



School of PA Medicine

PRECEPTOR ORIENTATION HANDBOOK

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

Revised September 2025

Northwest University

The School of PA Medicine

Program Information

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A Message from the Dean

I want to thank you for your dedication and commitment to giving back to the next generation of medical providers. Your decision to provide clinical instruction to our students is instrumental to the success of our students and future graduates. Below, we outline some of the benefits offered by our program and provide a preceptor handbook reference to assist in answering questions about our clinical program. Thank you again for your willingness to teach our students.

-Heather Deibler, PA-C

Education Background

The student assigned to you has successfully completed the entire didactic phase of the program and has demonstrated satisfactory progress in all areas of clinical medicine. They have participated in Problem-Based Learning (PBL) case studies that introduced the development of differential diagnosis, medical decision-making, and formulation of a management plan. They have also received training in patient assessment and advanced procedures. Our students are academically prepared to enter the clinical phase of the program and look forward to your clinical instruction as well as written and verbal evaluations.

Each student will be assigned to you for a 5-week rotation, and you can choose to be a preceptor for as many students and rotations as desired.

Benefits

Your decision to participate in this process comes with some added benefits that I want to mention for your consideration.

Provider – You will receive Category 2 CME for the hours spent with our students. This should provide all the Cat 2 required hours necessary for maintaining your licensure. After the program has received your final evaluation of the student, a letter will be sent to you to document your CME hours. PA preceptors may also receive Category 1 CME through the AAPA. Just let us know if you would like to claim this certificate.

Facility– Your commitment to PA education will provide your facility with a steady source of students who will be future providers. These clinical rotations will provide an excellent opportunity to observe students' interactions with other healthcare professionals, patients, and hospital staff within your facility over an extended period, allowing you to determine their fit and medical specialty alignment.

Affiliate Clinical Faculty - To qualify for this academic appointment, you must agree to accept at least three students each year and have an interest in providing PA education. The program would inquire about your willingness to participate in guest lectures for the didactic students if you are interested. This level will provide you with access to our medical library, which includes various online journal subscriptions and thousands of online textbooks. In addition, you will have the opportunity to participate in other aspects of campus life, e.g.,

access to the exercise facilities, cafeteria discounts, and campus chapel events. Your academic appointment must be approved by the dean of the program and will be renewed each year you are able to maintain this status. If you are interested in taking advantage of this great benefit, please contact the program's Clinical Education Manager.

Time Commitment

Your commitment to this program is vital to the success of the clinical rotation experience for our students. The student assigned to you will follow your schedule for the entire length of the rotation. It is the expectation of the program that our students will work whatever time they are assigned to work, including weekends, holidays, and nights. You should expect to meet with the student at the halfway point of the rotation and discuss any deficiencies observed. This evaluation will be sent to the program after you meet with the student. At the completion of the clinical rotation, you will need to fill out a final evaluation of the student. This evaluation will be submitted electronically to the program and will be calculated in the final grade.

If this manual does not answer your questions, please do not hesitate to reach out to our Clinical Education Manager, Medical Director, or the Dean.

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Accreditation Statement

The ARC-PA has granted **Accreditation-Provisional** status to the **Northwest University School of Physician Assistant Medicine Program** sponsored by **Northwest University**. Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA Standards or when a program holding Accreditation-Provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students.

Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from the matriculation of the first class.

Mission Statement

Northwest University School of PA Medicine is driven by a passion to integrate loving Christ, serving others, and practicing excellent medicine to effectively engage human need.

We empower dedicated faculty and staff, incorporate innovative technology, and prepare students to care for diverse patient populations, lead clinically, and serve the Pacific Northwest while fostering national and global relationships.

Vision

To equip service-minded PAs who will impact the world through excellent, compassionate, Christ-centered healthcare.

Acknowledgements

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

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Introduction

We would like to take this opportunity to express our sincere gratitude to you, our preceptor, for your arduous work and dedication to Northwest University and our physician assistant (PA) students.

The clinical experiences that 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 applications 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 examples. 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 students' medical knowledge.
- Hone 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 Certification Exam (PANCE)
- Develop interpersonal skills and professionalism necessary to function as part of a medical team

Physician Assistant Competencies

The clinical role of PAs (Physician Assistant) includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the practical and appropriate application of faith integration; medical knowledge; interpersonal and communication skills; clinical and technical skills; professionalism and ethics; clinical reasoning and problem solving; 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 delegating physician and appropriate to the practice setting. (NCCPA (National Commission on Certification of Physician Assistants))

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 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.
- Submit formal mid-rotation and end-of-rotation evaluations for each student.
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and ensure competent 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 to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.
- 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.

The Preceptor–Student Relationship

The preceptor should maintain a professional relationship with the PA student and always 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 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, 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 to 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 helps 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 (electronic medical records) training, and additional site-specific training, if needed.

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/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, 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 need to inform the clinical coordinator well in advance of the absence.

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, PA, NP, or other provider 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 it 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 valuable. The preceptor should always be aware of the student's assigned activities.

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 collaborating physician or preceptor also sees all 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 can 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

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

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to the documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical education manager. Students are reminded that the medical record is a legal document. All PA student medical entries must be identified as such 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 an institution's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own edification, which should be reviewed by preceptors whenever possible for feedback.

Medicare Policy

Medicare reimbursement requires specific preceptor documentation in regard to student participation. According to the Center for Medicare and Medicaid Services, "Students may document services in the medical record. However, the teaching physician [provider] 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." Following is a link to the Center for Medicare and Medicaid Services

(CMS), which provides direct access to CMS rules regarding student documentation:
<https://www.cms.gov/files/document/r11288cp.pdf>

Prescription Writing

Students may transmit prescribing information for the preceptor, but the preceptor 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, relay oral presentations of findings, and develop differential diagnoses. As the rotation continues, they should be able to produce an assessment and plan more effectively, 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 the preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses 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, 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 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 two formal evaluations during the clinical rotation, it is imperative that they receive regular positive and constructive feedback daily 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 education manager immediately.

Specific Program Policies

Please refer to the Northwest University School of PA Medicine [Student Handbook](#) and the NU School of PA Medicine Policy and Procedures Handbook linked in the preceptor CORE access for program-specific policies on the following:

- Drugs and alcohol
- Tardiness / Absences
- Needle stick procedure
- HIPAA training
- Blood-borne pathogens training
- Immunization requirements
- Background check
- Drug testing
- Sexual harassment and assault resources

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 effective communication among the student, the PA program, preceptors, and the clinical education manager. 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 education manager. 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 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 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 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 who is assuming the PA student role if it is outside of an assigned clinical rotation.

Program-Specific Topics

The topics below will be provided through materials provided to the preceptor during the preceptor orientation process:

- Specific rotation/calendar/schedule
- Grading/evaluation procedure (actual evaluations, timeline of evaluations)
- Student case logging
- Clinical rotation objectives
- Site visit schedule

The following topics are available on the NU School of PA Medicine website:

<https://www.northwestu.edu/school-pa-medicine>

- Program description
- Curriculum

Preceptor Development

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.