

ORIENTATION MANUAL FOR PHYSICIANS
PRIMARY CARE PRECEPTORSHIP

prepared by

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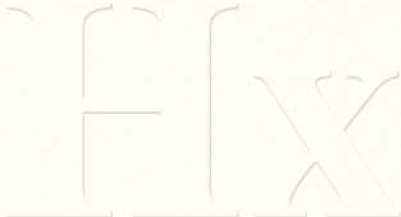
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PREFACE

This document is primarily designed as an information resource for clinical preceptors* and others interested in the education and use of physician assistants. The following pages reflect the experience of more than 100 MD/PA teams over the past six years concerning program policy and operational procedures, the legal status of PA's, suggestions for preparing colleagues, associates and the community to accept the PA and guidelines for utilizing the PA in the practice and hospital setting. They are intended as general guidelines and not rigid policy.



*A preceptor is a primary care physician who has agreed to provide training and supervision for a physician assistant in a primary care-oriented practice in a community setting.

PRIMARY CARE PRECEPTORSHIP

The preceptorship is a four week community-based clerkship that occurs at the end of the two year, upper divisional educational program. It is a one-on-one relationship between a senior student assistant and a physician involved in the delivery of primary health care.

The intent of the preceptorial experience is to expose the student to a wide range of health problems as seen in a primary care practice setting away from the medical center. During the preceptorship the student is also acquainted with the social and economic factors involved in the provision of primary health care.

The preceptorship is designed to place the student in an area in need of increased health care services.

THE APPROACH TO CLINICAL ROTATIONS

Upon completion of a basic medical science phase, the students are ready to apply their theoretical knowledge in the evaluation and understanding of those problems encountered in the clinical setting. The actual clinical phase is twelve months in length.

ADMINISTRATION SUPPORT

Supervising physicians are urged to think of themselves as the program's faculty and meet whatever problems arise, relative to the student's personal conduct and performance. This includes employing those measures appropriate to resolving the issue at hand. The preceptor is encouraged to contact the Program Office (713) 790-4619 at any time for assistance.

ATTENDANCE

Regular student attendance on rotations is expected in order that the maximum benefit may be obtained. Erratic attendance should be promptly brought to the student's attention, pointing out how unexcused absences and marginal performance often result in an unsatisfactory grade.

ORIENTATION

Each student should be given an orientation as to the nature of the practice, the facilities used, staff involved, resources available, and the type of medical care being rendered.

TEACHING

The supervising physician should encourage the student to ask questions, allow time for discussion of case findings, and provide insight into the preventive aspects of health care delivery.

SUPERVISION

The preceptor physician should serve as the student's primary teacher and make known the proper protocol to be followed, as well as provide direction and supervision, and make assignments as required. Another physician may be designated to supervise the student, should it be appropriate to do so.

GRADING

The preceptor is expected to comment on the student's performance in terms of industry, ability to deal with patients, ability to take instructions, quality of patient workups and presentations, fund of knowledge, acceptance of responsibility, level of professional maturity, attitude and attendance. A comprehensive evaluation form is provided prior to the student's completion of the preceptorship, requesting the above information. Upon completion of the rotation, it should be returned, sealed, with the student.

INSIGHT

Supervising physicians are encouraged to visit the Physician's Assistant Program at Baylor College of Medicine and meet with the Program faculty whenever possible.

COMMUNITY PREPARATION

Whenever a new element is introduced into a system there is bound to be misunderstanding or resistance unless there is adequate preparation prior to adjusting the system. Our experience shows that when sufficient care is taken, there are few problems surrounding the training of student physician assistants in community practice settings. The acceptance by patients and physician support personnel has generally been excellent. To facilitate the reception of the PA student and thereby make his or her introduction into the practice setting and community as smooth and efficient as possible, we recommend the following:

Knowledge of Student's Background

To prepare for answering questions and making introductions, the preceptor should be aware of the student's personal history, previous health care training and experience, the student's projected role and functions in the practice, and the methods of supervision to be employed in all settings of the practice.

Briefing The Office Staff

The Office Staff (nurse, business manager, lab technician, receptionist, etc.) should be carefully oriented as to how procedures will be altered with the PA student in the practice. It is important to clarify the responsibilities these persons will have, and what tasks, if any, the student will assume which were previously managed by various staff members. The physician's apparent and expressed support of the traineeship process is imperative if the student is to be successfully introduced.

Informing Your Colleagues

Local physicians should be contacted in person, by phone, or by letter and provided with necessary information. The nature and extent of such information will depend on whether the colleague will consult with the PA or asked to be a substitute supervisor when the MD is out of town or otherwise unavailable. Letters to all local physicians might also be sent purely as a matter of courtesy. (sample letter appears at the end of section).

Informing Your County Medical Society

Although the PA Program is accredited by the AMA, it is still important to brief the local medical society on the program and the

role to be played by your practice in the training of student physician assistants. Data on the program's curriculum and supervising controls expected by the preceptor should be of interest to the group. The Baylor staff has available a movie, slide program and printed materials to help inform your colleagues in the County Medical Society.

Talking With Hospital Staff And Administration

Every effort should be made prior to the student's arrival, to introduce the hospital administrator and medical and nursing staffs to the PA Program and the fashion in which the student would function in the practice, to include the hospital setting under physician supervision.

Notifying Your Patients

Prior awareness on the patient's part that a PA student is in the practice setting should preclude most complaints, repeated queries and any entanglements that could arise because of supposed misrepresentation. While a notice to the patients could be (and should be) posted at the reception desk or in the waiting room, it is perhaps more effective to notify each patient through the mail.

Personal Introduction of The PA

Whereas, many of the previously suggested steps should be taken before the student arrives, there is a definite need to personally introduce the student to all interested parties once he or she arrives. This will greatly hasten their acceptance.

INSTRUCTIONAL GUIDELINES

During the primary care preceptorship the student will be assigned to a generalist preceptor within the community. He will accomplish and record histories and physical examinations on all patients he sees. The history, physical findings, impressions and therapy will be recorded in the patient's medical record after review by the preceptor. The student will make all rounds and accomplish those tasks for which he has been trained on hospitalized patients at the direction and under the supervision of his preceptor. He will understand the functioning of all emergency equipment present in the office and be able to operate it. He will be expected to read extensively as possible on the encountered problems to further his understanding of the disease process.

OBJECTIVES

The specific learning objectives of the primary care preceptorship include the following:

To expose the student to a wide range of health problems as seen in a family setting away from the Medical Center.

To allow the student to further develop his techniques in patient rapport, history taking and physical examination.

To provide the student with an exposure to the principles, practices and procedures utilized within a private practice of medicine.

To acquaint the student with the social and economic factors involved in the provision of health care to a patient population away from the Medical Center.

To provide the student with the opportunity to apply all of the knowledge and techniques he has acquired during his training.

Specific knowledge and task requirements are presented in the Student Progress Evaluation Form.

READING ASSIGNMENTS

The student will be required to read as extensively as possible on the problems encountered to further his understanding of the patient's disease process. The students will also be required to read the pharmaceutical information provided on all of the drugs utilized in the treatment of his patient. Selected readings may also be assigned by the preceptor on which the student is to prepare abstracts for his personal reference file.

EVALUATION

The preceptor will evaluate the student on his conduct and the accomplishment of assigned duties. He will appraise the student's evaluation and management of patients. Discussions and oral quizzes will be used to evaluate specific areas of knowledge. In addition, the student will be evaluated on his technical ability and thoroughness in history taking and examination, and his ability to use the problem oriented medical record.

The student will be evaluated on the structure, grammar and composition of his professional correspondence and data contained within the patient's medical record.

A record of the evaluation will be accomplished by utilizing a copy of the Student Progress Evaluation Form. Recording and reporting of student progress is required for each student at the completion of this four week segment.

DUTIES ALLOWABLE PA STUDENTS

The student should be provided an opportunity to participate, under supervision, in the day to day patient care activities of his or her preceptor. They should be allowed to accompany the physician in the examining room, and to other locations where the preceptor provides care, such as hospitals, clinics,

health centers, house calls, and nursing homes. In these situations the student should participate in history taking, examining patients, performing or assisting with a variety of basic diagnostic tasks, and counseling patients concerning their diet and medication as prescribed by the physician.

ROUTINE DUTIES

Duties which may be performed by the student assistant as part of his/her routine work assignment, i. e., histories, physical examinations, and other chart entries must be reviewed by the responsible physician. Countersigning of the history, physical examination and progress notes by the student assistant are required.

Duties falling under the category of routine work assignments include:

Taking the initial history and performing the physical examination on patients, both clinic and inpatients, and constructing a list of the patient's problems.

Discussing orders for appropriate laboratory tests, x-rays, electrocardiograms, and comparable procedures upon physician approval.

Drawing blood specimens for testing and performing other comparable procedures when personnel customarily performing such procedures are not available.

Making daily rounds to observe and record pertinent progress of patients, updating and summarizing charts, changing orders as instructed, notifying the responsible physician of changes in the patient's condition.

Making interim summaries as required.

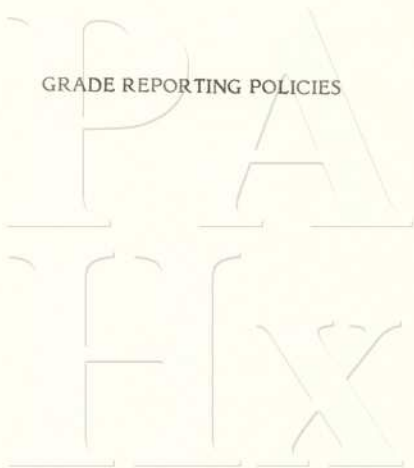
SPECIFIC DUTIES

Duties performed by the student assistant which are not outlined above are to be carried out only upon specific direction of the responsible physician. The student assistant must remain in consultation with the responsible physician during the performance of these procedures. The physician should be there in person to evaluate the situation and give a specific order to the student assistant to perform these tasks.

SPECIFIC DUTIES NOT ALLOWED

While the student assistant may discuss routine orders for physician review and countersignature, the physician's assistant student may not prescribe any medicinal preparation.

GRADE REPORTING POLICIES



Each department shall, shortly after conclusion of a course or clerkship, render grades on each student enrolled in the course or clerkship according to the following grade system:

Honors	An exceptional performance
Pass	Good academic work
Marginal Pass	A passing grade, but indicative of an academic performance at or just above the minimum passing level
Fail	An unsatisfactory performance
Deferred	A temporary designation, with a final grade pending additional academic work
Incomplete	Academic work has not been completed because of illness, leave of absence, etc.

Narrative comments written by the faculty are obligatory for core clerkships and electives, but not for core basic science courses.

Physician's Assistant Program
Evaluation of Core Clerkship _____

Department _____

Name of Student _____
Last First

Dates of Clerkship _____

Hospital _____ Service _____

Grade: Honors _____ Pass _____ Marginal Pass _____ Fail _____

Please comment on the student's performance in such as industry, ability to deal with patients, ability to take instructions, quality of patient work-

ups and presentations, fund of knowledge, acceptance of responsibility, level of professional maturity, attitude, attendance.

COMMENTS:

P
A
E
X

RETURN TO DIRECTOR OF STUDENT AFFAIRS
ROOM 21E

Faculty Member _____

Date _____

Extent of Contact with Student _____