

# *Preceptor Orientation Handbook*

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





# Preceptor Orientation Handbook:

Tips, Tools, and Guidance for Physician Assistant Preceptors



# Acknowledgements

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

Patrick Enking

Jerry Glavaz

Rosana Gonzales-Colaso

Carol Gorney

Amanda Moloney-Johns

Thomas Parish

Jack Percelay

Jacqueline Sivahop

Michel Statler

**Special acknowledgement to the Preceptor Handbook subcommittee members:**

Amanda Moloney-Johns (Chair)

Rosana Gonzales-Colaso

Carol Gorney

Jacqueline Sivahop

Special acknowledgement to the editors:

Jeanette Smith

Michel Statler

**Northwestern College  
Graduate School & Adult Learning**

**Physician Assistant Program**

101 7<sup>th</sup> Street SW

Orange City, Iowa 51041

Rosalyn Wielenga

Director of Clinical Education

Phone: 712-707-7356

Fax: 712-707-7345

[physician.assistant@nwciowa.edu](mailto:physician.assistant@nwciowa.edu)

[www.nwciowa.edu/PA](http://www.nwciowa.edu/PA)

Copyright 2011. Physician Assistant Education Association.

Additional copies of this report may be purchased by contacting:

Physician Assistant Education Association

300 N. Washington Street, Suite 710

Alexandria, VA 22314-2544

Telephone: (703) 548-5538

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.

## Table of Contents

Introduction	3
General Goals of the Clinical Year	3
Definition of the Preceptor Role	3
Preceptor Responsibilities	3
The Preceptor–Student Relationship	4
Orientation and Communicating Student Expectations	4
Preparing Staff	5
Supervision of the PA Student	5
Informed Patient Consent Regarding Student Involvement in Patient Care	6
Documentation	6
Medicare Policy	6
Prescription Writing	7
Expected Progression of PA Student	7
Student Evaluation	7
Feedback to Students	8
Student Responsibilities	8
Standards of Professional Conduct	8
Northwestern College PA Program Policies	9
Prerequisites for Rotation	9
Academic Honesty	9
Exposure Policy	9
Student Attendance	10
Student Attire	10
Student Safety	11
The Preceptor–Program Relationship	11
Liability Insurance	11
2021-2022 Clinical Year Calendar	12
Rotation Information by Specialty	12
Preceptor Development	12
Acknowledgements	13

## **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 the Northwestern College 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

## **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.
- 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

- 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

### **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, MySpace) 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 Director of Clinical Education with any questions or concerns.

### **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 review the student’s learning outcomes for that 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
- Attendance including call, overnight, and weekend schedules
- Participation in rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Anything else 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 Director of Clinical Education 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 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

### **Supervision of the PA Student**

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, or PA who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. **Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites.** On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all of the student's patients. The



preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

### **Informed Patient Consent Regarding Student Involvement in Patient Care**

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All Northwestern College PA students complete HIPAA training prior to their clinical year. However, patients must be informed that a PA 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 provider 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 documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Director of Clinical Education. Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S." The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. If students are not allowed to use the EMR, they 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. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. 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/MLNProducts/downloads/gdelinesteachgresfctshst.pdf>

### **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. If deemed "not passing," the student may be requested to repeat the rotation or undergo procedures specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty. The program will designate how often evaluations need to be completed.

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student's professionalism and effectiveness as a team player with all members of the health care team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

Evaluation forms will be sent to preceptors through the eValue system. Preceptors may also print, or ask their student to print, an evaluation form from the Northwestern College PA Program Preceptor's website.

## **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.

## **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
- Track patient encounters and progress toward required experiences
- Provide preceptor with necessary paperwork
- Maintain a professional presence in the clinic or hospital

## **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 college and by the physician assistant program. If preceptors have any concerns about a student's professionalism, please contact the Director of Clinical Education.

## **Northwestern College PA Program Policies**

The following policies have been created by the Northwestern College PA program, and apply to all students and faculty regardless of location. If a clinical site has a policy that differs from any of the follow, the preceptor or student should contact the Director of Clinical Education to clarify expectations. In an emergency situation, students are instructed to follow any procedures defined by their clinical site, and to notify the PA program as soon as possible.

### **Prerequisites for Rotation**

All students on rotation must have met the following criteria:

1. Successful completion of **all** didactic course work.
2. Successful completion of each previous rotation, or arrangement with the Director of Clinical Education (DCE) to finish an “Incomplete” or remediate an unsatisfactory rotation grade at a later date.
3. Completion of all required immunizations and health screenings.
4. Physical examination and review of health history by a medical professional, prior to starting the Northwestern College PA Program.
5. Current BLS and ACLS certification.
6. Criminal Background Check

The student has the responsibility of arranging for the background check at the beginning of the program. If there is a positive result, depending on the degree of positivity, placements may not occur and Northwestern College legal counsel will be notified for appropriate deliberations (which may impact the student’s ability to progress in the PA program). The cost of such requirements is the responsibility of the student.

### **Academic Honesty**

Northwestern College is a Christian academic community committed to integrity and honesty in all intellectual and academic matters. All students, faculty, and staff are expected to follow the highest standards of honesty and ethical behavior. In addition, as members of the campus community all students, faculty, and staff have a responsibility to help other members of the community to demonstrate integrity in their actions.

Behavior that violates academic integrity can take a variety of forms, including, but not limited to, cheating on tests, quizzes, papers, and projects; plagiarism or the encouragement and/or provision of materials for the expressed purpose of such acts; using unauthorized material; and the willful misrepresentation of evidence and arguments.

### **Exposure Policy**

An exposure incident is described as contact with blood or other potentially infectious or hazardous material by a splattering onto your eyes, mouth, mucous membranes, or non-intact skin, or by a stick from a used needle or used sharp object.

1. Students are expected to use universal precautions in the classroom, laboratory or clinical site when the potential for exposure to hazardous materials or bodily fluids exists.

2. After any exposure, student should report the incident to the person in the affiliating agency/hospital designated by your faculty. If you have difficulty reaching this person or if on-site care is not available, **proceed to the nearest hospital emergency room for evaluation and possible treatment**. In addition to local reporting, the student **must notify the Northwestern College Physician Assistant Program** regardless of where evaluation and treatment was done.
3. Neither Northwestern College nor any clinical agency will be responsible for costs. Fees and cost accrued during the care of an exposure are the responsibility of the student and/or their health insurance. The student's health insurance should be billed, not workers' compensation or employee health. Follow-up testing and treatment can be done by the student's provider and is the sole responsibility of the student and/or their health insurance.

### **Attendance**

Rotation work hours are determined by the preceptor and may include nights, weekends, and holidays as well as an on-call schedule. Preceptors are not obligated to give days off on weekdays, weekends, or holidays. College holidays and breaks do not apply to clinical rotation students.

### **Attire**

Business attire is required for all rotations. Exceptions to this rule should only be made based on direct instruction from the preceptor. Scrubs are generally not permitted except in surgery. Inappropriately dressed students will be asked to leave the rotation site and will receive an unexcused absence until they return properly dressed. In addition, the students:

1. Must wear a short white lab jacket with the Northwestern College PA program logo and name tag unless otherwise indicated (B3.01)
2. Should wear socks or hose, and shoes should be suitable for the clinical setting (not open-toed)
3. Should not wear shorts, jeans, stretch pants, skirts above the knee, T-shirts, tank tops, or hats
4. Should not wear clothing that shows any portion of the torso or cleavage.
5. Should not wear any perfumes or colognes or body fragrances.

This professional attire should be observed whenever students are at hospital or institutional sites. This includes visits to study in the hospital library, didactic examinations administered in the hospital facility, major group meetings, shadowing, hospital/community experiences, etc. Book bags are not to be seen in patient care areas. Please stow these items in a safe and secure area.

ALL PHYSICIAN ASSISTANT STUDENTS MUST BE CLEARLY AND CONTINUOUSLY IDENTIFIED AS STUDENTS DURING CLINICAL EXPERIENCES.

## **Student Safety**

Northwestern College and clinical site in which the student is receiving clinical instruction, will orient the student with respect to policies and procedures at all sites where students will participate in supervised clinical practice experiences and with which students are expected to comply (e.g., HIPAA and OSHA), including, but not limited to, those policies and procedures that promote personal safety and security measures and workplace security. The college and the clinical site will take reasonable steps to ensure personal security and safety of students while engaged in the supervised clinical practice experience. Preceptors are asked to orient students to policies and procedures that would keep them safe within the clinical environment(s) that the preceptor works.

## **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 Director of Clinical Education. All members of the team should share contact information.

If a preceptor has a question or concern about a student, they should contact the Director of Clinical Education. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

## **Liability Insurance**

Each PA student is fully covered for malpractice insurance by the PA program. Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer must maintain a student role in the clinic and should not assume responsibilities of an employee until after graduation 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 college 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 college'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.

### 2021-2022 Clinical Year Calendar

Each student will have an individualized schedule for clinical rotations, which will include primarily 4-week rotations, with some 8-week and 2-week rotations. For general planning purposes, the year has been divided into 4-week blocks, and students will be assigned to their rotations using these blocks as a guide.

Aug 23-Sept 17, 2021	Interval 1
Sept 20-Oct 15, 2021	Interval 2
Oct 18-Nov 12, 2021	Interval 3
Nov 15-Dec 10, 2021	Interval 4
<b>Dec 13-Dec 16, 2021</b>	<b>EOR Meetings</b>
<b>Dec 17, 2021-Jan 2, 2022</b>	<b>Break</b>
Jan 3-Jan 28, 2022	Interval 5
Jan 31-Feb 25, 2022	Interval 6
Feb 28-March 25, 2022	Interval 7
March 28-April 22, 2022	Interval 8
<b>April 25-28, 2022</b>	<b>EOR</b>
<b>April 29-May 15, 2022</b>	<b>Break</b>
May 16-Jun 10, 2022	Interval 9
June 13-July 8, 2022	Interval 10
July 11-Aug 5, 2022	Interval 11
<b>Aug 8-11, 2022</b>	<b>EOR</b>
<b>Aug 12, 2022</b>	<b>Graduation</b>

### Rotation Information by Specialty

For specific learning outcomes and clinical expectations for each rotation specialty, please visit our preceptor website <https://www.nwciowa.edu/graduate/physician-assistant/preceptors>.

### Preceptor Development

The Physician Assistant Education Association (PAEA) has created resources to provide more information and tips regarding the role of a clinical preceptor. Links to these resources can be found at <https://paeonline.org/publications/preceptor-handbook/> or on the Northwestern PA Preceptor website <https://www.nwciowa.edu/graduate/physician-assistant/preceptors>.

# 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



# Bibliography

1. Kernan WN. *Preceptor's Handbook*. [http://medicine.yale.edu/intmed/Images/preceptor\\_handbook\\_tcm309-40876.pdf](http://medicine.yale.edu/intmed/Images/preceptor_handbook_tcm309-40876.pdf). Revised 1/30/04. V1.2011. Accessed May 15, 2011.
2. MAHEC Office of Regional Primary Care Education. *Integrating the Learner into the Busy Office Practice*. MAHEC, Ashville, NC. <http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm>. Accessed September 16, 2011.
3. Usatine R, Tremoulet, PT, and Irby, D. Time-efficient preceptors in ambulatory care settings. *Academic Medicine*. June 2000;75:639-642.
4. Langlois J, Thach S. Evaluation using the GRADE strategy. *Family Medicine*. March 2001;33(3):158-160.
5. Neher J, Stevens N. The one-minute preceptor: shaping the teaching conversation. *Family Medicine*. 2003;35(6):391-393.
6. Branch W, Paranjape A. Feedback and reflection: teaching methods for clinical settings. *Academic Medicine*. December 2002;77(12, Part 1):1185-1188, December 2002.
7. Buchel T, Edwards FD. Characteristics of effective clinical teachers. *Family Medicine*. January 2005;37(1):30-35.
8. Gigante J, Dell M, Sharkey A. Getting beyond "good job": how to give effective feedback. *Pediatrics*. 2011;127(2):205-207.
9. Ende J. Feedback in clinical medical education. *JAMA*. 1983;250(6):777-781.
10. Southern New Hampshire Area Health Education Center. Feedback, An Educational Model for Community-Based Teachers. <http://www.snhahec.org/feedback.cfm>. Accessed June 22, 2010.
11. Southern New Hampshire Area Health Education Center. *Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers*. <http://www.snhahec.org/diffman.cfm>. Accessed May 5, 2010
12. Lucas J, Stallworth J. Providing difficult feedback: TIPS for the problem learner. *Family Medicine*. 2003;35(8):544-546.
13. Southern New Hampshire Area Health Education Center. *Setting Expectations: An Educational Monograph for Community-Based Teachers*. <http://www.snhahec.org/expectations.cfm>. Accessed June 22, 2010.
14. Letendre P. Aspects of conflict resolution. TraQ Program of the British Columbia Provincial Blood Coordinating Office. 2002-2009. <http://www.traqprogram.ca/index.php/en/resources/traq-library/item/303-aspects-of-conflict-resolution>. Accessed October 8, 2011.
15. National Commission on Certification of Physician Assistants. *Competencies for the Physician Assistant Profession*. March 2005.
16. Social and Scientific Systems Inc. Findings from the American Academy of Physician Assistants 2009 Annual Conference Survey: Trends in employment, preceptorships, continuing medical education and perceptions of AAPA products and services. January 20, 2010.
17. Duke University Medical Center Community and Family Medicine. Characteristics of Constructive Feedback. Preceptor Handbook: Clerkship in Family Medicine. <http://fmclerkship.mc.duke.edu/cfmhom/WebPrec.html#AN%20EFFECTIVE%20TEACHER?>. Accessed October 8, 2011.



PHYSICIAN ASSISTANT  
EDUCATION ASSOCIATION  
*Scholars. Leaders. Partners.*

300 N. Washington Street, Suite 710  
Alexandria, VA 22314-2544  
(703) 548-5538  
[www.PAEAonline.org](http://www.PAEAonline.org)