



PA Preceptor Orientation Handbook

Tips, Tools, and Guidance for Physician Assistant Preceptors

Arcadia University

Residential Physician Assistant Program

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TABLE OF CONTENTS

Introduction	4
Arcadia University PA Program at a Glance	4
General Goals of the Clinical Year	4
Physician Assistant Competencies	5
Definition of the Preceptor Role	5
Preceptor Responsibilities	5
The Preceptor–Student Relationship	6
Orientation and Communicating Student Expectations	6
Preparing Staff	7
Supervision of the PA Student	8
Informed Patient Consent Regarding Student Involvement in Patient Care	9
Documentation	9
Medicare Policy	9
Prescription Writing	10
Expected Progression of PA Student	10
Student Evaluation	10
Feedback to Students	11
Student Responsibilities	11
Standards of Professional Conduct	11
Specific Program Policies	12
The Preceptor–Program Relationship	12
Liability Insurance	12
Preceptor Development	13
Criteria for Category 1 CME for Physician Assistant	13
Preceptor Criteria for Clinical Instructor Appointments	13

Additional Preceptor Resources	14
Bibliography	14
Acknowledgements	16

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.

Arcadia University PA Program at a Glance

Arcadia University's physician assistant program graduated its first class of PAs in 1998. Our program is 24 months in length with a 12-month didactic phase followed by a 12-month clinical phase. During the didactic year of the program, students take a total of 68 semester credits in courses to learn the fundamentals of providing optimal patient care and working as an integral part of a healthcare team. The clinical year consists of four-week rotations in core areas of medicine including: family medicine, emergency medicine, internal medicine, pediatrics, women's health, behavioral health, and surgery. Students also complete a four-week elective in one of the seven core rotations and three other electives offered in a variety of medical settings. A Clinical Year Seminar Course allows students to return to campus for four weeks during the clinical year to participate in activities to further refine their critical thinking and clinical skills, take clinical year examinations, and participate in formative and summative standardized patient encounters.

General Goals of the Clinical Year

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

- Apply didactic knowledge to supervised clinical practice
- Develop and sharpen clinical problem-solving skills
- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen and refine oral presentation and written documentation skills
- Develop an understanding of the PA role in health care delivery
- Prepare for the Physician Assistant National Certifying Exam
- Develop interpersonal skills and professionalism necessary to function as part of a medical team

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
- Complete and promptly return 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, Instagram) 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 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.

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
- 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 coordinators well in advance of the clinic absence.

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.

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, 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. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA students 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 payers 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

In February 2018, the Center for Medicare and Medicaid Services (CMS) now allows teaching physicians to "verify" in the medical record any student documentation of components of E/M services, rather than re-documenting the work, as long as this is consistent with state and institutional policies. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than

re-documenting this work. The 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.ama-assn.org/practice-management/medicare-medicaid/student-documentation-must-teaching-physicians-re-document>

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 strengths as 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. On required rotations (i.e., core rotations required by the specific institution for all students prior to graduation), a passing evaluation from the preceptor is mandatory. 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. The program will designate how often evaluations need to be completed.

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.

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

Feedback to Students

While students may have only one formal evaluation during the clinical rotation, 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:

- 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 during the clinical year

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 students participate in blood-borne pathogens training, HIPAA training and needlestick procedures prior to entering the clinical setting. Immunization requirements correspond current CDC guidelines and students undergo FBI criminal back ground checks, Department of Human Services fingerprinting, urine drug screening, Pennsylvania and Delaware child abuse clearances. Students may be subject to urine drug screens as per the written policy of the clinical site.

Students are expected to be engaged in clinical training for at a minimum 36 hours per week and may work nights, weekends and holidays, and take call. They are expected to arrive early and stay until their assigned work is complete. Attendance is mandatory for all scheduled days. If they are absent from their clinical rotation, students are expected to notify the preceptor and clinical coordinators promptly and work to make up any missed time within the same rotation block.

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>

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

Each PA student is fully covered for malpractice insurance by the PA program. 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.

In addition, if a PA student is working in a paid position in a different 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.

Preceptor Development

Criteria for Category 1 CME for Physician Assistant

PA students require time and effort on the part of the clinician. In recognition of those efforts and dedication, Arcadia University has been granted the ability to increase the number of Category 1 CME awarded to our Physician Assistant Preceptors from the American Academy of Physician Assistants. Using AAPA's formulation for awarding CMEs, a maximum of 20 Category I CME credits per calendar year can be applied. Per AAPA, Programs may award 2 AAPA Category 1 CME credits per week for each PA student they precept.

Please make note we must receive a completed evaluation form from the PA preceptor prior to awarding Category I CMEs. Category I CME certificates will be awarded once a year after the close of our clinical year in April. Please contact Lisa Murphy at murphy1@arcadia.edu for further information on how to obtain your CME certificate.

Preceptor Criteria for Clinical Instructor Appointments

APPOINTMENT PROCEDURE

In the spring semester, faculty members in the Department identify clinicians who qualify and who continue to qualify for an academic appointment based on department- specific criteria. A brief summary describing the candidate's qualifications and an updated curriculum vita are provided to the Department Chair. If approved, the Department Chair will forward the application to the Dean of the College of Health Sciences no later than April 1. The Dean reviews the application and, if appropriate, appoints the clinician to an academic position for one year beginning May 1st. A letter is sent to the clinician with a copy to the Department Chair.

Academic Appointment of Clinical Instructor in the Department of Medical Science, College of Health Sciences

The following criteria are to be met for 2 consecutive years:

1. The preceptor needs to be in good standing with the PA program and licensing boards.
2. The preceptor must have mentored 3 or more Arcadia PA students each year.
3. The preceptor must have maintained a benchmark evaluation of 3.0 or higher in each area of the student evaluation each year, with the exception of question #2 which is more representative of the clinical site rather than the preceptor.
4. Submission of an updated CV is required at the time of consideration.

There is no compensation for this position and it will be renewed annually based on continued service as an outstanding preceptor by maintaining all criteria listed above.

Additional Preceptor Resources

Serving as a role model to future PAs is a noble endeavor that many clinicians aspire to — but are often hesitant to take on due to the time and energy involved. That’s why PAEA’s Committee on Clinical Education has created a set of “[One-Pagers for Preceptors](#)” to help streamline and enhance this essential experience. They have also put together some guidelines to serve as a [resource for PA educators](#) who are designing curriculum to support PA students in the transition from student to qualified PA.

The preceptor one-pagers, listed below, combine some of the PAEA committee’s own resources as well as some of the best precepting practices that are outlined in the literature:

- [Incorporating Students into Patient Care/Workflow](#)
- [The One-Minute Preceptor](#)
- [Ask-Tell-Ask Feedback Model](#)
- [SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education](#)
- [Introducing/Orienting a PA Student to Your Practice](#)
- [Tailoring Clinical Teaching to an Individual Student](#)

Bibliography

1. Kernan WN. *Preceptor's Handbook*. http://medicine.yale.edu/intmed/Images/preceptor_handbook_tcm309-40876.pdf. Revised 1/30/04. V1.2011. Accessed May 15, 2011.
2. MAHEC Office of Regional Primary Care Education. *Integrating the Learner into the Busy Office Practice*. MAHEC, Asheville, NC. <http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm>. Accessed September 16, 2011.
3. Usatine R, Tremoulet, PT, and Irby, D. Time-efficient preceptors in ambulatory care settings. *Academic Medicine*. June 2000;75:639-642.
4. Langlois J, Thach S. Evaluation using the GRADE strategy. *Family Medicine*. March 2001;33(3):158-160.
5. Neher J, Stevens N. The one-minute preceptor: shaping the teaching conversation. *Family Medicine*. 2003;35(6):391-393.
6. Branch W, Paranjape A. Feedback and reflection: teaching methods for clinical settings. *Academic Medicine*. December 2002;77(12, Part 1):1185-1188, December 2002.
7. Buchel T, Edwards FD. Characteristics of effective clinical teachers. *Family Medicine*. January 2005;37(1):30-35.
8. Gigante J, Dell M, Sharkey A. Getting beyond "good job": how to give effective feedback. *Pediatrics*. 2011;127(2):205-207.
9. Ende J. Feedback in clinical medical education. *JAMA*. 1983;250(6):777-781.
10. Southern New Hampshire Area Health Education Center. Feedback, An Educational Model for Community-Based Teachers. <http://www.snhahec.org/feedback.cfm>. Accessed June 22, 2010.
11. Southern New Hampshire Area Health Education Center. *Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers*. <http://www.snhahec.org/diffman.cfm>. Accessed May 5, 2010
12. Lucas J, Stallworth J. Providing difficult feedback: TIPS for the problem learner. *Family Medicine*. 2003;35(8):544-546.
13. Southern New Hampshire Area Health Education Center. *Setting Expectations: An Educational Monograph for Community-Based Teachers*. <http://www.snhahec.org/expectations.cfm>. Accessed June 22, 2010.
14. Letendre P. Aspects of conflict resolution. TraQ Program of the British Columbia Provincial Blood Coordinating Office. 2002-2009. <http://www.traqprogram.ca/index.php/en/resources/traq-library/item/303-aspects-of-conflict-resolution>. Accessed October 8, 2011.
15. National Commission on Certification of Physician Assistants. *Competencies for the Physician Assistant Profession*. March 2005.
16. Social and Scientific Systems Inc. Findings from the American Academy of Physician Assistants 2009 Annual Conference Survey: Trends in employment, preceptorships, continuing medical education and perceptions of AAPA products and services. January 20, 2010.
17. Duke University Medical Center Community and Family Medicine. Characteristics of Constructive Feedback. Preceptor Handbook: Clerkship in Family Medicine. <http://fmclerkship.mc.duke.edu/cfmhom/WebPrec.html#AN%20EFFECTIVE%20TEACHER?>. Accessed October 8, 2011.

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Nova Southeastern Physician Assistant Program

Pace University Physician Assistant Program

University of Utah Physician Assistant Program

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