

University of Detroit Mercy, Physician Assistant Program

Frequently Asked Questions about Physician Assistant Clinical Rotations

What is the benefit of precepting a UDM Physician Assistant student?

1. If you are considering hiring a Physician Assistant but have never worked with one, precepting a student will increase your understanding of the profession. It will give you first hand knowledge of how the PA will interact with your patients and staff, their skill level and the potential impact on your practice.
2. If you are considering hiring the Physician Assistant following graduation, precepting that student would give you an opportunity to participate in their approach to the practice of medicine.
3. A preceptor can earn Continuing Medical Education credits for precepting students.
4. Most preceptors enjoy teaching as it helps them maintain an up-to-date standard of practice.

I have only precepted medical students. How will I have to adjust my supervision for a PA student?

During the clinical year (the final year of training) a UDM Physician Assistant student functions minimally at the level of a 3rd or 4th year medical student. On rotations they are expected to assume the hours of the site/preceptor including on-call, weekends and off-shifts.

Does the student carry liability insurance?

UDM Physician Assistant students participating in the PA program and assigned to a health facility for clinical experience are covered by the University's blanket malpractice insurance policy which presently contains a \$1,000,000 occurrence/3,000,000 aggregate coverage. UDM maintains on file evidence of the existence of this policy and will provide this information to the health facility upon request. UDM will notify the health facility within five (5) business days in the event the aforementioned policy limits are modified or discontinued.

This coverage is limited to:

- Students currently registered and matriculated in the UDM PA program
- Clinical rotations approved and scheduled through the UDM PA Program.
- Students practicing within the guidelines outlined in the UDM PA Policy Manual.

The student is not covered for any service or activity, either voluntary or for remuneration that is **not approved** and scheduled by the program.

How are students screened prior to clinical rotations?

The College of Health Professions at the University of Detroit Mercy requires **review of the criminal histories** of those having direct contact with patients in healthcare and other settings. These background checks are considered a condition of acceptance into a clinical program. The College of Health Professions or the University of Detroit Mercy does not disclose the information to any person who is not directly involved in evaluating the applicant's qualifications for their clinical program but students do consent to the release of criminal background information to any affiliating health care institution that requests or requires this information as a condition of assignment.

Additionally, submitting a negative **urine drug screen** is a condition for admission into the Physician Assistant (PA) program.

Students also are required to undergo a **physical examination and vaccinations** recommended by the CDC for health care personnel.

Who can act as a preceptor for a PA student and what are their responsibilities?

A clinical preceptor must be credentialed and licensed. This would include but is not limited to: MD, DO, PA-C, NP, psychologist, or social workers

Clinical preceptors are expected to conduct themselves in a fair and conscientious manner in accordance with the ethical standards generally recognized with the academic community as well as those of the medical professions they represent. Preceptors are expected to:

- Meet scheduled appointments, rounds and clinical teaching opportunities, be available to supervise all activities of student practitioners and approve implementation of all treatment plans (or delegate this responsibility to a licensed practitioner who has such authority)
- Delegate to students, certain defined duties, with appropriate supervision and direction, but **never** use students as substitution for regular staff
- Be available at reasonable times for teaching and evaluation of students
- Perform student evaluations in a timely manner
- Communicate with students regarding clinical performance and provide written mid-rotation and end of rotation evaluations that are fair
- Communicate to students at the beginning of the rotation expectations and standards of evaluation
- Base all academic evaluation upon good faith professional judgment
- Not consider in academic evaluation factors such as race, color, religion, gender, age, national origin, handicap, sexual orientation, political or cultural affiliation, lifestyle, activities or behavior outside of the academic setting unrelated to academic and professional achievement
- Respect confidentiality of student academic information
- Not exploit professional relationships with students for private advantage and refrain from soliciting the assistance of students for private purpose in a manner which infringes upon such student's freedom of choice
- Give appropriate recognition to student contributions in clinical or research activities
- Refrain from any activity which involves risk to the health and safety of a student except with the student's and the program's informed consent
- Respect the dignity of each student individually and all students collectively in all academic contexts

How would I determine if my practice would meet the objectives of the UDM program?

Part of the initial contact with the site is review of clinical rotation objectives by the clinical coordinators either via phone interview or on-site visit. This review also includes, hours of operation, typical patient census, number of practitioners /potential preceptors, location of assignment and any current affiliations with other facilities.

What if a problem occurs with a student while on rotation?

At the time each rotation is confirmed, contact information is included in the preceptor packet. The expectation is the preceptor will not be a disciplinarian but if problems arise, the preceptor will get hold of the UDM contact immediately to discuss the issue and to agree upon an action plan.

How can I get more information about precepting PA students from UDM or about the UDM PA program itself?

Further information about precepting a PA student is available from the PA program Clinical Placement Coordinator, Sharon Malinowski (malinosg@udmercy.edu) at 313-993-1633, or the Clinical Coordinators, Rose Higgins, PA-C, 313-993-3288 and Amy Dereczyk, PA-C 313-993-1797. Visit our website to learn more about the UDM PA program.

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What is a Physician Assistant and what can they do? (From AAPA*)

Physician assistants are health care professionals licensed to practice medicine with physician supervision. . As part of their comprehensive responsibilities, PAs conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and in virtually all states can write prescriptions. Within the physician-PA relationship, physician assistants exercise autonomy in medical decision making and provide a broad range of diagnostic and therapeutic services. A PA's practice may also include education, research, and administrative services.

How would a Physician Assistant benefit my practice? (From AAPA*)

Physician assistants (PAs) are found in all areas of medicine. They practice in the areas of primary care medicine - that is family medicine, internal medicine, pediatrics, and obstetrics and gynecology -- as well in surgery and the surgical subspecialties. Because of the close working relationship the PAs have with physicians, PAs are educated in the medical model designed to complement physician training.

What a physician assistant does varies with training, experience, and state law. In addition, the scope of the PA's practice corresponds to the supervising physician's practice. In general, a physician assistant will see many of the same types of patients as the physician. The cases handled by physicians are generally the more complicated medical cases or those cases which require care that is not a routine part of the PA's scope of work. Referral to the physician, or close consultation between the patient-PA-physician, is done for unusual or hard to manage cases. Physician assistants are taught to "know our limits" and refer to physicians appropriately. It is an important part of PA training.

*American Academy of Physician Assistants, www.aapa.org