

**2024-2025**

**Idaho State University  
Preceptor Handbook:**

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



**Idaho State  
University**

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**Physician  
Assistant Studies**



March 2021, Revised June 2022, March & May 2023, March 2024

## Acknowledgements

This handbook was developed by the Clinical Education Committee of the Physician Assistant Education Association.

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Additional copies may also be downloaded from the PAEA website at: [www.PAEAonline.org](http://www.PAEAonline.org), under Preceptors and also under Faculty Resources.

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**Idaho State  
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**Physician  
Assistant Studies**

Welcome to the Preceptor Orientation Handbook developed by the Clinical Education Committee of the Physician Assistant Education Association with additions by the Clinical Team from Idaho State University Physician Assistant Program.

We have provided the phone numbers and emails of the Idaho State University Clinical Team for the Physician Assistant Program within this handbook. Please do not hesitate to contact any of us if you have questions, concerns or comments about our program. The Physician Assistant website <https://isu.edu/pa/> is a good resource if you would like further information about our program. We believe these topics will be beneficial for you and your staff when working with PA students or any other students you may have at your facility.

We look forward to working with you and your staff as together we prepare Physician Assistant students to be knowledgeable, skilled, compassionate health care providers.

Sincerely,

Anntara, Vicki, Kent, Leila, Kerbie, Mary, Marv, and Heather  
Idaho State University Department of Physician Assistant Studies

## **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.

## **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 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 student’s 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 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 according to site and CMS guidelines
- 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, 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 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 coordinator 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, 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. 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.** 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 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**

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. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes.

Writing a succinct note that communicates effectively is a critical skill that PA students should develop. Introduction to use of an EMR (electronic medical record) is encouraged. 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. If access is not possible, 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.

Although, CMS no longer requires that clinicians serving as preceptors re-perform student-provided documentation. Beginning on January 1, 2020, preceptors may verify (sign and date) student documentation. Following is a link to the Center for Medicare and Medicaid Services (CMS). <https://www.cms.gov/>

### **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. 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 ISU Department of Physician Assistant Studies Program Policies**

Please refer to the following link <https://isu.edu/pa/> for program-specific policies, including the Needlestick/Bloodborne Pathogen Exposure Policy etc.

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: <https://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 liability insurance by the PA 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.**

## Clinical Overview of Physician Assistant Studies at Idaho State University

Students are required to participate and pass eight (8) clinical rotations during the second year of the Physician Assistant Program. Each rotation is approximately five (5) weeks. The goals and standards of our program state students must see patients **throughout the lifespan in multiple settings**. Students must complete and pass rotations in the following areas; OB/GYN (Women's Health), Outpatient (Family Medicine), Internal Medicine, Pediatrics, Emergency Medicine, General Surgery, Psychiatry as well as an Elective of their choice.

Students are often precepted by health care providers who see multiple types of patients. For example, a Family Practice setting may provide the student an opportunity to see pediatric patients, outpatients, inpatients, and prenatal patients. As a program, we are required to title each of the rotations; this is **not** intended to be restrictive regarding the student's experience.

### **End of Rotation Exam (EOR):**

Students are required to successfully complete an end of rotation exam for each of the core rotations Psychiatry, OB/GYN (Women's Health), Outpatient (Family Medicine), Pediatrics, Internal Medicine, General Surgery, Emergency Medicine. Most of the end of rotation exams are administered during the academic week with the exceptions of rotations 3,6, and 8 that will occur on the last Monday of the rotation.

There is an **Academic Week** between each rotation. One of the purposes of this week is to allow students study time for the End of Rotation Exam. Additionally, the Academic Week affords students time to travel to their next clinical rotation, study for their next rotation, work on the Capstone (Master's Project) as well as time to attend to their Activities of Daily Living (ADLs).

### **Capstone (Master's Project):**

During the clinical year, students are required to complete and pass a Master's Presentation as part of their graduation requirements. For further information regarding requirements contact the Clinical Year Team.

### **Site Visits:**

ISU's Clinical Team makes every effort to visit each PA student twice during the clinical year (In person or via Zoom). The goal is to see the student during the fall semester and again during either the spring or summer semester. We look forward to meeting preceptors during our visits, but realize you have very busy schedules and will make every effort to accommodate your schedule. One of our goals is to ensure, as a preceptor, you know we are available to you as well as the student for any questions or concerns. During our site visit we ask the student tell us about their clinical experience; describing an interesting case or technical skill they feel more confident providing or anything they would like to share about the specific rotation. We also ask about the student's documentation of patient encounters into our university program as well as their progress on End of Rotation Exams and their Master's project.

### **Evaluations:**

Students are graded during the clinical year. Students benefit from regular feedback while on their clinical rotations. We encourage you and the student to meet informally as well as formally to; discuss your expectations, discuss what the student is doing well and what areas are in need of improvement. There is a MID ROTATION EVALUATION as well as a

FINAL EVALUATION that the preceptor is requested to complete. The evaluations may be completed online or using a paper copy. We request you discuss your evaluations with the student and submit the evaluations via the E\*Value link, email, fax or mail the paper copy to our program. The main office fax number is **208-282-5693** or you may mail or email completed evaluations to:

**Mary O’Byrne, Data Coordinator**  
921 South 8th Avenue Stop 8253  
Pocatello, Idaho 83209-8253  
[maryobyrne@isu.edu](mailto:maryobyrne@isu.edu)

Our Guidelines and Policies can be found at <https://isu.edu/pa/>

### **Program Specification**

#### **Documentation:**

**Our students have been instructed to follow the rules of the hospital, office, clinic, etc.** See CMS guidelines for additional information.

<https://www.cms.gov/>

#### **Program Specific Information:**

For more detailed program specific information see the Guidelines and Policies located on the website <https://isu.edu/pa> or always feel free to call a member of the Clinical Team with questions or concerns.

## Needlestick/Infectious and Environmental Hazards Exposure Policy:

Purpose: This policy is to provide guidelines for injuries received during a classroom activity, service-learning activity clinical rotation, including contaminated needle stick or sharp injury; mucous membrane/non-intact skin exposure to blood or blood containing body fluids, or non- blood bodily fluids. **If you are in doubt treat the event as a needlestick or exposure. Notify the site/preceptor immediately, as well as the didactic year faculty during the didactic year or clinical year faculty during clinical year immediately** and seek medical care at one of the following.

- i. ISU Health Center at 990 Cesar Chavez Avenue, Pocatello, 83209, (208) 282-2330 if the exposure incident occurs on or near the Pocatello Campus. No appointment necessary. Please check hours, seek care elsewhere if the clinic is closed.
- ii. Unity Health Center at 1130 E. Fairview Ave, Meridian, ID, 83642, (208) 895-6729, if the exposure incident occurs on or near the Meridian Campus. No appointment necessary. Please check hours, seek care elsewhere if the clinic is closed.
- iii. Or the clinic/hospital of your choice.
- iv. **Note: Be sure to notify provider/clinic/hospital, regardless of location, that this is an occupational injury.**

### Prevention:

Students are taught universal standard precautions and methods of prevention during the didactic year and should continue to abide by those.

Refer to the CDC Guidelines and Recommendations for Occupational Exposure found at:  
[Protecting Healthcare Personnel | HAI | CDC](#)

**NOTE: These recommendations supersede all other recommendations**

### Requirements:

1. Stop what you are doing immediately and notify supervisor/preceptor on site.
2. Dispose of the needle/sharp in a hard-sided container to prevent further injury.
3. Wash the site vigorously with soap and water. For mucous membrane exposure, flush with copious amounts of water.
4. Follow the site/facility policy for injury/incident reporting.
  - a. **DO NOT GIVE YOUR PERSONAL INSURANCE FOR BILLING:** Please give them the following:  
STATE INSURANCE FUND  
P.O. Box 83720  
Boise, ID 83720

If you have out of pocket expenses such as Rx or other, please submit receipts to Risk Management and let them know when you contact them.

5. Contact the PA Program by phone **MUST SPEAK TO SOMEONE ASAP.**
6. Contact ISU Risk Management at (208)282-5741 ASAP (within 24 hours) Note: **Please leave a message if no one answers.**
7. Complete Needle Stick Form in Didactic Year Commons or Clinical Year Commons.
8. Follow the treating provider's recommendations regarding follow-up and treatment of needle stick and/or infectious and environmental hazards exposure. Student's PA program contact to complete Supervisor's Accident Investigation and Report Form



Effective July 1, 2013, Idaho Code §§ 72-102 and 72-205 were modified to change the existing statutes to require a university or college to purchase workers' compensation coverage for students that fall under the definition of "a work experience student who does not receive wages while participating in the school's work experience program."

Please refer to [Idaho State University Workers Compensation Policy](#) for further information

**(Reviewed May 27, 2021, Reviewed June 2022, May 2023, March 2024)**

We want to thank you again for working with our students. If you have any questions or concerns; please do not hesitate to call any member of the Clinical Team.

**The Clinical Team**

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## **Acknowledgements**

This document contains excerpts and adaptations from Preceptor Orientation Handbooks from the following PA Programs:

Eastern Virginia Medical School Physician Assistant Program  
Emory University Physician Assistant Program  
Loma Linda University Physician Assistant Program  
Medical University of South Carolina Physician Assistant Program  
Nova Southeastern Physician Assistant Program  
Pace University Physician Assistant Program  
University of Utah Physician Assistant Program  
Yale University School of Medicine

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