Master in Physician Assistant Studies
Preceptor Handbook:

Tips, Tools, and Guidance for Preceptors

2015-2016
Acknowledgements

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Introduction

We would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this Master in Physician Assistant Studies (MPAS) program and to our physician assistant (PA) students. The clinical experiences students will obtain in your office or clinic are of critical importance to a successful educational and 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 MPAS student will work closely with you, learning from your advice, experience, 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 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. Toward this end, the goals of the clinical year include the following:

- Apply didactic knowledge to supervised clinical practice
- Develop and refine clinical problem-solving skills
- Develop and expand medical fund of knowledge
- Perfect the art of history-taking and physical examination skills
- Expand 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 patient-centered medical team
- Sustain a commitment to continual learning

Physician Assistant Competencies

The National Commission on Certification of Physician Assistants (NCCPA) defines the clinical role of PAs to include primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of (1) medical knowledge; (2) interpersonal and communication skills; (3) patient care; (4) professionalism; (5) practice-based learning and improvement; (6) systems-based practice. Physician assistants also must demonstrate 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.

In addition to these six competencies, which derive from competencies expected of medical residents, HWCOM applies a seventh competency relevant to its mission: (7) social responsibility.
Preceptor Role and Responsibilities

Definition of Preceptor Role
The preceptor is an integral part of the teaching program. Preceptors serve as role models for MPAS students and through guidance and teaching help students perfect skills in history-taking, physical examination, effective communication, physical diagnosis, documentation, problem assessment and analysis, and plan development (including a logical approach to further studies and therapy).

Preceptor Responsibilities
Preceptors are expected to fulfill a number of responsibilities, including, but not limited to:

- Orient MPAS students at the onset of the rotation to 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- and end-of-rotation evaluations.
- Supervise, demonstrate, teach, and observe clinical activities to aid in the development of clinical skills and ensure proper patient care.
- Delegate to the MPAS student increasing levels of responsibility for clinical assessment and management 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.
- Engage in dialogue with faculty during site visits to evaluate student progress and assist the learning process.
- Audit and co-sign charts in order to evaluate the student’s ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.
- Complete and promptly return the evaluation forms assessing student knowledge, skills, and improvement throughout the rotation.
- Promptly notify the clinical liaison or clinical director of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience.
- Demonstrate an ethical approach to the care of patients by serving as a role model for the student.
- Demonstrate cultural competency through interactions with patients.
- Meet with the student on a weekly basis to candidly review the performance and expectations for the student and determine if there are changes needed in the roles and relationship.
Preparing Clinical 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, clinical staff help students function and develop confidence. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient’s visit. Students should communicate with 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 rotation schedule
- Student’s expected role in patient care
- Effect of student on office operation and patient scheduling
- Effect of student on preceptor schedule
- Scheduling patients for the student

Preceptor-MPAS Student Relationship
The preceptor should maintain a professional relationship with the MPAS 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, Twitter) should be avoided. Students will not be permitted to be precepted by someone with whom they have an amorous or sexual relationship. Please see FIU Policy 104, Sexual Harassment in appendix A.

Orientation and Communicating Student Expectations
Orientation of the student to the rotation site serves several purposes. Orientation facilitates a smooth transition, allowing the student to quickly assimilate as a member of the medical team. It also establishes esprit de corps as a member of the team and 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 training, and additional site specific HIPAA training, if needed.

Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals with respect to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations can include:
• Hours
• Interactions with office and professional staff
• General attendance
• Call schedules
• Overnight/weekend schedules
• Participation during rounds and conferences
• Expectations for clinical care, patient interaction, and procedures
• Oral presentations
• Written documentation
• Assignments
• Write-ups

Students are instructed to communicate to 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 a student anticipates missing clinical time for personal reasons, they are instructed to alert and obtain permission from the clinical director well in advance of the 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.

Supervision of the MPAS Student
During a student’s time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or must 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, or ARNP, who will serve as the student’s preceptor for any given time interval. When 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 any clinical sites. During each rotation shift, 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 MPAS 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 MPAS 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. Students must not perform any administrative or clinical activities that are the responsibility of their preceptors. Students found doing so will be referred for disciplinary action to MPAS SEPC, and the preceptor in question will be dropped from the site pool.
Informed Patient Consent Regarding Student Involvement in Patient Care

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient’s consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as MPAS students and must also verbally identify themselves as such. If the patient requests a physician and refuses the MPAS 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, MPAS 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 MPAS 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 MPAS 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 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:


Student Evaluation

Student evaluation is designed to identify strengths and weaknesses and 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 evaluate the student’s knowledge and skills as well as document 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 and required. On clinical rotations a passing evaluation from the preceptor is mandatory. If deemed not passing, the student may be subject to evaluation by the MPAS Student Evaluation and Progress Committee. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty.

Preceptors are required to perform mid-rotation and end-of-rotation evaluations online using e*Value. The preceptor is encouraged to get additional insight into the student’s professionalism and effectiveness as a team player with all members of the health care team. Additionally, staff feedback may enhance the student’s experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

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 regular basis from their preceptors to help improve their clinical performance.

Evaluation of Preceptors
In order to improve the student’s experiences on the rotational site, students will have the opportunity to submit evaluations of the preceptors. Although students will be given an opportunity to provide a formal evaluation of their preceptor, students should be encouraged to address any concern with the preceptor that they feel is hindering their learning experience while on-site. Preceptors will be evaluated on their ability to demonstrate and explain how to do a history and physical exam for that particular rotation and demonstrate and explain various skills sets specific to the rotation. The preceptor will be evaluated on his or her ability to communicate effectively to students, availability to meet with and direct students, and enthusiasm about profession.

Role of the MPAS student

Expected Progression of the MPAS student
MPAS students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the clinical 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 the evaluation and management of patients. As the preceptor feels more comfortable with the student’s skills and abilities, the student should be allowed progressively increasing supervised autonomy and responsibility.

Student Responsibilities
In addition to adhering to the standards of professional conduct outlined in the MPAS Student Handbook, students are expected to perform the following during their clinical rotations:
- Obtain detailed histories and conduct physical exams, develop a list of differential diagnoses, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings
- Perform and/or interpret common lab results and diagnostic examinations/testing
- 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 professionalism

Standards of Professional Conduct
As health care practitioners, MPAS students 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

MPAS students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of MPAS students is evaluated on an ongoing basis throughout the program. Violations of standards of conduct are subject to disciplinary actions administered by the MPAS program. Preceptors who have any concerns about a student’s professionalism should contact the clinical director immediately.

MPAS Duty Hours Policy
During the clinical rotations, MPAS students assume an increasing level of professional responsibility while learning to care for patients with dedication, integrity, and compassion. Learning to fulfill one’s clinical responsibilities without sacrificing one’s own physical and mental health is one of the greatest challenges of becoming a Physician Assistant. The clinical year is designed to provide an environment in which students can attend to their education and to their personal well-being as they develop into physician assistants. During the clinical phase of the program, the course schedule/calendar may differ from that of the general FIU schedule. Holiday and vacation times may differ, and students may only have vacation days in between rotations.

- MPAS students must not be required to work more than resident physicians, whose duty hours are regulated by the Accreditation Council for Graduate Medical Education (ACGME)
- Duty hours are defined as any clinical work or required educational experiences such as conferences, lectures and exams. They do not include time at home to study or travel time to and from clinical sites.
- MPAS students are not to work more than 80 hours per week.
• MPAS students are not to work more than 24 consecutive hours providing patient care. After 24 hours, they may continue to work for up to 6 hours for continuity of care or classroom experiences, but may not assume care for new patients during this time.
• MPAS students are not to be scheduled for call the night before an exam.
• MPAS students are to be dismissed from ward duties by midnight. Students on call the same day/night of rounds are to report immediately after any conferences have concluded to their medical teams. Students not on call are dismissed after conferences.
• MPAS students must receive at least 1 day off per week during their rotation.

Monitoring
• Within the limitations above, the preceptor at the clinical site is responsible for determining the work schedule for MPAS students while on their particular clinical rotation. The student’s educational interests should be the over-riding consideration when determining work schedules.
• The MPAS program clinical director or clinical liaison can address any questions or concerns about concerning work schedules. Students should feel free report any violations of this duty hours policy to their preceptor and clinical director; student grades shall not be affected by such reporting.

The Preceptor-Program Relationship
The success of clinical training of MPAS students depends on maintaining good communication among the student, the MPAS program faculty and staff, and preceptors. If the preceptor has a question or concern about a student, he or she should contact the clinical director or clinical liaison. The program strives to maintain open faculty-colleague relationships with its preceptors. By notifying appropriate program personnel early, problems that arise during a rotation can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help avoid a diminution in the educational experience.
Program Policies

Policy on Immunizations
The MPAS program will follow Centers for Disease Control and Prevention (CDC) recommendations for immunizations. All MPAS students will be required to have the following immunizations/titers up to date prior to entering the program:

a. Measles, Mumps, Rubella
b. Tetanus/Diphtheria/Pertussis
c. Hepatitis B
d. Chickenpox (varicella)
e. Influenza
f. Purified protein derivative (PPD) screening for Tuberculosis (TB)

MPAS students are required to repeat immunizations/titers prior to entering clinical rotations. FIU Student Health Services (SHS) works in conjunction with the MPAS admissions coordinator to schedule immunization appointments for students. Students receive information on services and pricing prior to their appointment at SHS.

Policy on MPAS Student Exposure to Infectious and Environmental Hazards
The MPAS program follows the institutional policies of FIU regarding exposure to infectious and environmental hazards while on campus and the institutional policies of its clinical affiliates regarding exposure to infectious and environmental hazards while at clinical sites. The FIU Bloodborne Pathogens Exposure Policy (available online in the Florida International University Safety Compliance Guide [http://ehs.fiu.edu/SiteCollectionDocuments/USCG2005-100.pdf]) offers guidelines to protect students from the risk of occupational infection with the Human Immunodeficiency Virus (HIV), hepatitis B, or other bloodborne pathogens, and to implement the United States Department of Labor Occupational Safety and Health Administration (OSHA) Standard 29 CFR Section 1910.1030 Bloodborne Pathogens. The FIU Bloodborne Pathogen Exposure policy, which is included in the MPAS Student Handbook, addresses methods of prevention, procedures for care and treatment after exposure (including definition of financial responsibility), and effect on student learning activities as follows:

1. All exposure incidents are regarded as serious and must be reported and documented immediately to the physician faculty member on call.
2. First aid shall be immediately administered for all types of injuries, including cuts and burns; exposed areas must be thoroughly washed with soap and water.
3. The physician faculty supervising the student shall be informed immediately. If no faculty member is immediately present, the student will contact the faculty member on call.
4. The supervisor must attempt to obtain witness reports of the incident.
5. The supervisor shall attempt to determine the nature of the exposure(s) and any associated biohazardous risks, including documentation of routes of exposure(s).
6. If possible, source material of the exposure should be retained and secured in a safe manner.
7. If the supervisor determines that the incident constitutes an occupational exposure to biohazardous materials, then he/she immediately will begin documentation of the incident using the bloodborne pathogen Exposure Incident Investigation Form.

8. All information related to student exposure shall be regarded as confidential.

9. Documentation of the incident shall include the activity in which the student was engaged at the time of exposure, the extent to which appropriate work practices and protective equipment were used, and a description of the source of exposure.

10. On-campus injuries: The student is directed to FIU Student Health Services (SHS during normal business hours for appropriate follow up. If the incident occurs after working hours, or requires emergency care, then the student will be directed to the nearest emergency department for proper evaluation.

11. Off-campus injuries: The student is directed to seek care at the hospital’s emergency department (according to the clinical affiliation agreement), or referred to the closest outpatient clinic.

12. The student assumes responsibility for all charges associated with diagnosis and treatment of exposure injuries not covered by his/her health insurance plan. A student may request the college’s assistance by discussing the situation with a representative from the director’s office.

13. Students should follow up with SHS or with their primary care physician.

MPAS students are informed of institutional policies in the student handbook, on the program’s website, and during orientation to the program. Orientation will include instruction on fitting of respiratory masks. Policies specific to clinical sites will be documented in each course syllabus utilizing the site; students will be apprised of site-specific policies during orientation to the rotation and/or site. Continued monitoring and enforcement of the FIU Bloodborne Pathogen Exposure policy is critical for maintaining the safety of MPAS students, faculty, staff, and patients in all learning environments.

**Liability Insurance**

Each MPAS student is covered for professional liability under the FIU self-insurance program ([http://www.fibog.sip.ufl.edu/index.php](http://www.fibog.sip.ufl.edu/index.php)). MPAS 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 university and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided as the university’s liability coverage does not cover the student in these circumstances.

In addition, MPAS students working in paid positions in different health-care–related capacities any time during their PA education are not permitted to assume the MPAS student role 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 MPAS student role outside of an assigned clinical rotation.
Appendix A—FIU-104 Sexual Harassment

(1) General Statement.

(a) Sexual harassment undermines the integrity of the academic and work environment, and prevents its victims and their peers from achieving their full potential. All members of the University community are entitled to work and study in an atmosphere free from sexual overtures or innuendos that are unsolicited and unwelcome. It is the particular responsibility of those members of the University community who hold positions of authority over others to avoid actions that are, or can be considered, sexually abusive or unprofessional.

(b) It shall be a violation of this regulation on sexual harassment for any member of the University Community to sexually harass, as sexual harassment is hereinafter defined, any other member of the University Community. Sexual harassment is a type of misconduct which shall result in disciplinary or other action as provided by the policies and regulations of the University.

(c) The University discourages amorous or sexual relations between employees and students. Such relationships, even when consensual, may be exploitative, and imperil the integrity of the educational process or work environment. They may also lead to charges of sexual harassment. When an individual evaluates (including academic evaluations) or supervises another individual with whom he or she has an amorous or sexual relationship, a conflict is created. The University requires the resolution of any conflict of interest created by these relationships.

(d) Whenever a conflict of interest situation arises or is reasonably foreseen, the employee in a position of authority must resolve any potential conflict of interest by taking necessary steps, including, but not limited to, removing himself or herself from evaluative or academic decisions concerning the other individual. If he or she is unable to resolve personally the conflict of interest, he or she is required to inform the immediate supervisor promptly and seek advice and counsel in dealing with the conflict. The employee, along with the supervisor, is responsible for taking steps to ensure unbiased supervision or evaluation of the employee or student. Failure to resolve potential or actual conflict of interest situations as described in this regulation may result in disciplinary action, in accordance with University policies.

(2) Definitions.

(a) For the purpose of this regulation, sexual harassment is defined as any unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature which:

1. Makes submission to or rejection of such conduct either an explicit or implicit basis for employment and/or academic decisions affecting the individual; or

2. Unreasonably interferes with the individual’s employment or academic performance by creating an intimidating, hostile or offensive environment.

3. (b) Conduct which falls into the definition of sexual harassment includes, but is not limited to:

4. Unwelcome physical contact of a sexual nature such as patting, pinching or unnecessary touching.

5. Overt or implied threats against an individual to induce him or her to provide sexual favors or to engage in an unwelcome sexual relationship.
6. Verbal harassment or abuse of a sexual nature, including intimating by way of suggestion a desire for sexual relations, or making jokes or remarks of a sexual nature in the work environment or which are not germane to academic course content.

7. Use of sexually suggestive terms or gestures to describe a person’s body, clothing, or sexual activities.

8. Displaying or posting through any medium, including, but not limited to, electronic communication, offensive sexually suggestive pictures or materials in the workplace.

(3) Procedures for Reporting Violations and Conducting Investigations and Complaints. The procedures described in the University regulation concerning non-discrimination shall be followed.

(4) Prohibition of Retaliation. No University employee or officer shall retaliate against a complainant. Any attempt to penalize a student, employee or agent of the University for initiating a complaint through any form of retaliation shall be treated as a separate allegation of discrimination.

(5) Frivolous or Malicious Complaints. In the event that a claim of sexual harassment is found to be frivolous or malicious, appropriate University sanctions shall be taken against the complainant, including disciplinary action where appropriate. Disciplinary action against students shall be taken in accordance with the University’s Code of Conduct for students.

(6) General University Responsibility.

(a) It is expected that vice presidents, deans, chairs, department heads, directors and other supervisors shall continue to monitor and take corrective action whenever instances of sexual harassment are either observed or reported to them. While the decision regarding resolution remains within the unit, all allegations of sexual harassment are to be immediately reported to the Office of Equal Opportunity Programs, which will provide advice and monitor the administrator’s actions and/or take appropriate action.

(b) There may be instances in which a potential complainant is unable or unwilling to pursue a complaint of sexual harassment, but where the University administration is aware of the behavior. In such instances, the Office of Equal Opportunity Programs may choose to pursue an investigation of the alleged offense. The decision of whether or not to pursue an administrative complaint will be based on the egregiousness of the alleged offense, the basis for the aggrieved party’s decision not to pursue a complaint, and the apparent evidence supporting the allegations. The decision to pursue an administrative complaint shall be made by the director of the Office of Equal Opportunity Programs in consultation with the Vice President in charge of the aggrieved party’s unit and the Vice President in charge of the alleged offender’s unit, in the event that the two parties are in different units. An administrative complaint will follow the same procedures as formal complaints except that no complainant will be named.
(7) Education and Notification.

(a) Copies of this regulation shall be widely disseminated in order that the University Community clearly understand which acts constitute sexual harassment and recognize that the University regards sexual harassment as a serious offense.

(b) This regulation shall be included in the University catalog and the student handbook. Periodic workshops and other educational programs are offered to University personnel regarding the topic of sexual harassment.

Specific Authority Resolution of the Board of Governors dated January 7, 2003. History–New 7-6-97, Formerly 6C8-1.010, Amended 9-12-08.
Appendix B—Integrating the Student into a Busy Practice

Integrating the Learner into the Busy Office Practice¹

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?” http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm

Time-Efficient Preceptors in Ambulatory Care Settings²

Appendix C—Evaluation and Teaching Strategies

Evaluation Using the GRADE Strategy

This easy-to-use tool provides five simple tips on how to effectively evaluate MPAS students.

http://www.stfm.org/fmhub/Fullpdf/march01/ftobt.pdf

The One-Minute Preceptor: Shaping the Teacher Conversation

This resource outlines five “microskills” essential to clinical teaching.


Feedback and Reflection: Teaching Methods for Clinical Settings

This article describes how to use these two clinical teaching methods effectively.

http://www.uthscsa.edu/gme/documents/FeedbackandReflection.pdf

Characteristics of Effective Clinical Teachers

This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors.

Appendix D—Providing Effective Feedback

Getting Beyond “Good Job”: How to Give Effective Feedback

This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback.

http://pediatrics.aappublications.org/cgi/reprint/127/2/205

Feedback in Clinical Medical Education

This article provides effective guidelines for giving feedback.

http://jama.ama-assn.org/content/250/6/777.full.pdf+html

Feedback: An Educational Model for Community-Based Teachers

This document provides insightful tips on giving feedback, describes differences between feedback and evaluation, addresses barriers to giving feedback, and gives the reader case-based practice scenarios.

http://www.snhahec.org/feedback.cfm
Appendix E—Managing Difficult Learning Situations

Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers

These documents outline strategies for both preventing and managing difficult learning situations.

http://www.snhahec.org/diffman.cfm

Providing Difficult Feedback: TIPS for the Problem Learner

This article provides an easy-to-use “TIPS” strategy to address difficult learners or learning situations.

http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf
Appendix F—Developing Expectations

Setting Expectations: An Educational Monograph for Community-Based Teachers

This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher.

http://www.snhahec.org/expectations.cfm
Bibliography

1. MAHEC Office of Regional Primary Care Education. *Integrating the Learner into the Busy Office Practice*. MAHEC, Asheville, NC. http://www.outcom.ohiou.edu/fd/monographs/busyoffice.htm.


