

**UK Preceptor Orientation Handbook**

***UNIVERSITY OF KENTUCKY***

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**Introduction**

We would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this program and our physician assistant (PA) students. The clinical experiences the student will obtain in your office or clinic are of critical importance to a successful learning experience in the program. The clinical setting *synthesizes* concepts and application of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing PA. Thank you for your commitment to PA education.

**Background**

The University of Kentucky Physician Assistant Program was created in 1973 and is one of the oldest PA programs in the country. The program became a Masters level program in 2001 and has a mission to improve the health and well-being of the people in the Commonwealth of Kentucky. It is a 29-month program with primary care being the focus of the curriculum while placing emphasis on interdisciplinary education. The student has the opportunity to become acquainted with the roles of other health science disciplines, thereby gaining a better appreciation for the team concept of health care delivery. The program continues to set high priorities on educating PAs who have interest in practicing in underserved areas. Consistent with this mission, the curriculum has been designed to develop well-educated and highly skilled primary care physician assistants who will extend the physician’s effectiveness and improve access to health care.

Prior to admission, students must have successfully completed a minimum of a bachelor’s degree from an accredited university.

The UK PA Program is accredited by the Accreditation Review Commission on Education for the Physician Assistant.

Graduates of the UK PA Program receive the Masters of Science in Physician Assistant Studies (MSPAS) degree and are eligible to take the Physician Assistant National Certifying Examination.

**Expectations for the Clinical Year**

Upon completion of the clinical year, physician assistant students should be able to perform the following tasks and functions expected of a recently graduated competent Physician Assistant. It is expected that the competencies will be accrued throughout the entire clinical year and would include patients seeking medical care ***across the lifespan*** to include infants (birth – 1 y/o), children (> 1 – 11 y/o), adolescents (>11 – 21 y/o), adults (> 21 – 65 y/o) and the elderly (> 65 y/o). The experiences in the clinical year would at a ***minimum include preventive, emergent, acute and chronic patient encounters in various clinical settings* (Appendix A contains definitions for each patient encounter type)**. In addition, students will have exposure to patients seeking care relative to **women’s health** (including prenatal and gynecologic care), patients seeking care for **conditions requiring surgical management** (including pre-, intra-, and post-operative care), and patients seeking care for **behavioral and mental health conditions** **(Appendix A also contains definitions for each of these specific patient exposure types)**. The program expects that patient encounters will allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice. At the end of the clinical year a competent PA student should be able to:

1) Elicit a comprehensive/focused medical history and perform appropriate physical examination on patients.

2) Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter.

3) Develop a diagnostic plan for a common clinical presentation (including ordering and interpreting diagnostic tests).

4) Develop a treatment plan using pharmacotherapeutic principles and knowledge of medications for commonly encountered ailments.

5) Provide an oral presentation of a patient encounter in the ambulatory or inpatient settings.

6) Provide accurate and concise documentation (electronic or on paper) of an office visit clinical encounter or a hospital admission.

7) Provide case specific preventive care (Counselling patients (or families) on patient safety and/or effective health promotion and/or disease prevention strategies).

8) Provide care for acutely ill or injured patients in urgent and emergent situations.

9) Provide care for patients with chronic conditions.

10) Identify referral criteria for cases.

11) Seek out constructive feedback from and provide constructive feedback to colleagues and other health professionals.

12) Demonstrate responsibility and accountability in all clinical and educational activities, managing personal attributes, commitments and/or limitations that might impact one’s effectiveness as a physician assistant.

13) Display respect, compassion, sensitivity, and responsiveness to a patient’s culture, age, gender, ethnicity, belief system, sexual orientation, and abilities.

**Physician Assistant Competencies**

“The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge; interpersonal and communication skills; patient care; professionalism; practice-based learning and improvement; systems-based practice; as well as an unwavering commitment to continual learning, professional growth, and the physician-PA team for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the practice setting.” (NCCPA)

**Definition of the Preceptor Role**

The preceptor is an integral part of the teaching program. Preceptors will serve as role models for the student and, through guidance and teaching, will help students 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.

**Preceptor Responsibilities**

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

* Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation
* Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the clinical coordinator by submitting mid-rotation and end-of-rotation evaluations
* Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care
* Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student’s experience and expertise
* Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
  + Direct supervision, observation, and teaching in the clinical setting
  + Direct evaluation of presentations (including both oral and written)
  + Assignment of outside readings and research to promote further learning
* Dialogue with faculty during site visits to evaluate student progress and assist the learning process
* Audit and co-sign charts in order to evaluate the student’s ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans
* Promptly complete the evaluation forms provided by the program reflecting on student knowledge and skills as well as their improvement throughout the rotation
* Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
* Maintain an ethical approach to the care of patients by serving as a role model for the student
* Demonstrate cultural competency through interactions with patients
* 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
* Provide timely feedback to the student and the program regarding student performance

**The 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, Twitter, etc.) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. 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 clinical coordinator regarding specific school or university policies regarding this issue.

**Orientation and Communicating Student Expectations**

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 helpingstudents 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.

Early on in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regards to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations can include:

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

Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation — in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the clinical coordinator well in advance of the clinic absence. They will be required to submit a form to the program for approval prior to any days or hours missed.

Many sites find it helpful to create their own written orientation manual, which is given to the student prior to the first day of the rotation. This helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students you host, with each “subsequent” student adding to a document that you as the preceptor maintain and edit*.* If you choose to do this, please provide the program with a copy of the document (including annual updates) for our records.

**Preparing Staff**

The staff of an office or clinic 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. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient’s visit. Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student’s arrival to discuss:

* Student’s name
* Student’s schedule (when they will be in the office)
* 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

**Supervision of the PA Student**

During a student’s time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, APRN, or PA who will serve as the student’s preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student’s assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor’s supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student’s responsibility to ensure that the supervising physician or preceptor also sees all of the student’s patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student’s demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following “Documentation” section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

**Informed Patient Consent Regarding Student Involvement in Patient Care**

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient’s consent must be obtained in verbal or written form. The students should be clearly identified as PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student’s services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

**Documentation**

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator.Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution’s EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student’s own edification, which should be reviewed by preceptors whenever possible for feedback.

**Medicare Policy**

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

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

**Prescription Writing**

Students may transmit prescribing information for the preceptor, but the physician must sign all prescriptions. More specifically, the student’s name is not to appear on the prescription*.* For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

**Expected Progression of PA student**

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.

**Student Evaluation**

The evaluation is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses so as to encourage students about their strengthsas well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation, and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important and a passing evaluation from the preceptor is mandatory for the student to progress. If deemed “not passing,” the student may be requested to repeat the rotation or undergo procedures specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty, however the preceptor’s evaluation is integral in that decision-making process.

At the conclusion of each SCPE, preceptors evaluate student performance using a standardized form sent to them by the program. A copy of that form is in this document (Appendix B). Items on this form are mapped to Clinical Expectations and designed to permit the preceptor to indicate student competency through demonstrated performance during the SCPE using a 4-point Likert-type scale. It is expected that ratings will increase as students progress through the clinical year. **Therefore, the passing score on this form increases from an average of 2.0 during the first four clerkships to 2.5 during the middle four clerkships and finally to 3.0 during the final four clerkships.**

|  |  |  |
| --- | --- | --- |
| **SCPEs** | **Passing score: Clinical Competency & Patient Care** | **Passing Score: Professionalism** |
| 1-4 | Average of 2.0 or greater | Students must pass all items in Professionalism (all clerkships in the clinical year). |
| 5-8 | Average of 2.5 or greater |
| 9-12 | Average of 3.0 or greater |

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student’s professionalism and effectiveness as a team player with all members of the health care team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

At the mid-point of the clerkship (at the end of the second week), the preceptor and student should meet briefly to discuss the student’s performance and opportunities for improvement prior to the final evaluation. The sample of the final evaluation form (Appendix B) may be used to guide that conversation.

Please contact the clinical coordinator for specific evaluation forms and policies, in accordance with the student handbook.

**Feedback to Students**

Though students have a formal evaluation at the end of the clinical clerkship, it is imperative that they receive regular positive and constructive feedback on a daily basis from their preceptors to help improve their clinical performance. Please contact the clinical coordinator for specific policies regarding student evaluation.

**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:

* Provide list of objectives to the preceptor at the beginning of the clerkship
* Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them
* The student has been instructed to do the following on the first day or prior to start of the rotation:
  + Share the evaluation rubric which will be filled by the preceptor at the end of each four-week rotation to evaluate the student.
  + Request the preferred email or phone number of the preceptor where the electronic version of the end of clerkship evaluation can be sent. Document the information in the course assignment section created specifically for entering this information on Canvas. NOTE: Emedley requires each preceptor to have a unique email address, therefore a commonly used email address for the practice (like that of the office manager) would not work.
  + Agree on a couple of dates in the last week of the clerkship when you can orally present the history and physical, differential diagnosis and clinical intervention of a case to the preceptor. Please refer to individual course maps for the required clerkship specific tasks.
  + Agree on a couple of dates in the last week of clerkship to demonstrate your counseling skills to the preceptor.
    - For more than one H&P during a single clerkship, please plan for additional dates.
    - All the tasks (H&P and counseling) where the preceptor has to evaluate the student can be done with a single comprehensive case.
  + Please plan your four weeks of schedule with your preceptor, taking into account any preceptor absence during the four weeks. When the preceptor is not present, please request additional clinically oriented activities that you can do in the preceptor’s absence under the supervision of another provider.
  + In the event of gaps in the preceptor’s schedule, please apprise the clinical team for direction.
  + In the event of insufficient experience as deemed by the clinical team, alternate experiences may be explored.
  + Please inquire about access to medical records of patients.
* The student will have a final evaluation by the preceptor. (S)he has been instructed to select a case that is complex enough to demonstrate his/her skills in accordance with the evaluation rubric. The preceptor will use this presentation of the case or cases to evaluate student skills by answering the questions in the evaluation rubric. Please read the evaluation rubric in detail.
* All students are required to see a wide variety of patients. To the extent possible in your practice, please make sure that the student is exposed to each of the following:
  + Acute, chronic and emergent cases in all clerkships.
  + Adult and elderly cases in all clerkships except pediatrics.
  + Newborn, infant, children and adolescents in pediatrics.
  + Prenatal (includes antenatal, peripartum and post-partum cases) and gynecology cases in Women’s Health.
  + Pre-, Intra- and Post-op cases in surgery and OBGYN.
* All students are expected to follow the preceptor’s schedule including rotating on weekends and holidays. Additionally, the students may need to rotate on weekends in order to enhance their clinical skills.
  + The program will strictly adhere to the University of Kentucky Absence Policy pertaining to excused absences.
  + Absence from clinical rotation will be viewed seriously and investigated. If the student is found missing without written approval for leave, the student will be brought before the Clinical Sub-Committee and Standards and Progression Committee, if necessary. This may result in failure of the course due to unprofessionalism.
* The students are required to log all patient encounters into emedley. Emedley provides a video link with instructions on how to log in cases. These entries will be used to verify their skill sets when they apply for a job.
* At the end of every 4-week rotation, including FM1 and IM1, students will take the PAEA end-of-rotation exams (except Geriatrics, which has an exam created by the Program). The scores will be factored into the grades.
* Students will be placed in clinical rotation sites throughout the state of Kentucky. The program will try to coordinate with AHEC for housing. However, students will be responsible for their own housing.
* Requests to change confirmed rotations are highly discouraged and will be assessed on a case by case basis.
* Professionalism: all syllabi will have a requirement on professionalism which would include but not limited to
  + Failure to show respect to preceptors or any member of healthcare team
  + Disrespecting faculty
  + Absence from rotation without written approval
  + Others as determined case by case
* Attendance at End-of-Clerkship on-campus in class PAS 680 call back days is mandatory. No requests to skip EOC days will be entertained. The PAS 680 attendance policy will be in accordance with the University of Kentucky rules and regulations.

**Standards of Professional Conduct**

As health care practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to:

* Respect
* Flexibility
* Academic integrity
* Honesty and trustworthiness
* Accountability
* Cultural competency

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the physician assistant program.

If preceptors observe any concerns about a student’s professionalism, please contact the clinical coordinator immediately.

**Specific Program Policies**

All of the UK PAS Program students have received training on the following topics:

* HIPAA training
* Blood-borne pathogens training
* Sexual harassment and assault resources
* Recognition and Intervention in Pediatric Head Trauma
* BLS / ACLS
* Active Shooter Situation
* Crisis Intervention

In addition, each student must meet the following requirements of UK HealthCare:

* Immunization requirements
* Background check
* Drug testing

Specific information on each one of these trainings / requirements is available by contacting the PAS Program office.

The following link to the U.S. Department of Education's Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age discrimination: <http://www2.ed.gov/about/offices/list/ocr/know.html>

**Needles Sticks or Other Exposures to Potential Blood-Borne Pathogens**

The following information on potential blood-borne pathogen exposure is taken directly from the Clinical Clerkship Manual. Every student should already be familiar with it.

**NEEDLE STICKS**

If you experience a need stick while on a clinical rotation, first notify University Health Service (UHS) at 859-323-2778. If UHS is not open, contact the on-call UHS physician immediately by calling 859-323-5321 and ask the operator to page the University Health Service on-call physician immediately. To the degree possible, know if your source patient has risk factors for HIV or Hepatitis. Immediately after contacting UHS, also contact Dr. Somu Chatterjee ([somu.chatterjee@uky.edu](mailto:somu.chatterjee@uky.edu)) and Dr. Randa Remer ([randa.remer-eskridge@uky.edu](mailto:randa.remer-eskridge@uky.edu)) by email.

The following is an excerpt from the UK Policy on Educational Exposure to Blood Borne Pathogens.

**Protocol for Managing Educational Exposure to Blood Borne Pathogens**

1. **GENERAL**

Effective management of educational exposure to blood borne pathogens requires coordination among multiple units of the Medical Center. It requires training in prevention in injury and in the management of injuries when they occur.

1. **EDUCATIONAL EXPOSURE TO BLOOD BORNE PATHOGENS – STUDENTS IN EDUCATIONAL EXPERIENCES WITHIN THE COMMONWEALTH OF KENTUCKY**
   1. All students with an exposure will be directed to perform basic first aid immediately. These first aid directives will be the same as those provided to employees with occupational injuries and will be developed by University Health Service. All students should have a "baseline" laboratory test done as soon as they can get an appointment but no later than the next business day.
   2. All students on an educational rotation in the Commonwealth of Kentucky will be directed to contact immediately the University Health Service in the event of an educational exposure. (Students on educational rotation outside the Commonwealth will be handled as delineated below in Section C.) Students will be directed to contact the on-call University Health Service physician if the University Health Service is closed. The reason that students will be expected to contact University Health Service immediately is because of the need for rapid assessment about prophylactic medications, the completion of a baseline laboratory test, the rapid prescribing of medications if indicated, and the limited capacity of a student to assess his/her own injury.

Students will cooperate with the University Health Service in obtaining lab results from the "source patient" including, but not limited to, executing appropriate consents and authorizations. The University Health Service shall request the facility providing the educational experience to assist obtaining the status of the source patient pursuant to KRS 214.625.

Students shall provide, to University Health Service personnel, the following information, if available, concerning the exposure:

* + - Approximate time of exposure
    - Location of exposure (e.g., hospital, office, etc.)
    - Source of the exposure (e.g., blood, contaminated instrument, etc.)
    - Type of exposure (e.g., skin, mucous membrane percutaneous)
    - Length of exposure (e.g., seconds/minutes/hours)
    - Status of the source patient: Negative, Positive or Unknown HIV Status

Whether or not patient is at risk for HIV infection because of:

* + - Multiple blood transfusions 1978-1985
    - IV drug user
    - Multiple sex partners, homosexual activity
    - Known HIV positive and/or have symptoms of AIDS
    - Significant blood or bodily fluid exposure has occurred
  1. If the University Health Service physician believes that prophylactic medication is indicated, the physician will prescribe it. The physician will prescribe by telephone a three-day supply of the medication to the appropriate dispensing pharmacy. The dispensing pharmacy will vary depending upon the location of the student. University Health Service will make a list of pharmacies available to personnel who may prescribe the medications. The University Health Service will prescribe the same prophylactic medications for students as those prescribed for employees with exposure to blood borne pathogens.

For students on educational rotations at Chandler Medical Center for within 50 miles of the Chandler Medical Center, the baseline laboratory test will be completed at the University Health Service, and the prescribing pharmacy will be either the UK Hospital or Kentucky Clinic pharmacy.

For students on educational rotations in the Commonwealth of Kentucky more than 50 miles from the Chandler Medical Center, alternate laboratory test sites and pharmacy sites will be identified. This identification will be by county, will be furnished to University Health Service personnel, and will be told to the student at their orientation to the educational activity.

* 1. Students must contact the University Health Service at the time of injury and must follow up with University Health Service as soon as practical or as directed by the University Health Service physician/staff. All students will report the injury to the supervising clinician/preceptor. Students on educational rotations in Kentucky, but out of Fayette County, will also report the injury to the course director.
  2. In all situations of educational exposure to blood borne pathogens (whether or not the exposure is considered high-risk), all students will report to University Health Service for follow-up testing (as determined by the University Health Service), counseling, and continued prescription of medication (if appropriate). Students on rotation in Kentucky will have blood testing done at the University Health Service.
  3. All students will complete a University of Kentucky Chandler Medical Center Reportable Occurrence Form and Occupational Exposure Form and bring these completed forms to University Health Service for their scheduled appointment. These forms will be available on the patient care units in the University Hospital, the Chandler Medical Center AHEC Office, the AHEC regional offices, and the Education Offices of the various colleges of the Medical Center.
  4. All source patients should have blood work as designated by the protocol current at the present time (presently HCV antibody, HIV antibody, and Hepatitis B surface antigen.)

The University Health Service Blood Borne Pathogen Program Nurse Coordinator will coordinate obtaining blood samples/reports from source patients at the Chandler Medical Center and in the Lexington-Fayette County area. In other locales, the University Health Service and the course director will work with the community preceptor to complete the necessary blood work on the source patient.

Invoices are to be sent to David Watt, Associate Provost for Academic Affairs, Room 150 Medical Sciences Building, Lexington, KY 40536-0298.

1. **EDUCATIONAL EXPOSURE TO BLOOD BORNE PATHOGENS – STUDENTS IN EDUCAITONAL EXPERIENCES OUTSIDE THE COMMONWEALTH OF KENTUCKY, BUT INSIDE THE UNITED STATES**
   1. All students with an exposure will be directed to perform basic first aid immediately. These first aid directives will be the same as those provided to employees with occupational injuries and will be developed by University Health Service. All students should have a "baseline" laboratory test done as soon as they can get an appointment but no later than the next business day. All students on educational rotation outside the Commonwealth of Kentucky will be directed to contact the appropriate health service at that institution in the event of an educational exposure. Students will be counseled to identify this location as part of their orientation to the facility. The reason that students must contact the appropriate health service immediately is because of the need for rapid assessment about prophylactic medication, the completion of a baseline laboratory test, the rapid prescribing of this medication if indicated, and the limited capacity of a student to assess his or her own injury.
   2. Students will be directed to have source patient information available for their discussion with the appropriate personnel at the outside facility, if available, concerning the exposure:
      * Approximate time of exposure
      * Location of exposure (e.g., hospital, office, etc.)
      * Source of the exposure (e.g., blood, contaminated instrument, etc.)
      * Type of exposure (e.g., skin, mucous membrane percutaneous)
      * Length of exposure (e.g., seconds/minutes/hours)
      * Status of the source patient: Negative, Positive or Unknown HIV Status

Whether or not patient is at risk for HIV infection because of:

* + - Multiple blood transfusions 1978-1985
    - IV drug user
    - Multiple sex partners, homosexual activity
    - Known HIV positive and/or have symptoms of AIDS
    - Significant blood or bodily fluid exposure has occurred
  1. If health personnel at the outside facility believe that prophylactic medication is indicated, the physician will prescribe it. The student may ask that the physician prescribe a three-day supply of the medication. This will allow the student to begin medication and consult with University Health Service personnel as well. The student will be responsible for obtaining the medication and paying for it.
  2. In all situations of educational exposure to blood borne pathogens (whether or not the exposure is considered high-risk), students will contact University Health Service for follow-up testing, counseling, and continued prescription of medication (if appropriate). If it is possible for the student to return to UK immediately, all of these activities will occur in University Health Service at no cost to the student. If the student is unable to immediately return to UK, blood testing and medication may have to be obtained off campus.
  3. All students will complete a University of Kentucky Chandler Medical Center Reportable Occurrence Form and Occupational Exposure Form, and bring these completed forms to the University Health Service for their scheduled appointment. These forms will be available on the patient care units of University Hospital, in the Chandler Medical Center AHEC Office, at the AHEC regional offices, and in the Education Offices of the various colleges of the Medical Center.
  4. All source patients should have blood work, including HCV antibody, HIV antibody, and Hepatitis B surface antigen. The student should coordinate these test results being sent to the University Health Service.

1. **EDUCATIONAL EXPOSURE TO BLOOD BORNE PATHOGENS – STUDENTS IN INTERNATIONAL ROTATIONS**
   * + 1. Students/residents who elect to do international rotations will be required to contact the University of Kentucky Office of International Affairs and sign appropriate forms, including a waiver of these procedures, prior to leaving for that rotation.

**The Preceptor−Program Relationship**

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

If a preceptor has a question or concern about a student, they should contact the clinical coordinator. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

**Liability Insurance**

All students, while enrolled at the University of Kentucky, are covered by medical liability insurance. Therefore, preceptors are not required to increase their own personal coverage while working with our students. Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer must maintain a “student” role in the clinic and should not assume responsibilities of an employee until after matriculation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, **they must be avoided at all costs, as the university’s liability coverage does not cover the student in these circumstances**.

UK PA students are strongly discouraged from working while in the program. If a PA student is working in a paid position in adifferent health-care related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

**SITE VISITS**

Prior to any placement of a student, the clinical site and preceptor(s) will be contacted by a representative of the PA Program. This serves to familiarize the Program representatives with the preceptor, their site, and the facilities available as well as affording the preceptor an opportunity to have any questions answered.

In addition, each student is visited a minimum of once per year. This student site visit may occur at any of the student’s rotations and additional site visits may be made dependent on the student’s performance. Therefore, any clinical site may receive more than one contact from the program during a particular year. Following the first year, sites continuing to take more than two students per year are contacted at least once every 2 years as follow up. The preceptor can also request site visits from the Program at any time.

**EVALUATION OF PRECEPTOR / CLINICAL SITE**

At the conclusion of each clerkship, the student is required to complete an evaluation of the preceptor / clinical site. The students are asked to evaluate their overall experience at the site including patient quantity, quality of educational experience available, additional assignments given by preceptor, availability of preceptor, interaction with staff, etc. The student’s evaluation must be kept confidential. Aggregate data may be available to preceptors on request.

**REMOVAL OF STUDENT FROM ROTATION SITE**

In the event there is an issue or concern regarding the use of a site/preceptor, depending on the nature of the problem, the following may occur:

* **KBML:** If a KBML Board Action is noted against a preceptor, the preceptor’s status will be changed to “inactive”. Should a board action become known while a student is working with a preceptor, the student will be transferred to an alternate preceptor. Students will no longer be placed with that preceptor until the action is resolved. If a student requests placement with a preceptor who has previously had a known KBML Board Action against him/her, the Clinical Sub-committee will meet to discuss the request and the Sr. Clinical Coordinator may consult University Legal prior to any decision about placing the student.
* **Poor Evaluations:** All student evaluations of preceptors/sites will be reviewed by the Sr. Clinical Coordinator and/or the Clinical Sub-committee. Should there be significant problems noted at a site or with a preceptor, additional student interviews and/or a site visit to discuss concerns with the preceptor may be necessary. The Sr. Clinical Coordinator will make efforts to improve students’ experiences at all sites by reiterating program requirements and objectives and discussing student concerns. The preceptor status may be changed to “inactive” if these initial efforts do not improve the quality and adequacy of the site.
* **Other:** Issues that do not meet the characteristics of a KBML Board Action Report or repeated poor student evaluations will be deemed “other”. These issues will be considered on a case by case basis and reviewed by the Sr. Clinical Coordinator and Clinical Sub-committee.

Thank you for being a preceptor for our students and being willing to share your knowledge and experience. Please contact the program at any time if you have questions or if any issues arise. *Clinical Sub-committee*

**Acknowledgements**

**This handbook was developed by the Clinical Education Committee of the Physician Assistant Education Association and additions and editions made by the UK PA clinical team.**

An electronic copy of the original handbook may be accessed via the PAEA website at: www.PAEAonline.org, under Preceptors and also under Faculty Resources.

**APPENDIX A**

**Definitions of Age Categories**

|  |  |
| --- | --- |
| **Category** | **Age Range** |
| Infant | Birth – 1 y/o |
| Children | > 1 – 11 y/o |
| Adolescent | > 11 – 21 y/o |
| Adult | > 21 – 65 y/o |
| Elderly | > 65 y/o |

**Definitions of Encounter Types**

*Emergent*: A life threatening, time-sensitive patient encounter.

*Acute*: A non-life threatening but time-sensitive patient encounter for a new problem or acute exacerbation of an existing problem.

*Chronic*: A patient encounter for scheduled management of a long-term / previously-diagnosed problem.

*Preventive*: A patient encounter for preventive counseling, anticipatory guidance, screening, or risk factor reduction interventions.

**Definitions of Specific Patient Exposure Types**

*Women’s Health*: A patient encounter in which the primary reason for the visit is either gynecologic care (screenings, contraception, routine pelvic and breast exams, and treatment of disorders of the female reproductive system and breasts) or prenatal care (defined as preconception counseling through delivery and includes immediate post-partum care).

*Conditions Requiring Surgical Management*: A patient encounter in which the primary reason for the visit is either preparation for surgery, performance of a surgical procedure, or follow-up treatment directly related to a recent surgical procedure.

*Behavioral and Mental Health*: A patient encounter in which the primary diagnosis consists of a disorder involving dysregulation of mood, thought, and/or behavior.

**APPENDIX B**

**END OF SCPE (Supervised Clinical Practice Experience):   
PRECEPTOR EVALUATION OF STUDENT PERFORMANCE**

**SECTION 1: CLINICAL COMPETENCY**

***For each of the following tasks listed below, please indicate the level of performance based on your experience working with this student:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Unable**  **To**  **perform**  **(1)**  *Attempts but unsuccessful in completing task even with preceptor support* | **Requires  close supervision (2)**  *Requires guidance and/or the presence of preceptor to successfully complete* | **Requires minimal supervision (3)**  *Successfully completes with little feedback and/or clarification by preceptor* | **CAN pErFORm WIThout DIRECT SUPERVISION (4)**  *Performs at advanced level, rarely requiring feedback or clarification* | **Not  Applicable OR Observable**  *Specific task was neither observed nor assessed during the rotation* |
| 1. **Provide accurate and concise documentation (electronic or on paper) of an office visit clinical encounter or a hospital admission** |  |  |  |  |  |
| 1. **Provide case specific preventive care (Counselling patients (or families) on patient safety and/or effective health promotion and/or disease prevention strategies)** |  |  |  |  |  |
| 1. **Provide care for acutely ill or injured patients in non-emergent situations*.*** |  |  |  |  |  |
| 1. **Provide care for acutely ill or injured patients in emergent situations (life-threatening, time sensitive).** |  |  |  |  |  |
| 1. **Provide care for patients with chronic conditions.** |  |  |  |  |  |
| 1. **Identify referral criteria for cases.** |  |  |  |  |  |
| 1. **Elicit a comprehensive/focused medical history from patients** |  |  |  |  |  |
| 1. **Perform an appropriate comprehensive/focused physical examination on patients** |  |  |  |  |  |
| 1. **Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter** |  |  |  |  |  |
| 1. **Develop a diagnostic plan for a common clinical presentation (including ordering and interpreting diagnostic tests).** |  |  |  |  |  |
| 1. **Develop a treatment plan using pharmacotherapeutic principles and knowledge of medications for commonly encountered ailments.** |  |  |  |  |  |
| 1. **Provide an oral presentation of a patient encounter in the ambulatory or inpatient settings.** |  |  |  |  |  |

**SECTION 2: PATIENT CARE**

***Relative to the level of a recent PA graduate, please rate the student’s level of performance when providing care as specified below:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Unable**  **To**  **perform**  **(1)**  *Attempts but unsuccessful in completing task even with preceptor support* | **Requires  close supervision (2)**  *Requires guidance and/or the presence of preceptor to successfully complete* | **Requires minimal supervision (3)**  *Successfully completes with little feedback and/or clarification by preceptor* | **CAN pErFORm WIThout DIRECT SUPERVISION (4)**  *Performs at advanced level, rarely requiring feedback or clarification* | **Not  Applicable OR Observable**  *Specific task was neither observed nor assessed during the rotation* |
| 1. **Provide medical care to infants (birth-1 years).** |  |  |  |  |  |
| 1. **Provide medical care to children (>1 - 11 years).** |  |  |  |  |  |
| 1. **Provide medical care to adolescents (>11 - 21 years).** |  |  |  |  |  |
| 1. **Provide medical care to adults (>21 - 65 years).** |  |  |  |  |  |
| 1. **Provide medical care to the elderly (65+ years)** |  |  |  |  |  |
| 1. **Provide medical care relative to women’s health specifically in the area of prenatal care.** |  |  |  |  |  |
| 1. **Provide medical care relative to women’s health specifically in the area of gynecologic care.** |  |  |  |  |  |
| 1. **Provide medical care for conditions requiring surgical management specifically in the area of pre-operative care. , intra-operative, or post-operative care).** |  |  |  |  |  |
| 1. **Provide medical care for conditions requiring surgical management specifically in the area of intra-operative.** |  |  |  |  |  |
| 1. **Provide medical care for conditions requiring surgical management specifically in the area of post-operative care.** |  |  |  |  |  |
| 1. **Provide medical care for behavioral and mental health conditions.** |  |  |  |  |  |

**SECTION 3: PROFESSIONALISM**

***For each of the following activities, please indicate the degree to which you agree with each statement based on your experience working with this student.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | FAIL | PASS | NOT OBSERVED |
| 1. **Seeks out constructive feedback from colleagues and other health professionals.** |  |  |  |
| 1. **Demonstrates personal responsibility and accountability in all clinical and educational activities.** |  |  |  |
| 1. **Demonstrates sensitivity and respect toward patient individuality, including but not limited to age, gender, ethnicity, belief system, sexual orientation and abilities.** |  |  |  |
| 1. **Conducts oneself in a professional manner, consistent with the expectation for entry into clinical PA practice.** |  |  |  |

**About the Community Faculty Program**

(<http://ahec.med.uky.edu/about-community-faculty-program>)

**Continuing Education Credit**

Community-based faculty who are actively engaged in teaching students can receive continuing education credit in two ways. First, you are invited to attend the Annual Community-Based Faculty Conference held each Spring in Lexington. Second, you can receive a $300 credit toward a CE offering provided by the UK Office of Continuing Education. Details for each follow.

**Annual Conference:** Every Spring, the Community-Based Faculty Program invites community faculty to participate in the annual conference – ***Preparing Health Professionals for the 21st Century***. Participants are provided free continuing education credit in addition to overnight accommodations and an evening event to thank you for your support of UK’s health professions education mission.

Continuing Education Credit: Community-based faculty who teach at least one student in an academic year will receive a $300 credit which can be used to cover part of the cost of a more expensive course or to pay for one or more less expensive courses. In order to comply with laws that govern relationships between health care providers, the Continuing Medical Education (CME) tuition credit available annually to our voluntary faculty who have taken a student during the preceding academic year is capped at three hundred dollars ($300). We value your participation in our program and, to protect you, want to make every effort to assure that our programs remain compliant.