



SCHOOL OF MEDICINE

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CASE WESTERN RESERVE  
UNIVERSITY

# PA Program Preceptor Orientation Handbook

*Tips, Tools, and Guidance for Physician Assistant Preceptors*

## **Director of Clinical Curriculum**

Craig Myers MSHS, PA-C

[cam289@case.edu](mailto:cam289@case.edu)

(216) 368-0083

## **Clinical Coordinator**

Desiree Palumbo MSHS, PA-C

[dap137@case.edu](mailto:dap137@case.edu)

(216) 368-5401

## **Administrative Director**

Jennifer Capretta

[jxc1434@case.edu](mailto:jxc1434@case.edu)

(216) 368-3028

## **About This Handbook**

Through their volunteer efforts with PAEA, PA educators created this Preceptor Orientation Handbook for PA programs to use and adapt to their clinical sites.

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PAEA Staff Contributors

- Karen Hills (Chief, Educational Development)
- Christine Vucinich (Instructional Specialist)
- Elizabeth Alesbury (Editorial Support)

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## **Introduction**

We would like to take this opportunity to express our sincere gratitude to you, our preceptors, for your contributions and dedication to this program and our physician assistant (PA) students. The clinical experiences that the student gains in your practice are vital to student success in our program. The clinical setting synthesizes concepts and applications of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. Working closely with you, the PA student learns from your expertise, advice, and example. The student progressively develops and strengthens the skills and clinical judgment necessary to become a practicing PA through your supervision. Thank you for your commitment to PA education.

## **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 medical knowledge and skills to supervised clinical practice
- Advance clinical reasoning and problem-solving skills
- Expand and strengthen the medical fund of knowledge
- Perfect the art of history-taking and physical examination skills
- Refine oral presentation and written documentation skills
- Broaden understanding of the PA role in health systems and healthcare delivery
- Apply principles of diversity and inclusion to patient-centered care
- Develop interpersonal skills and professionalism necessary to function as part of a medical team
- Experience a wide variety of patient demographics, types of patient encounters, and clinical settings representative of the breadth and depth of PA scope of practice
- Prepare for the Physician Assistant National Certifying Exam

## **Core Competencies for New Physician Assistant Graduates**

“Core Competencies for New Physician Assistant Graduates” identify the knowledge, skills, attitudes, and behaviors that all PA students should be able to demonstrate by the end of their PA training program. There are 47 specific competencies related to knowledge, abilities, or skills that are measurable and observable. These competencies are tailored explicitly for PAs entering practice for the first time and were developed using the “Competencies for the PA Profession” foundation.

The Core Competencies for New Physician Assistant Graduates are organized using the following eight domains:

1. Patient-centered practice knowledge
2. Society and population health
3. Health literacy and communication
4. Interprofessional collaborative practice and leadership
5. Professional and legal aspects of health care
6. Health care finance and systems
7. Cultural humility
8. Self-assessment and ongoing professional development

More details are available on the PAEA website:

<https://paeaonline.org/our-work/current-issues/core-competencies>

### **Definition of Preceptor Role**

The preceptor is an integral part of the teaching program, serving as a role model for the student. Through guidance and teaching, they help students improve skills in history-taking, physical examination, effective communication, physical diagnosis, accurate and succinct documentation, reporting, problem assessment, and plan development, including coordination of care. Additionally, by providing feedback, preceptors are a vital resource as students develop and progress.

### **Preceptor Responsibilities**

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

- Orient, assess each student at the onset of the rotation with the practice/site policies and procedures, including safety and emergency policies and procedures.
- Review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback to the student regarding clinical performance, clinical knowledge, skills, attitudes, behaviors, and critical thinking skills.
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and professionalism and to ensure high-quality patient care.
- Delegate increasing levels of responsibility based on a 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
  - Immediate evaluation of presentations (including both oral and written)
  - Assignment of outside readings and research to promote further learning
- Demonstrate cultural humility in all interactions with patients, families, health care teams, and systems.
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process.
- Review and add supplementary documentation to student notes to evaluate the student's clinical reasoning and documentation skills.
- Demonstrate an ethical approach to the care of patients by serving as a role model for the student.
- Complete and return the student evaluation forms to assess performance and improvement throughout the supervised clinical experience.
- Promptly notify the PA program of any circumstances that might interfere with student safety or wellness or accomplishing the above goals or diminish the overall experience.

### **The Preceptor–Student Relationship**

The preceptor should maintain a professional relationship with the PA student in the clinical setting at all times and adhere to appropriate professional boundaries. Social activities and personal relationships outside the professional learning environment should be appropriate and carefully selected to avoid putting the student or preceptor in a compromising situation. Contact through web-based social networking platforms (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. Please consult the clinical faculty regarding specific school or university policies.

### **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, before 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. The preceptor should provide an orientation to emergency/safety procedures and preparedness, including, but not limited to the facility emergency plan, emergency evacuation routes, location of emergency eyewashes and other emergency equipment, and contact details for emergency services.

Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals regarding 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 and weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Anything else that the preceptor thinks is necessary

Students are expected to communicate with preceptors any special scheduling needs that they might have during the rotation, particularly when they might be out of the clinical setting for personal reasons or program-required educational activities. Please consult the clinical coordinator regarding specific school or university attendance policies.

Many sites find it helpful to create a written orientation manual to be given to the student before the first day of the rotation. A manual helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students that 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. Helping the student learn about office, clinic, or ward routines and the location of critical resources helps them become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient's visit. Students should have conversations with staff about expectations and make sure they understand office policies and 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 the student's role. The preceptor should inform the staff about how the student is expected to interact with them and patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss the:

- Student's name
- Student's daily schedule
- Student's expected role in patient care and what they are permitted to do with and without the preceptor present in the room
- Anticipated impact of the student on office operation (i.e., Will fewer patients be scheduled? Will the preceptor be busier? etc.)
- Process for 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. Educational continuity should be maintained when using multiple preceptors. Although the supervising preceptor might not be with a student during every shift, it is essential to assign students to another MD, DO, or PA who will serve as the student's preceptor for any given time interval. Sharing preceptorship duties exposes students to important variations in practice style and feedback, which can help learners develop the professional personality that best fits them. If supervision is not available, students may be given an assignment or spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be 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 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 before 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. Laws for Medicare patients 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 the education of PA students. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students must complete HIPAA training before their clinical year. However, patients must be informed that a PA student will participate in their care, and their consent must be obtained. Consent is given 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, PA, or other licensed clinician 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 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. Students' notes are legal and are contributory to the medical record.

Additionally, writing a brief note that communicates effectively is a critical skill that PA students should develop. 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.

The introduction of EMRs (electronic medical records) can present obstacles for students if they lack a password or are not fully trained in using a specific institution's EMR system. In these cases, students are encouraged to handwrite a note and review it with their preceptors for feedback whenever possible.

### **Medicare Policy**

CMS no longer requires that clinicians serving as preceptors re-perform student-provided documentation. As of January 1, 2020, preceptors can now verify (sign and date) student documentation. This makes the role of preceptor significantly easier as they are able to spend



more time teaching and less time documenting. Students also benefit from increased experience with electronic health records, better preparing them for practice.

All physician, PA, and nurse practitioner preceptors are allowed to verify medical record documentation provided by PA students. It is important to note that there are no restrictions on the verification of student-provided documentation based on the profession (i.e., a preceptor does not have to be a PA to verify the documentation of a PA student).

<https://paeonline.org/our-work/advocacy-for-pa-education/emerging-advocacy-issues>

### **Prescription Writing**

Students may write or input electronic prescribing information for the preceptor, but the preceptor must sign/send all prescriptions. The student's name is not to appear on the prescription. The preceptor MUST log into the system under their password for clinical rotation sites that use electronic prescriptions and personally sign and send them. Students should practice handwriting prescriptions on clinical rotations where the opportunity to electronically input prescriptions is not available.

### **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 develop an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may just 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 progressively increase supervised autonomy. If the preceptor thinks that a student is not performing clinically at the expected level for where they are in their training, they are encouraged to address this with the clinical program faculty early in the rotation.

### **Student Evaluation**

The preceptor's evaluation of the student is especially important and typically serves as the primary mechanism for feedback to the program regarding a student's ability to meet the learning outcomes for the rotation. Preceptors are encouraged to discuss the evaluation with the students, focusing on strengths and opportunities for growth, and documentation including specific comments regarding performance is strongly encouraged. Preceptors are also encouraged to familiarize themselves with the program's syllabus and evaluation tools and reach out to the program with any questions. Considerations such as the timing of the rotation (first versus last rotation) and improvement and receipt of feedback throughout the rotation should be noted when completing evaluations.

Preceptors will assign a final grade for each rotation based upon the student performance.

The grading scale is below:

- ☒ **Honors:** Consistently performs skill at professional level. Seldom requires supervision.
- ☒ **Commendable:** Performs at proficient level. Occasionally requires guidance.
- ☒ **Satisfactory:** Needs direction but appears to be on-track to be ready for practice at graduation
- ☒ **Unsatisfactory:** Performance is inconsistent. Requires frequent direction.

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to gain additional insight into the student's professionalism and effectiveness, as health care team members' 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 faculty for specific questions regarding evaluation forms.

### **Feedback to Students**

While students may have only one formal evaluation during the clinical rotation, they must regularly receive positive and constructive feedback from their preceptors to help improve their clinical performance.

Daily or weekly check-ins are recommended and can provide avenues to address any student questions as well as encourage dialogue between student and preceptor. Students will provide a midpoint check in assessment form where they will identify some areas of focus that they would like to work on for the remainder of the rotation. After they have completed their own assessment, the preceptor will be given opportunity to determine areas of focus for the student. Preceptors are asked to provide overall feedback if the student is meeting expectations at the midpoint or if improvement is needed. This feedback is important to provide opportunity for the student to improve over their remaining time.

### **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, conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.
- Assist or perform and interpret common lab results, diagnostics tests, or procedures.
- Complete any assignments, tasks, and presentations as assigned by their preceptor.
- Educate and counsel patients across the lifespan regarding health-related issues.
- Attend and engage in 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, PA students are required to conform to the highest standards of ethical and professional conduct required of certified PAs in addition to their program-defined standards. These may include, but are not limited to:

- Respecting flexibility
- Demonstrating academic integrity
- Being honest and trustworthy
- Demonstrating accountability

- Promoting cultural humility

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 the physician assistant program.

If preceptors are concerned about a student's professionalism, please contact the clinical coordinator immediately.

### **Specific Program Policies**

- Prior to entering the clinical year, all students have completed 15 months of didactic course work in the PA program and have a minimum GPA of 3.00/4.00). Additionally, all students are required to be in academic good standing with the program in order to go on rotations.
- Prior to entering the clinical year, all students have successfully completed an 8 month (3-4 hours/week) pre-clinical clerkship.
- Prior to the beginning of clinical rotations, the following have been completed and/or are current for all students:
  - OSHA training
  - HIPAA training
  - CITI Training program
- Immunizations are current including:
  - DPT
  - OPV
  - MMR (including + measles, mumps, rubella titer)
  - Hepatitis B (including + titer)
  - Varicella (including + titer)
  - COVID-19 and booster
  - Influenza (unless there is a contraindication all students are required to have an influenza vaccine in October or November of their clinical year).
  - Two-step TB test (completed within the last 12 months)
  - Physical exam (completed within the last year)
  - BLS and ACLS certified
  - Medical insurance current

Criminal background checks:

All students undergo a criminal background check prior to entering the first year of the program and then a recheck prior to the clinical year. The Case Western Reserve University School of Medicine reviews students' criminal background checks and clears them prior to starting the PA program.

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>.

### **Diversity and Inclusion Strategies**

PA education is committed to growing diversity and inclusion among its faculty, students, and preceptors. A 2020 report from the NCCPA indicates that 80.8% of practicing PAs identify as white.<sup>i</sup> Additionally, a Diversity Standard (A1.11) was added to the ARC-PA 5th Edition Standards. PA programs continue to develop recruitment and retention efforts to support underserved populations. Furthermore, it is important that students are provided with opportunities to demonstrate their ability to understand and care for diverse patient populations. Clinical preceptors can contribute to these efforts using some of the following strategies:

1. Recognize that students come from a variety of backgrounds with differences that contribute to variations in habits, practices, beliefs, and/or values.<sup>ii</sup>
2. Encourage the PA student and preceptor to discuss personal biases and/or fears at the beginning of the rotation and ongoing as needed.
3. At the beginning of the rotation, the preceptor should discuss any considerations unique to the student's practice setting and patient population. Additionally, the preceptor may provide the student with suggested resources for further research on the unique practice settings and patient population.
4. Intentionally seek opportunities for students to care for patients with diverse backgrounds, habits, practices, beliefs, and/or values.
5. Engage the student in dialogue about their encounters with diverse patients and team members and provide formative feedback regarding their interactions and perceptions.
6. Encourage the student and preceptor to challenge their own beliefs and understand their impact on their care of patients and development as a compassionate, inclusive learner.
7. Provide opportunities for the student to interact with community outreach activities as available at the clinical site and in the local community.
8. Become a mentor for prospective PA students who are from underrepresented minority groups.
9. Encourage students and preceptors to engage in conversations about health equity and social determinants of health.

PAEA has available in the Digital Learning Hub a Diversity, Equity, and Inclusion Toolkit (<https://paea.edcast.com/pathways/diversity-equity-and-inclusion-toolkit>) and best practices guidelines. Please ask your clinical faculty to download and share this resource if you do not have access.

### **The Preceptor–Program Relationship**

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

If a preceptor has a question or concern about a student, they should contact the clinical coordinator or designee. Programs strive to maintain open faculty–colleague relationships with their preceptors and believe that if 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 troubleshooting may help avoid a diminution in the educational experience.

### **Liability Insurance**

Each PA student is fully covered for liability insurance by the PA program/university for any clinical site with a fully executed and valid affiliation agreement. Students completing a formal elective rotation with a preceptor or clinical site that might become an employer must maintain a “student” role in the clinic and should not assume an employee’s responsibilities until after completing the PA program and successful certification and licensure. This includes appropriate routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience.

The university malpractice coverage is as follows:

Insurance Carrier:	Lexington Insurance Company
Coverage:	\$1,000,000 each claim; \$3,000,000 aggregate

This relationship is vital in preserving the professional liability coverage provided by the PA program/university and is critical to protect both the student and the employer if a patient seeks legal action. Even more concerning is the occasional opportunity or suggestion from a potential employer that a student participate in patient care activities outside of the formal rotation assignment before PA program completion. While these opportunities may be appealing 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 healthcare-related capacity at 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.

## **Patient logging**

Clinical year experience logging is done electronically through the Exxat clinical logging system. This is done for several reasons: ARC-PA accreditation Standard, objective rotation site analysis, objective student experience log, future job credentialing.

All students are required to track all aspects of patient encounters experienced on clinical rotation including patient demographics, patient care setting, clinical skills, procedures, diagnosis, level of autonomy. All logging activity is HIPAA compliant.

## **Clinical site visits**

Students and rotation sites will be visited throughout the academic year by a Director of Clinical Curriculum or clinical coordinator. These brief visits will provide the program faculty a general overview of the rotation, an opportunity to meet with the preceptors and get feedback on the students' performance and the program. These visits will also help to identify ways that the program can support the clinical site and preceptors.

## **Benefits of Clinical Precepting**

### **CME Credit**

Through a partnership between PAEA, AAPA, and Case Western Reserve University, Clinical Preceptors may submit an annual application to receive eligibility to award AAPA Category 1 CME.

In order to receive credit, preceptors must complete the CME reporting form found via [this link](#). The preceptor will receive an emailed CME certificate from the program for their records.

## **Clinical Faculty Appointment in the Case Western Reserve School of Medicine**

To be eligible for a faculty appointment as Clinical Assistant Professor, preceptors must provide ongoing precepting support for the Case Western Reserve University PA program. Based on years of experience, teaching experience, number of students precepted, and committee work within the CWRU program, faculty may be awarded one of the following titles: Clinical Assistant Professor, Clinical Senior Instructor, Senior Instructor, and Junior Instructor.

### Requirements for faculty appointment

1. Currently precepting for us
2. Completed one page application
3. Updated CV

For those interested in clinical faculty appointments, you may reach out to Jennifer Capretta (216)368-3028 or [Jennifer.capretta@case.edu](mailto:Jennifer.capretta@case.edu).

## **Case Western Reserve University Library Access**

Clinical faculty will have access to the CWRU library and research database. This access is renewed annually with faculty appointments.

### **Case Western Reserve Email Account**

This account is renewed annually with the faculty appointment.

### **Preceptor Development Resources**

PAEA's Committee on Clinical Education created a set of one-pagers for preceptors to help streamline and enhance this essential experience:

- 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

The one-pagers are available on the PAEA website: <https://paeaonline.org/how-we-can-help/faculty#clinical>. They combine some of the committee's own resources with the best precepting practices outlined in the literature.

Additional resources for preceptors can be found in the Preceptor Channel within the PAEA Digital Learning Hub: <https://paea.edcast.com/channel/preceptor-development> Ask your clinical coordinator to download and share these resources if you do not have access.

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<sup>i</sup> National Commission on Certification of Physician Assistants, Inc. (2021). *2020 Statistical Profile of Certified Physician Assistants: Annual Report*. <https://www.nccpa.net/wp-content/uploads/2021/07/Statistical-Profile-of-Certified-PAs-2020.pdf>.

<sup>ii</sup> Accreditation Review Commission on Education for the Physician Assistant, Inc. (2019). *Accreditation Standards for Physician Assistant Education*. 5th edition. <http://www.arc-pa.org/wp-content/uploads/2021/03/Standards-5th-Ed-March-2021.pdf>.