Statement Regarding Clinical Site Placements

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.

Also central to the mission is the Preceptor/PA Student Team development. A unique characteristic of the UND PA Program is the partnering of the student with a primary care preceptor throughout the entire clinical portion of the program. This team approach forms the foundation and models the physician and physician assistant relationship inherent in a primary care PA’s clinical practice. By completing the majority of clinical experiences in the office of a practicing primary care physician or physician assistant, students are assured of exposure to the common primary care problems in a practice setting. It is under the aegis and supervision of the preceptor in a one-to-one teaching relationship that the student gains clinical competencies and accomplishes role integration. This is closely monitored and augmented by the faculty.

The clinical component of the program is vital to the successful preparation and appropriate practice of a physician assistant. Preceptor participation helps ensure that each student has a place to learn.

Students that enter the program with current professional licensure, registration, or certification in a clinical healthcare field and a minimum of three years recent full-time clinical experience in that role (known as a Track 1 beginning with the admissions cycle for the class of 2018) apply to the program as a team with a licensed physician and/or physician assistant who is willing to serve as the primary care preceptor during the clinical portion of the program. As indicated in admission materials, preference is given to clinical sites in rural and/or underserved populations.

Within the preceptor interview during the admission process, the role of the preceptor is defined by reviewing the “Primary Preceptor Overview” document, discussing responsibilities and expectations of the clinical teaching function. Students will complete the longitudinal primary care clinical experience with this preceptor who may also serve as clinical professor with the School of Medicine and Health Sciences. It is fully discussed at this time that a role of the preceptor is to assist students in finding additional clinical experiences in the areas not available within the primary care practice. The team of faculty advisor, preceptor and student would work together to identify clinical learning opportunities in areas such as inpatient medicine.
(hospitalist), urgent care, emergency medicine, general surgery and other areas necessary to afford the student with a well-rounded clinical experience. Ideally, these experiences would include clinical settings within the referral system of the primary care clinical setting. This networking allows the student increased familiarity and an understanding of institutional policy and procedure in the healthcare system with the idea that the student may become gainfully employed within that system. The responsibility of the preceptor is also noted in the preceptor manual and is stated that the preceptor would “provide the student with supervised clinical practice experiences outside of the practice setting as needed to facilitate the fulfillment of the program objectives.”

In the event that the team of faculty advisor, preceptor and student would not be able to identify required clinical experiences outside of the primary care practice settings within the student’s home area, it is the responsibility of the program to explore other placement options. This may require the student to temporarily relocate outside of their home area (at the student’s expense) to achieve program objectives required for graduation. Depending on the timeliness of the work of the team in identifying clinical placement issues, the relocation of clinical experiences may result in extension of education beyond graduation for the student.

For the newly defined Track 2 applicant, students will be placed within a designated site to complete clinical rotations. Sites will be located in North Dakota and the surrounding area. Flexibility throughout this track is expected as clinical sites may require relocation (at the student’s expense) and adaptability. It is the intent of the program to place students in rural and underserved communities near their home area when possible; however, availability of clinical sites varies where this may not always be feasible. Additionally, it is the program’s intent to allow students to work within health institution referral areas when possible. The highest priority of the program is to allow students to meet program expectations, achieve instructional objectives and acquire the competencies needed for clinical PA practice.

Students are not required to provide or solicit clinical sites or preceptors. It is the responsibility of the program to coordinate clinical sites and preceptors for program required rotations. This includes identifying, contacting and evaluating sites and preceptors for suitability as a required or elective clerkship experience. Students may make suggestions to their faculty advisor for sites and preceptors which may be considered for review, evaluation and approval of educational suitability by the program.

Many health care entities employ personnel specifically for arranging educational experiences within their institution. The request from clinical placement personnel is to work directly with the program faculty rather than through each individual student. Keeping this in mind, students are required to respect the request of the health care institution and must not directly approach the clinician or the clinical placement personnel but must work through the program when discussing clinical site placement.