feels is necessary

Please provide students with a tentative work schedule. Students should expect a minimum of 40 hours each week on rotation with additional time spent outside of the clinical rotation engaged in a self-directed program of reading, critical analysis, and studying, concentrating on the topics and problems encountered with assigned patients for the purpose of moving towards clinical competency. Students should not expect a Monday through Friday daytime schedule. Students may take call at nights and on weekends and holidays when the team is working.

Preparing Staff for Student Arrival

Approximately two weeks prior to the start of the rotation, the student will contact you to make logistic arrangements in advance of their arrival. In addition, they will send you a brief “student introduction” that will also include their personal learning goals for the rotation.

Please inform your staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student’s arrival to discuss:

- Student’s name
- Student’s schedule (when they will be at the site)
- Student’s expected role in patient care
- Expected effect of the student on office operation:

- Will fewer patients be scheduled?
- Will the preceptor be busier?
- How patients will be scheduled for the student

The staff of a clinical site has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident.

Please encourage your office staff to contact the Program if they have questions or would like additional information: PAclinical@wichita.edu or (316) 978-5682 or 978-3011.

Notification of Scheduled Students

A legal affiliation agreement must be in place between WSU and the clinical rotation site in order for PA students to be trained there. Agreements are also required for any facility in which the student will be participating in patient care with the supervising preceptor. Each year you will be asked to submit a Preceptor Availability form indicating which rotations you are able to take students.

The Clinical Team creates a clinical rotation schedule by matching student required rotation needs and preceptor availability. The Program cannot guarantee student appointments on a continuous, year-round basis. Once the schedule is established, each site will receive a list of scheduled students with start/end dates of the rotations. Prior to the start of a rotation, the rotation “site contact” will receive a “Letter of Good Standing” which verifies the following information for the individual student:

- is in good standing with the Program,
- is current with CDC recommended immunizations for healthcare students, physical exam, and TB screenings, or has been approved for an exemption
- has passed a background check prior to Program admission,
- has passed a drug screen prior to beginning the clinical rotation year
- has malpractice insurance and health insurance coverage,
- has completed training on HIPAA and Universal Precautions and Bloodborne Pathogens, and
- is BLS certified.

Three weeks before a rotation is scheduled to begin, a ***reminder email*** is sent to the preceptor listing the name of the student, start and end dates of the rotation, and the student’s email address. Students receive a similar email with the preceptor contact information.

Last-minute schedule changes may occur. We understand that your schedule, like ours, may change with little notice. Our goal is to communicate these changes as soon as possible. If you need to cancel a scheduled student rotation, please notify the Program as soon as possible. Likewise, if we have to change a student schedule or cancel a rotation at your site, we will notify you as soon as possible.

Site Visits by Program Faculty

Periodic site visitation is an important process for the student, preceptor, and faculty and is a required component of the Program’s ongoing accreditation. Site visits allow collegial exchange between faculty and preceptors. Site visits serve multiple purposes, including site and preceptor evaluation, opportunity to provide preceptor with student feedback, and opportunity for preceptor to provide feedback to the Program. Faculty may ask to tour clinical areas and student housing. Site visits should be seen as a positive exchange of information. Site visits will be scheduled in advance so preceptors can plan accordingly. See [Appendix E](#) to review the Clinical Site Visit Evaluation Form.

Student Evaluations (Overview)

To ensure ease with the grading process, all evaluations will either be provided to you by the student or sent to you via email (noreply@exxat.com). The preceptor evaluation of student performance is a significant portion of the student grade. Grades cannot be calculated or submitted to the University until your evaluations have been completed. **A delay in completing the student evaluation may result in delayed feedback to students, inability to submit grades to the University, and thus, potentially delayed graduation.**

When evaluating students, be aware that they arrive with differing levels of experience, knowledge, and clinical skills, and that student competency should increase as they progress through the clinical year. Your evaluation and evaluation score should reflect student knowledge and skills as well as their improvement throughout the rotation. Scores should assess student progress in comparison to other students at the same level.

Course grades are determined by the Director of Clinical Education. The decision to pass or fail a student is ultimately made by the Program faculty. ***If you feel a student is not performing at an expected level after appropriate feedback, please contact the Director of Clinical Education as soon as the deficiencies are identified.***

Mid-Rotation Evaluation

Approximately mid-way through the student's rotation, you will be asked to collaboratively complete a "Mid-Rotation Evaluation." This important evaluation allows both you and the student to determine the focus for the remainder of the rotation. Questions asked during this evaluation will be similar to those asked at the end of the rotation. The evaluation will be completed using an electronic form. A copy of this evaluation can be found in [Appendix A](#).

Final Evaluation - Preceptor Evaluation of Student

Two weeks before the end of the rotation you will receive an email from "no-reply@exxat.com" If you do not receive an evaluation email or have any problems or questions with the process, please contact the Program at (316) 978-3011 or PAClinical@wichita.edu. This email contains a link to the overall evaluation of your student. This is to be completed only by the preceptor of record. This evaluation tool is based on professional PA Competencies as well as Program learning outcomes. A copy of this evaluation can be found in [Appendix B](#). Student performance should be assessed utilizing the following scale:

5 – meets all expectations

4 – meets most expectations ←

3 – progressing toward expectations

2 – needs improvement

1 - unsatisfactory

0 - not observed [note: scores of 0 are not counted in the average score]

*We expect all students, at a minimum, to
"meet most expectations" during their rotation*

Students are required to request a meeting with the preceptor the last week of each rotation to discuss their performance and confirm that the preceptor has received an evaluation link through EXXAT. A mean score is calculated from the preceptor responses on the student evaluation. This mean score is then converted to a percentage score by the Director of Clinical Education. Please note that the numbered responses DO NOT directly correlate to a particular letter grade (e.g., a rating of 3 does not equal a grade of C). **Please complete the evaluation considering the student's performance on rotation rather than an anticipated grade.**

Clinical Skill Achievement and Assessment of Proficiency

One section of the Preceptor Evaluation Assessment assesses clinical skills achieved during the rotation as well as the student's proficiency in those skills. As the student progresses through the clinical year, the student will attain basic proficiency in performance of basic clinical skills and procedures based on current professional practice. Achieving competency in these basic skills is essential for the graduating PA. Students are NOT expected to acquire all these skills within a single rotation. This preceptor assessment is not calculated into the course grade for an individual rotation; however, preceptors are asked to assess their performance at the end of each rotation to ensure that they are making adequate progress. Students are expected to achieve a rating of "3 – able to perform independently" for each clinical skill prior to Program completion. Student proficiency in performing the listed clinical skills should be assessed utilizing the following scale:

- 3 – able to perform independently**
- 2 – able to perform with supervision
- 1 – attempted but needs further training
- 0 – not applicable/not observed

Students must achieve a rating of "3 – able to perform independently" on all skills by the end of their program year, not necessarily by the end of each rotation.

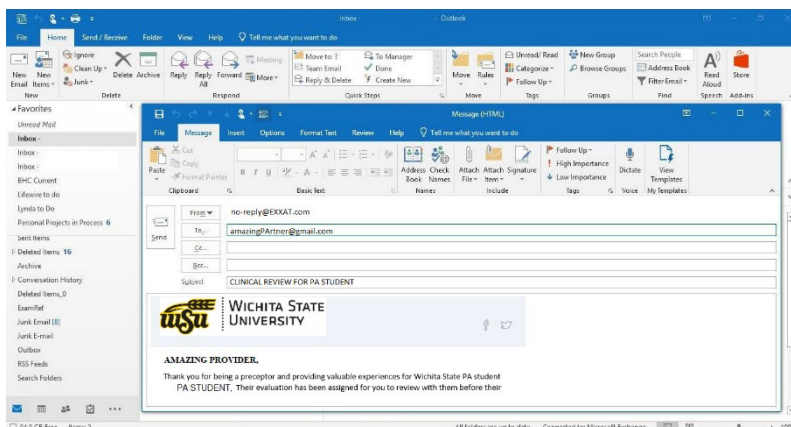
Refer to [Appendix C](#) for a detailed listing of the required clinical skills to be assessed. Again, this section is part of the Preceptor Evaluation of Student

Clinical Performance Evaluation (CPE)

While the [Preceptor Evaluation of Students](#) is used in determining a student's final grade, the [Clinical Performance Evaluation \(CPE\)](#) evaluates basic competency in assessment and management of patients in each of the program required rotation specialty experiences. While CPE evaluations are not calculated as part of the course grade, students must achieve a rating of "expected level of performance" in each of the CPE evaluations prior to program completion. The student will initiate a request to the preceptor for assessment in each of the specialties throughout the year during the rotation where the specialty experience occurs. In addition, the student is instructed to submit a sample note (e.g. SOAP note, progress note) of their EHR documentation to you for review. Students have been instructed not to print patient information directly from the medical record / EHR system but to bring a typed documentation note (de-identified) to you for review. Please sign the CPE form and initial the chart documentation note after review and return to the student.

This assessment may be completed by the preceptor of record, or by another qualified medical provider (physician, PA, NP).

REQUIRED END-OF-ROTATION EVALUATIONS (TWO)



Student Eval
(from no-reply@exxat.com)

and

Appendix D - Clinical Performance Evaluation

Clinical Performance Evaluation (CPE) – INTERNAL MEDICINE (ADULTS 2-65 Y/O)

With the INTERNAL MEDICINE rotation learning experience in mind, rate the student's level of performance, using the considerations the best to (3) other with patient interactions you have directly observed. The desired benchmark is "EXPECTED LEVEL of performance with supervision."

Learning Objective (LO)	EXPECTED LEVEL of performance	NEEDS IMPROVEMENT with additional supervision
Medical History (LO 1.1)	Conducts accurate comprehensive & focused histories for chief complaint with acute & chronic diseases, most critical information gathered	Difficulty conducting comprehensive & focused histories, fails to gather some critical information
Physical Exam (PE) (LO 1.2)	Complete most PE components with differentiation between normal and abnormal signs of aging	Difficulty completing some PE components, fails to differentiate between normal and abnormal signs of aging
History & Physical (H&P) (LO 1.3)	Formulates concise differential diagnoses for acute & chronic conditions in IM geriatric setting	Difficulty formulating differential diagnoses
Treatment Plan (LO 1.4)	Develops accurate plans for further evaluation, treatment, and prevention, considering patient-centered completion, cost, risk factors, & breaking the interprofessional team	Difficulty developing evaluation, treatment, and prevention plans, does not use a patient-centered approach, does not engage the interprofessional team
Patient Education (LO 1.5)	Provides adequate patient education regarding medications, preventive care, and patient safety	Difficulty consistently providing patient education, lacks confidence in recommendations
Interpretation (LO 2.1)	Effectively synthesizes health care information to identify clinical differential diagnosis	Difficulty participating in discussion of clinical differential diagnosis
Learning & Improvement (LO 2.2)	Self-identifies most knowledge gaps & seeks relevant resources to locate answers	Difficulty identifying knowledge gaps & using resources to locate answers
Please review the attached sample patient encounter (SOAP note) documentation written by the student:		
Overall Assessment (LO 3)	Exceeds most previous high findings in appropriate sections	Difficulty with most previous high findings in some sections, some disorganization
Overall Assessment in meeting Internal Medicine instructional objectives for evaluation and management of adult adult patients:		
Overall Assessment (LO 3)	Overall EXPECTED LEVEL of performance with supervision	Overall NEEDS IMPROVEMENT with additional supervision

CPE
(provided by student)

Student Responsibilities (Overview)

Student Responsibilities

In addition to adhering to the standards of professional conduct outlined later in the handbook, students are expected to perform the following during their clinical rotations:

- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings
- Perform and/or interpret common lab results and diagnostics
- Educate and counsel patients across the lifespan regarding health-related issues
- Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them
- Demonstrate emotional resilience and stability, adaptability, and flexibility
- Notify preceptors of all absences (planned or otherwise) in a timely manner
- Be sure all financial obligations are satisfied before leaving a rotation (e.g. room-key, deposits, returning all rotation property)

Student Attendance Expectations

1. Designated State/University holidays: Students are aware there are not guaranteed holidays during the clinical year. Students are expected to be at the clinical rotation site for any days surrounding holidays when the rotation site is in operation. If the clinic/office is closed the day prior to the holiday and the preceptor will not be available, students may be given the day off as well. Students will be given rotation schedules to include Program approved holiday breaks for Thanksgiving and Christmas prior to starting second year clinical rotations.
2. Planned Absences: Expected absences must be approved in advance with the preceptor **and** with the Program. If the Program requires the student to be gone from a rotation, the Program will notify the preceptor directly.
3. Unexpected Absences: Students are expected to notify the preceptor **and** Program as soon as possible if unable to attend a rotation due to significant personal illness or family emergency.
4. Absence Notification Form: Students are also required to complete an absence notification form for all missed rotation time. This form should be completed in advance if the absence is planned or within 3 days of an unexpected absence. This form requires your signature as the preceptor.
5. The preceptor has the right to request specific medical release for an illness-related absence or documentation related to any other absence.

Time Sheet Requirements

Purpose: to better allow the WSU Clinical team to evaluate educational exposure, preceptor schedules and affect of absences on student learning.

Student Requirements:

- Students will be required to fill out daily timesheets to record actual time spent in rotation
- Student absences reported on your final evaluation will be corroborated with student reported absences to ensure reports are congruent.
- **Students are required to maintain a minimum of 160 hours per rotation**

Learning Outcomes and Instructional Objectives for the Clinical Year (Overview)

The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued skill refinement and expanded knowledge as a practicing PA. Mastery of clinical knowledge and skills is gradual and does not occur with any single exam, course, or rotation. The process takes time, study, and focused effort. Typically, during the first three months of clinical training, students begin to develop basic skills. During the fourth through seventh months, students gain confidence and improve clinical skills. From the eighth month forward, students refine their clinical skills and continue to build medical knowledge. Students must fully engage during the clinical year to improve their history taking, diagnostic, therapeutic, communication, critical-thinking and decision-making skills.

Multiple Instructional Objectives are provided with each Learning Outcome. The primary goal of the Instructional Objectives is to guide students in their studies by describing what the learner will be able to do after completing a unit of instruction. Some of the Instructional Objectives are written to assist students in achieving the intended behavior (the Learning Outcome) during the clinical rotation, while other instructional objectives are written to indicate the behaviors expected of students at the end of the clinical rotation.

Specialty Specific Learning Outcomes (LO) and Instructional Objectives (IO)

Each student's clinical rotation schedule is unique with varied experiences. The specific rotation LOs and IOs provided for family medicine, internal medicine, pediatrics, emergency medicine, OBGYN/women's health, behavioral health, surgery and inpatient setting represent the basic knowledge and clinical skills typically experienced within that specialty; they do not represent the full body of knowledge within the given discipline. In addition, a student may not experience care of a patient with all conditions listed on the EOR exam blueprint within a specialty but will be expected to be familiar with pathophysiology and the signs/symptoms, treatment, and patient education for all diseases/conditions listed on the blueprint.

It is the student's responsibility to perform in-depth reading and research of conditions encountered in each specialty. Independent, life-long learning is required of all healthcare providers and is essential for success in the clinical year.

Results of performance evaluations and exams conducted throughout the clinical year should be used as a learning tool to identify gaps in knowledge/skills. **It is incumbent upon the student to recognize these gaps and seek help from the faculty and/or preceptor as needed.**

Rotation Specialty – GENERAL SURGERY

Rotation Description: A rotation in GENERAL SURGERY provides the PA student with learning opportunities to achieve basic competency in diagnosis, management and treatment of health problems encountered through supervised evaluation and management of GENERAL SURGERY patients. During the clinical rotation, the student must review the applicable learning outcomes and instructional objectives for the appropriate specialty. The student must seek opportunities through patient care or independent study to allow for development of competencies needed for clinical practice.

- **Typical SURG Settings:** Primarily *pre-operative*, *intra-operative*, and *post-operative* as well as *inpatient* and *outpatient*. Students may also have the opportunity to participate in care of patients in the *emergency room* setting depending on the site.
- **Typical SURG Case Types:** Primarily *acute*, *chronic* and *emergent* patient encounters. Additional opportunity in *preventive* care (e.g. colonoscopy) may be available depending on the site.

General Surgery Specific: Learning Outcomes and Instructional Objectives

SURG-LO 1: Demonstrate core **medical knowledge** of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, as demonstrated by the following instructional objectives:

SURG-IO 1a: Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors to the care of patients encountered in the SURGERY setting.

SURG-IO 1b: Identify signs/symptoms of common conditions encountered in the SURGICAL setting and differentiate between normal and abnormal findings related to common surgical conditions/complications.

SURG-IO 1c: Select and interpret laboratory and diagnostic studies commonly encountered in GENERAL SURGERY (including but not limited to):

Laboratory Tests

- bacterial/viral cultures
- biochemical profiles
- complete blood count
- thyroid/liver/renal function tests
- urinalysis

Diagnostic Studies

- basic x-ray interpretation diagnostic radiographs (e.g. chest, abdominal, extremities)

SURG-IO 1d: Formulate differential diagnoses for common conditions in GENERAL SURGERY including common problems presenting in the post-operative setting.

SURG-IO 1e: Prescribe/monitor pharmacotherapy for conditions commonly encountered in the *pre-operative and post-operative settings* that demonstrates understanding of mechanism of action, adverse effects, therapeutic uses, dosing, post-operative compliance issues, and patient education/counseling.

SURG-IO 1f: Demonstrate adequate problem solving/critical thinking skills.

SURG-LO 2: Demonstrate **patient care** that is effective, safe, high quality, and equitable, as demonstrated by the following *instructional objectives*:

SURG-IO 2a: Perform *comprehensive* history and physical exams of as well as appropriate *focused* history and physical exams depending on chief complaint (includes sensitive exams such as breast, female pelvic, male genitalia, rectal) for patients presenting for surgical consultation.

SURG-IO 2b: Formulate/implement evidence-based treatment and post-operative care plans for acute, chronic, and emergent conditions commonly encountered in GENERAL SURGERY.

SURG-IO 2c: Provide equitable, patient-centered, collaborative care.

SURG-IO 2d: Under direct supervision, perform medical/surgical procedures and skills commonly encountered in GENERAL SURGERY (including but not limited to):

- appropriate surgical scrubbing, gowning and gloving technique
- adherence to standards of sterile technique
- functioning as first assist in basic procedures

SURG-LO 3: Demonstrate ***interpersonal and communication skills*** resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following ***instructional objectives***:

SURG-IO 3a: Adapt communication to patient and healthcare team members (***including consulting providers***) and provide effective patient education as appropriate to the patient's pre-operative and post-operative instructions and discharge plan.

SURG-IO 3b: Maintain demeanor of respect and compassion toward patient and healthcare team.

SURG-IO 3c: Show sensitivity to patients' culture, age, gender, and disabilities.

SURG-IO 3d: Document medical records / EHR to meet site requirements (e.g. pre-operative consultations, post-operative notes, and surgical follow-up instructions).

SURG-IO 3e: Provide accurate/concise oral presentations to preceptor.

SURG-LO 4: Acknowledge awareness of ***professional*** and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements, as demonstrated by the following ***instructional objectives***:

SURG-IO 4a: Maintain confidentiality of patient interactions and health records.

SURG-IO 4b: Follow instructions, accept responsibility, take initiative, exhibit dependability (punctuality, attendance at required activities), and modify behavior following constructive criticism.

SURG-IO 4c: Seek interprofessional interactions and identify appropriate referrals.

SURG-IO 4d: Maintain professionalism in behavior, dress, and student identification.

SURG-LO 5: Engage in critical analysis of individual practice experience, the medical literature, and other information resources for the purposes of ***learning and self- and practice-improvement***, as demonstrated by the following ***instructional objectives***:

SURG-IO 5a: Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence.

SURG-IO 5b: Initiate sufficient learning and self-improvement including development of appropriate rotation learning goals prior to each rotation.

SURG-IO 5c: Ensure accurate entry of all required patient data encounters in PA Manager, ***particularly the settings of pre-operative, intra-operative, and post-operative care and related procedures***.

SURG-IO 5d: Submit accurate patient portfolio summary data at the end of each rotation.

SURG-LO 6: Demonstrate 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, as demonstrated by the following ***instructional objectives***:

SURG-IO 6a: Understand fundamental components of the larger healthcare system (e.g. healthcare funding/reimbursement, patient safety, healthcare disparity)

SURG-IO 6b: Demonstrate appropriate supervised practice within the scope and role of a PA and the role of the PA in team-based care including but not limited to specialist referral, mental health support services, and social services.

Specific Areas of Concentration: General Surgery

The following is a *representative*, but not all-inclusive, list of topics to focus on during a GENERAL SURGERY rotation. Refer to the GENERAL SURGERY EOR exam blueprint for a comprehensive listing of diseases/conditions.

PRESENTING SIGNS/SYMPTOMS:

1. abdominal pain
2. chest pain
3. constipation/diarrhea
4. jaundice
5. nausea/vomiting
6. pelvic pain
7. unintended weight loss/weight gain

COMMON ACUTE, CHRONIC, & EMERGENT DISEASES/CONDITIONS:

1. appendicitis
2. breast disorders
3. diverticulitis/diverticulosis
4. cholelithiasis/cholecystitis
5. hernia
6. malignancy of GI tract
7. assess/manage nutritional status
8. post-operative pain management
9. post-operative infection/fever
10. skin/soft tissue lesion
11. thyroid disorders
12. traumatic/internal injury
13. management of anticoagulant therapy

ADDITIONAL COMMON PROCEDURES

1. removal of wound drains
2. urinary catheter insertion
3. wound care (includes I & D)
4. knowledge of common instrumentation used in general surgery

COMMON PREVENTIVE CARE/SCREENING MEASURES:

1. DVT (screening/prophylaxis)
2. pre-operative risk assessment – anesthesia, cardiac, pulmonary, and metabolic disease
3. prophylactic antibiotics
4. screening exams (e.g. colonoscopy)

ADDITIONAL HEALTHCARE SYSTEM / TEAM-BASED CARE ELEMENTS:

In addition to items listed within SURG-IO 6a and SURG-IO 6b:

1. dietary/nutrition consultation
2. informed consent
3. surgical consultation

Appendix A - Mid-Rotation Evaluation of Student Progress

This form will be provided electronically by the student for discussion and completion.

Instructions: Please evaluate and provide feedback to the student, addressing each of the following areas, based upon expectations for a PA student at this point in their professional education. **Thank you for serving as a preceptor!**

Medical Knowledge

1. Application of anatomy, pathophysiology, epidemiology, etiology, & risk factors
2. Ability to formulate differential diagnoses
3. Appropriate selection and interpretation of laboratory & diagnostic tests

Patient Care Skills

4. Ability to perform complete and focused history and physical examinations
5. Accurate medical record documentation

Professionalism & Self-Improvement

6. Follows instructions, accepts responsibility, takes initiative, and modifies behavior following criticism
7. Exhibits appropriate self-confidence

Overall Evaluation

8. Please list two to three ways the student can improve performance on this clinical rotation.
9. Is this student performing at a level appropriate for his/her current stage of professional education? If not, please provide specific examples and advice for improvement.
10. Does the student's patient encounter log accurately reflect his/her participation?
11. Any other comments not covered above?

Form Link: <https://forms.office.com/r/OZf2dd1Fjv>

QR Code Link:



Appendix B - Preceptor Evaluation of Student

This form will be sent to you via email two weeks prior to the end of the rotation. Below are the questions that will be asked. They are listed in this appendix only for your reference.

Instructions: Please evaluate the student within each of the following areas based upon expectations for a PA student at this point in their professional education. Please note that the numbered responses do NOT directly correlate to a particular letter grade. For example, a rating of “3” does not equal a grade of C. Please complete the evaluation considering the student’s performance on rotation rather than an anticipated letter grade or score. **Thank you for serving as a preceptor!!**

[Questions 1-18 will be scored according to the scale provided on the Evaluation Questionnaire]

Medical Knowledge

1. Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, & risk factors
2. Select and interpret laboratory and diagnostic tests
3. Formulate differential diagnoses
4. Prescribe/monitor pharmacotherapy

Patient Care Skills

5. Elicit medical history and perform complete and focused physical exams
6. Formulate evidence-based, patient-centered treatment and preventive care plans
7. Perform clinical procedures and technical skills
8. Provide accurate/concise oral presentations and medical record documentation

Interpersonal & Communication Skills

9. Communicate effectively with patients, families, and other health professionals
10. Provide patient-centered and culturally sensitive counseling/educ regarding adherence to treatment plans, behavior modification, and coping mechanisms
11. Consider ethnicity, gender identity, sexual orientation, religion / spirituality, disabilities, and social determinants of health

Professionalism

12. Follow instructions, accept responsibility, take initiative, exhibit dependability, and modify behavior following criticism
13. Maintain professionalism in patient confidentiality, behavior, speech, dress, and student identification
14. Function according to the PA scope of practice within the healthcare team and within the physician-PA team

Learning & Self-Improvement

15. Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence
16. Initiate learning and self-improvement by searching, interpreting, and evaluating medical literature and resources

Healthcare System

- 17. Understand healthcare delivery systems (e.g. coding/billing, documentation, health policy, patient safety, and quality improvement)
- 18. Understand roles of other health professionals and seek interprofessional collaboration and appropriate referrals

OVERALL EVALUATION

19. Is this student performing at a level appropriate for his/her current stage of professional education? [See the 3 answer options below. This question is NOT scored. We would like to be notified for all answers of “Yes with reservation” and “No.”

Yes	Yes, with reservation	No
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- 20. List two to three specific ways this student can improve performance on clinical rotations. [This is open ended]
- 21. List two to three specific strengths of this student. [This is open ended]
- 22. Approximately how many days did the student miss during the rotation? [This is open ended]

Appendix C - Evaluation of Clinical Skill Proficiency

The following is a section of the Preceptor Evaluation of Students form that will be sent to you via email two weeks prior to the end of the rotation. They are listed in this appendix only for your reference.

Based on your observations of this student while on your rotation, please indicate your assessment of the student's proficiency for the skill listed. Students must acquire instruction in technical skills and procedures based on current professional practice, but students are NOT expected to acquire all these skills within a single rotation. This skills list is based upon common employer expectations and a national survey of PA Programs.

<u>Proficiency Scale</u>	
0)	<i>Not applicable/not observed</i>
1)	<i>Attempted but needs further training</i>
2)	<i>Able to perform with supervision</i>
3)	<i>Able to perform independently</i>

1. **Comprehensive History and Physical Exam of the following age patient:**

Age specific competency – able to ensure a safe and caring environment for the age groups indicated below; communicate with and provide patient education; elicit age-appropriate history and conduct physical examination:

	<u>AGE (years)</u>	<u>Level of Proficiency</u>			
Newborn – Infant	0 – 2	0	1	2	3
Young Child	3 – 12	0	1	2	3
Adolescent	13 – 18	0	1	2	3
Adult	18-64	0	1	2	3
Older adult	≥ 65	0	1	2	3
Prenatal H&P		0	1	2	3

2. **Specific Physical Examination Component:**

	<u>Level of Proficiency</u>			
Female breast exam	0	1	2	3
Female pelvic exam	0	1	2	3
Male genitalia exam	0	1	2	3
Rectal exam	0	1	2	3

3. **Clinical Skill:**

	<u>Level of Proficiency</u>			
Suture/staple	0	1	2	3
Local anesthesia	0	1	2	3
Basic x-ray interpretation (e.g., chest, abdomen, extremity plain film)	0	1	2	3

4. **Professional/Systems Skill:**

	<u>Level of Proficiency</u>			
Admission orders	0	1	2	3
Inpatient progress note	0	1	2	3
Discharge summary	0	1	2	3
EHR documentation	0	1	2	3
Utilization of Behavioral Health Screening Tools (e.g., PHQ-9, CAGE, GAD-7)	0	1	2	3

Appendix D - Clinical Performance Evaluation

Clinical Performance Evaluation (CPE) – GENERAL SURGERY

Instructions: With the GENERAL SURGERY rotation learning outcomes in mind (see back), rate the student’s level of performance, taking into consideration the last five (5) patient interactions you have directly observed. The desired benchmark is “EXPECTED LEVEL of performance with supervision” for surgical patients.

Evaluator Name: _____

Student Name: _____

Evaluator Signature: _____

Date: _____

Learning Outcomes (LO)	EXPECTED LEVEL of performance with supervision	NEEDS IMPROVEMENT with additional supervision
Medical History [LO 1,2]	<input type="checkbox"/> Conducts adequate comprehensive & focused histories for patients presenting for surgical consultation; most critical information gathered	<input type="checkbox"/> Difficulty conducting comprehensive & focused histories; fails to gather some critical information
Physical Exam (PE) [LO 1,2]	<input type="checkbox"/> Completes most PE components well; usually recognizes signs & symptoms of surgical conditions & complications	<input type="checkbox"/> Difficulty completing some PE components; fails to recognize signs & symptoms of surgical conditions or complications
Differential Diagnosis [LO 1]	<input type="checkbox"/> Formulates adequate differential diagnoses for common problems presenting in the post-operative setting	<input type="checkbox"/> Difficulty formulating differential diagnoses for common problems presenting in the post-operative setting
Treatment Plan [LO 2,4,6]	<input type="checkbox"/> Develops adequate plans for further evaluation, treatment, and prevention considering patient-centered compliance, cost, risk factors, & involving the interprofessional team	<input type="checkbox"/> Difficulty developing evaluation, treatment, and prevention plans; does not use a patient-centered approach; does not engage the interprofessional team
Patient Education [LO 1,3]	<input type="checkbox"/> Provides adequate patient education regarding pre-operative and post-operative instructions	<input type="checkbox"/> Difficulty consistently providing patient education; lacks confidence in pre-operative and post-operative instructions
Interpersonal/Communication [LO 3,4]	<input type="checkbox"/> Demonstrates effective communication with surgical team in addition to consulting providers	<input type="checkbox"/> Difficulty participating in teamwork; lacks confidence; primarily observes
Technical Skills [LO 2]	<input type="checkbox"/> Performs appropriate surgical scrubbing, gowning, & sterile technique; capable of functioning as first assist in basic procedures	<input type="checkbox"/> Difficulty performing surgical scrubbing, gowning, & sterile technique; primarily observes

Please review the attached sample inpatient progress note documentation written by the student:

Chart/EMR Documentation [LO 3]	<input type="checkbox"/> Documents most pertinent elements of daily progress notes	<input type="checkbox"/> Difficulty documenting progress notes
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Overall Assessment in meeting General Surgery instructional objectives for evaluation and management of surgical patients:

OVERALL ASSESSMENT [LO 1-6]	<input type="checkbox"/> Overall, EXPECTED LEVEL of performance with supervision	<input type="checkbox"/> Overall, NEEDS IMPROVEMENT with additional supervision
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Appendix E - Clinical Site Visit Evaluation Form



WICHITA STATE UNIVERSITY
COLLEGE OF HEALTH PROFESSIONS
Department of Physician Assistant

Clinical Site Visit Evaluation Form

Name of Faculty Reviewer: _____

Date of Eval: _____

Name of Clinical Site: _____

Rotation Type: _____

Related to facilities, resources, and learning opportunities: ^{C4.02}	Yes	No	Unsure
Are physical facilities adequate to meet Program expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do students have reliable internet access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are patient populations adequate to meet Program expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the preceptor provide appropriate supervision for the student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If housing is available, is housing situation adequate and safe? ^{A1.03}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related to preceptor mentoring and feedback: ^{C4.02}	Yes	No	Unsure
Does the preceptor possess adequate teaching abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do preceptor/staff communicate problems/concerns to the Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the preceptor provide students with adequate mentoring/feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the preceptor maintain appropriate rapport with the students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the preceptor maintain a professional demeanor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were aggregate/summary student evaluation feedback discussed with preceptor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related to the Program's expected learning outcomes for clinical rotations, does this site adequately assist students in meeting the following competencies: ^{B1.09,C4.02}	Yes	No	Unsure
Medical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal & communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning and self-improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If No or Unsure Explain:

Provider profile verification: Verified, no changes needed Unable to verify at this time
 Verified with the following changes:

Recommendations for other clinical rotation sites in the area:

Should this site be continued? Yes Recommend with reservation Do not recommend

Other Comments:

PANCE Content Blueprint

Want to know what your student will be tested on upon graduating PA school? All graduates are required to pass a national certification exam, Physician Assistant National Certifying Examination (PANCE) in order to gain a license to practice in any state. A detailed list of knowledge and skill areas as well as organ systems and diseases identified as important to PA practice and covered on the PANCE can be found at the link above.

We encourage you to review these task and organ system areas to ensure students are gaining experiences within the expected depth, breadth and scope of knowledge needed to perform well in their certifying examination.

What is a PA?

This two-page document gives quick details about the PA profession, who we are, what we do, our education, the impact of our high-quality healthcare.

Have heard about our name change? You can also find out more information on current [title change initiative](#). The profession's leaders in 2021 voted to affirm "Physician Associate" as the official title of the PA profession. This website discusses many frequently asked questions and provides background on how we came to this decision. While this officially changes the name of our profession, PAs should still continue to use the title "PA" in their clinical capacities until legislative changes are made.

More information about our profession can be found at the [American Academy of PA's \(AAPA\) webpage](#).

Tips for Making Precepting Painless & Other Resources

Created by the PA Education Association (PAEA), this webpage has multiple "one-pagers for preceptors" that cover a variety of topics for preceptors.

Clinical Preceptor Recognition Program

Are you an AAPA fellow member who has been a preceptor for at least two years? Consider applying for the prestigious Clinical Preceptor AAPA (CPAAPA) professional designation. More information can be found at the link above.