

# Marquette University PA Preceptor Handbook





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Welcome!

We are grateful for your partnership in educating Marquette University Masters of Physician Assistant Studies students.

The vision of the Marquette PA Program is to provide an unprecedented educational experience to students through excellence in academic education, clinical and community partnerships, and a commitment to facilitate access to primary care for all through the Jesuit tradition of *cura personalis* ("care for the whole person").

Following a competitive application and admissions process, students embark onto a rigorous 33 month professional phase curriculum. This consists of 22 months of intensive didactic classroom, laboratory, and practicum education; followed by 11 months of full-time clinical experiences through a variety of core and elective rotations.

Your involvement in providing clinical rotations is invaluable. The clinical experiences students obtain in your practice are paramount to the success of our program. The clinical setting is where synthesis of concepts and application of principles for quality health care occur. You are the key to these successful learning experiences in the clinical setting. The Physician Assistant student will work closely with you, learning from your mentoring and advice. They will progressively develop and refine their skills and clinical judgment en route to becoming an exceptional Physician Assistant.

The Preceptor Handbook was designed to provide you with information about the Marquette University Physician Assistant Studies Program and to offer guidance and educational objectives for supervising and evaluating students during their clinical rotations.

The Marquette University Physician Assistant Program truly values our Preceptors and appreciates your commitment to the education of the next generation of health care providers.

### **DEFINITION OF A PHYSICIAN ASSISTANT**

***PAs are health professionals licensed, or in the case of those employed by the Federal Government, credentialed to practice medicine in association with designated collaborating physicians. PAs are qualified by graduation from an accredited PA educational program and/or certification by the National Commission on Certification of Physician Assistants.***

***Within the physician-PA relationship, PAs provide patient-centered medical care services as a member of a health care team. PAs practice with defined levels of autonomy and exercise independent medical decision making within their scope of practice.***

***The clinical role of Physician Assistants includes primary and specialty care in medical and surgical practice settings in rural and urban areas. Physician Assistant practice is centered on patient care and may include educational, research, and administrative activities.***

***Adopted 1995, Amended 2014***

*AAPA House of Delegates Definition of a Physician Assistant*

### 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)

### 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 mid-rotation and 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
- 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



### OUR MISSION STATEMENT:

**Our mission is to develop physician assistants in the Jesuit tradition who realize their full potential as excellent clinicians and national leaders. We pursue this for *ad majorem Dei gloriam*, the greater glory of God, and the benefit of the human community.**

**An ideal graduate of our program is well-rounded, clinically and intellectually competent, committed to professional growth, spiritually centered, compassionate and dedicated to doing justice in generous service to others. Our graduates will be leaders in promoting health, wellness, and preventing disease in diverse healthcare settings and in their communities.**

"The best way to  
**FIND YOURSELF**  
is to  
**LOSE YOURSELF**  
in the service of  
**OTHERS**"

- Mahatma Gandhi

Faith. Leadership. Excellence. Service.



## STUDENT EDUCATIONAL LEARNING OUTCOMES

### **MU PA Learning Outcome #1: General Physical Exam:**

Students will perform a comprehensive physical examination on the geriatric patient; adult patient; and pediatric patients including toddlers and newborns. The physical examination system components include:

Vital signs, General appearance, Skin, Head/Eye/Ear/Nose/Throat, Neck, Cardiac, Pulmonary, Abdominal, Genitourinary including rectal examination, pelvic examination in women and prostate examination in men, Peripheral Vascular, Neurologic, Musculoskeletal, and Psychiatric.

### **MUPA Learning Outcome #2: Complete History:**

Students will demonstrate the ability to obtain a complete medical history on pediatric, adult and geriatric patients including the following components: Complete History, Medications, Allergies with Reaction, Family History, and Health Maintenance.

### **MUPA Learning Outcome #3: Documentation of Complete History and Physical Exam:**

Students will demonstrate the ability to properly document a complete medical history and physical exam on pediatric, adult and geriatric patients inclusive of the above components.

### **MU PA Learning Outcome #4: Differential Diagnosis:**

Students will formulate an appropriate differential diagnosis based on information obtained through a focused history and physical examination.

### **MU PA Learning Outcome #5: Interpersonal Communication - Patient Education:**

Students will verbally communicate patient educational information. They will do so with clarity and accuracy at a level appropriate for the patient's health literacy.

### **MU PA Learning Outcome #6: Interpersonal Communication - Health Care Team Member:**

Students will communicate effectively and work collaboratively with other members of the health care team.

### **MU PA Learning Outcome #7: Professionalism:**

Students will demonstrate professionalism in their clinical interactions with patients, faculty and mentors and colleagues.

### **MU PA Learning Outcome #8: Practice Based Learning:**

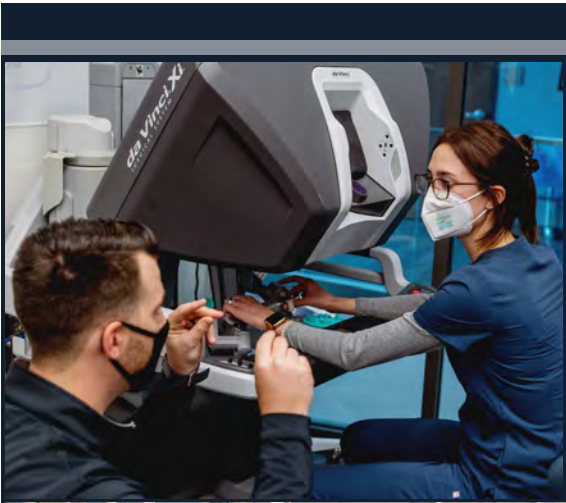
Students will demonstrate oral and written proficiency in the presentation, critique, and synthesis of evidence based medical and scientific data for the purpose of practice – based improvements.

### **MU PA Learning Outcome #9: Systems Based Practice:**

Students will demonstrate proficiency in knowledge of patient safety and procedural safety while partnering with supervising physicians and other health care providers. They will promote a safe environment for patient care recognizing systems based factors that may negatively impact patient care.

### **MU PA Learning Outcome #10: Patient Care:**

Students will demonstrate sound clinical decisional making skills in their abilities to order and interpret diagnostic studies and to formulate patient management plans across the lifespan using current evidence based medicine.



More information about our program's mission, goals, and student learning outcomes can be found on our website:

<https://www.marquette.edu/physician-assistant/about-mission-and-goals.php>

## CLINICAL ROTATIONS

All of our students will complete core rotations in the following:

Primary Care  
Internal Medicine  
Emergency Medicine  
Surgery

They also have the ability to choose two to three elective clinical rotations. Within the year of clinical rotations, the students are expected to complete the required competencies. The comprehensive list for the clinical year is listed below.

## CLINICAL COMPETENCIES

### Primary Care

Biopsy  
Breast Exam  
Incision & Drainage  
IM Injection  
Throat/NP Swab  
Pelvic Exam  
Rectal Exam  
Splinting  
Xray Interpretation  
Oral Presentation  
History & Physical

### Womens Health

Breast Exam  
Pelvic Exam  
Fetal Heart Tones  
Fundus  
Measurement

### Pediatrics

Well Child Exam  
Infant Exam  
IM injection  
Oral Presentation

### Behavioral Medicine

Patient Education

### Emergency Medicine

Pelvic Exam  
Peripheral IV  
Throat/NP Swab  
Rectal Exam  
Suturing  
Splinting  
Mental Status Exam  
Incision & Drainage  
IM injection  
Oral Presentation

### Surgery

Urinary Catheter  
Placement  
Peripheral IV Placement  
Suturing  
Informed Consent  
Oral Presentation  
Biopsy

### Internal Medicine

Wound Management  
Mental Status Exam  
Xray Interpretation  
Oral Presentation  
History & Physical



## DIDACTIC CURRICULUM

<u>NUMBER</u>	<u>SUMMER SESSION</u>	<u>CREDITS</u>
BISC 7230	Medical Anatomy	6 cr
PHAS 7050	Introduction to History and Physical Exam Public	3 cr
PHAS 7095	Public Health	2 cr
PHAS 7270	Diagnostics Technology	3 cr
BISC 7220	Medical Pharmacology	3 cr
	Total	17 cr
	<u>FALL SESSION</u>	
PHAS 7091	Clinical Medicine 1	5 cr
PHAS 7092	Clinical Medicine 2	5 cr
PHAS 7115	Clinical Decision Making 1	2 cr
PHAS 7200	Interpersonal Communication	1 cr
PHAS 7145	PA Practice	1 cr
PHAS 7080	Evidence Based Practice 1	2 cr
PHAS 7301	Experiential Learning 1	2 cr
	Total	18 cr
	<u>SPRING SESSION</u>	
PHAS 7093	Clinical Medicine 3	5 cr
PHAS 7094	Clinical Medicine 4	5 cr
PHAS 7116	Clinical Decision Making 2	2 cr
PHAS 7302	Experiential Learning 2	1 cr
PHAS 7085	Evidence Based Practice 2	2 cr
PHAS 7260	Pediatric Medicine	3 cr
PHAS 7265	Health Care Systems	1 cr
	Total	19 cr
	<u>SUMMER SESSION</u>	
PHAS 7118	Clinical Decision Making 3	3 cr
PHAS 7220	Pharmacotherapeutic and Comprehensive Patient Management	4 cr
PHAS 7303	Experiential Learning 3	1 cr
PHAS 7250	Surgical Principles & Procedures	3 cr
PHAS 7235	Emergency Medicine	3 cr
PHAS 7245	Professional and Ethical Issues	1 cr
	Total	15 cr

*At the completion of each rotation students will print a graphical report of their case logs for preceptors to review, verify, and sign. This will serve as proof that the students have completed the required competencies during the clinical year.*

## INTEGRATING THE STUDENT INTO A BUSY CLINICAL PRACTICE

### The Model “Wave” Schedule

This resource provides an actual time schedule for a preceptor and student to follow; it allows the student to see a sufficient number of patients while also allowing the preceptor to stay on schedule and not fall behind.

[READ HERE](#)

### Integrating the Learner into the Busy Office Practice

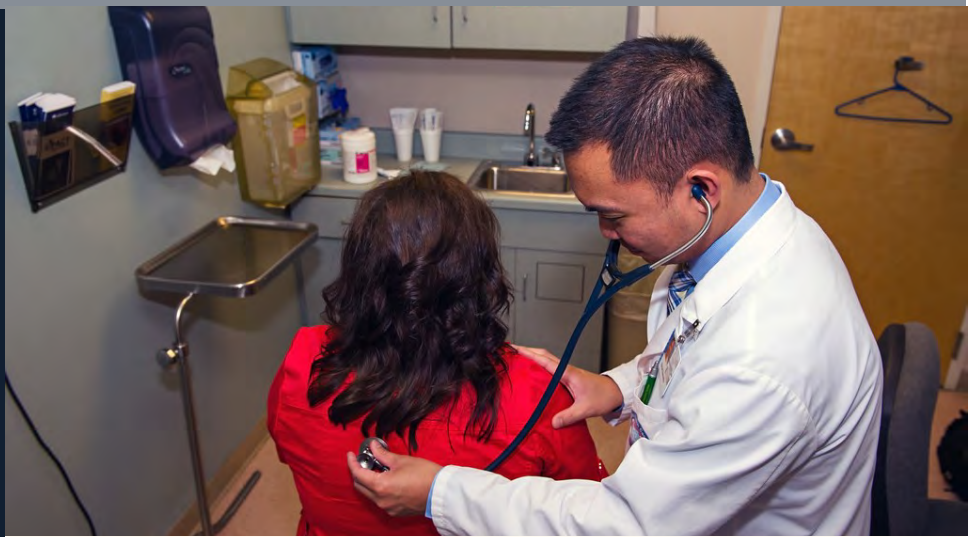
This article outlines five strategies for effectively integrating a student into a busy practice; it helps answer preceptor questions, including “What do I do if I get behind?” and “What measures can help prevent me from getting behind?”

[READ HERE](#)

### Time-Efficient Preceptors in Ambulatory Care Settings

This case-based article gives the reader time-saving and educationally effective strategies for teaching students in the clinical setting.

[READ HERE](#)



### 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 clinical coordinator. Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. 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 one particular 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 was changed in 2018 regarding the role of student learners in documentation of the patient encounter. This was done in order to facilitate higher productivity on the part of the licensed clinician under whom the student learns. Student contribution and participation in patient care in regards to the billable note must be performed in the physical presence of a licensed clinician or verified by the physician or licensed resident. Students may document services in the medical record, but the licensed clinician must verify, versus redocumenting, in the record that the findings are consistent with their own findings and therefore must personally perform a physical exam and pertinent medical decision making activities.  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4068CP.pdf>

### Program Policies Available Upon Request:

- Professionalism
- Needle stick procedure
- HIPAA training
- Blood-borne pathogens training
- Immunization requirements
- Background check
- Drug testing
- Sexual harassment and assault resources
- Social media





## PRECEPTOR BENEFITS

- Category I and II CME:  
AAPA Category I CME: 2 credits per 40 hour week precepting, no limit to credits earned
- Faculty appointment to Marquette University
- Discounted CME registration fees for events hosted by MU PA
- Annual Marquette PA Alumni and Community Partners Benefit
- Access to Marquette University's online library resources
- Pipeline to future hires
- Service back to the profession

## WHY MARQUETTE?

- Marquette University has a 100% first time pass rate on the board exam
- The program has had numerous National Health Service Core Scholars in the last decade
- Our graduates report 100% job placement within 6 months of graduation
- Our clinical students complete graduate level research focused papers and projects



## STUDENT EVALUATION

### Portion Completed By Preceptor:

The evaluation of student performance knowledge, skills, and attitudes correlating to Clerkship objectives. Preceptors are asked to complete a midterm evaluation and final evaluation of the PA student. The evaluation measures a student's ability in various task areas including physical exam skills, diagnostic evaluation, formulation of a differential diagnosis and assessment and plan, as well as their ability to document and record patient visits. Additionally it evaluates their oral presentation skills, relationships and interactions with patients, and professional attributes.

The evaluation also highlights a student's current progress in their clinical education by assessing their overall performance according to the categories listed below:

**REPORTER:** Accurately gathers information and communicates facts about the patient. Able to perform a physical exam which is focused on the current complaint. Good bedside manner.

**INTERPRETER:** Prioritize and compose a reasonable differential diagnosis, interpret diagnostic tests. Has become an active participant in patient care.

**MANAGER:** Demonstrates confidence and command of medical knowledge. Able to make patient management decisions. The patient plan is specific to the individual. Possesses strong interpersonal and procedural skills.

**EDUCATOR:** Motivated to pursue additional learning on own and relate the new material to others. Develops relevant questions and uses evidence to analyze and apply it to the patient. There is a level of confidence and maturity to lead and educate other members of the health care team.

### Portion Completed By Program:

In addition to the preceptor's evaluation of each student the program also evaluates them on their efficiency and accuracy of their patient records and medical knowledge in the **core content** areas.

Students utilize the Exxat software system to record patient cases they participate in while on clinical rotations. The students are required to complete these case logs in a timely and efficient manner throughout the clinic year. These logs reflect several aspects of each case including the setting, patient demographics, level of participation, and ICD-10 codes.

Students are also tested at the completion of each core rotation on their knowledge of the content area. The questions found on this end of rotation exams are reflective of the kind of questions students will encounter on the board exam that is required for certification.

## ATTENDANCE POLICY

Mandatory attendance is required in all clinical course activities in order to completely obtain the knowledge and skills necessary to practice complete and competent patient care. Like the work environment where attendance and timeliness is highly expected, we have modeled an identical expectation for every clinical experience.

**Absences due to illness or any other reason must be reported to the Department of Physician Assistant Studies office on the morning of EACH day of absence.**

Attendance before and beyond the usual "8 to 5 day" does occur with regular frequency. Students are expected to remain and participate in all instances.

### EXCUSED ABSENCE:

There are a few excused absences that are acceptable. They are:

Immediate family illness/death.

Jury Duty

Students own personal health concerns.

Participation in student branches of WAPA or AAPA

### DISCRETIONARY DAY:

#### Policy Statement

The PA Program recognizes that important family or personal events may occasionally necessitate a student's absence from rotation. Each student is allotted four discretionary days of absence which may be used at any point in the clinical year, approved by the clinical faculty.

A discretionary day **may not** be taken on a Return to Campus Day. All discretionary days must be approved at least seven days in advance by the student's preceptor and the clinical faculty. Students **may not** take discretionary days the last week of their final clinical rotation or the first two days of any rotation. Students may not take more than 2 in a row or miss a total of more than 2 days in any given rotation (between discretionary days and excused illnesses).

Example of discretionary day use:

- 1) Weddings
- 2) Family vacations
- 3) Illnesses/death of non-immediate family persons and pets.
- 4) Interviews



## MARQUETTE UNIVERSITY VISION STATEMENT

Marquette University aspires to be, and to be recognized, among the most innovative and accomplished Catholic and Jesuit universities in the world, promoting the greater glory of God and the well-being of humankind.

We must reach beyond traditional academic boundaries and embrace new and collaborative methods of teaching, learning, research and service in an inclusive environment that supports all of our members in reaching their fullest potential.

Marquette graduates will be problem-solvers and agents for change in a complex world so in the spirit of St. Ignatius and Jacques Marquette, they are ready in every way "to go and set the world on fire."



Faith. Leadership. Excellence. Service.