

# USC SOM PA PROGRAM

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## PRECEPTOR HANDBOOK

### ADDRESS

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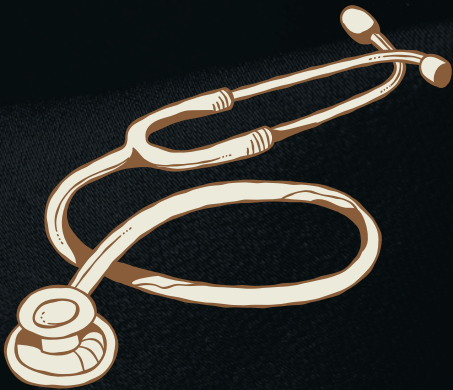
# WELCOME MESSAGE



The University of South Carolina School of Medicine Physician Assistant Program wants to express our deep appreciation to our preceptors for their unwavering commitment and dedication to our program and the education of our physician assistant (PA) students. The clinical exposure provided in your office or clinic is essential for a fruitful learning journey in our program. The clinical environment integrates theoretical knowledge with practical application for effective healthcare delivery. As a clinical preceptor, you play a pivotal role in facilitating meaningful learning experiences in this setting. Working closely with you, PA students benefit from your guidance and exemplary practices. Under your supervision, students progressively acquire the skills and clinical acumen vital for their future roles as practicing PAs. Your steadfast dedication to PA education is truly valued and appreciated.

# PROGRAM OVERVIEW

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The program curriculum comprises 114 credit hours, divided into didactic and clinical components. The first year focuses on didactic instruction, covering foundational topics such as Clinical Skills, Pharmacology, Ethics, Public Health, Physical Assessment and Diagnosis, and Clinical Medicine. This initial phase prepares students for clinical practice through laboratory and diagnostic skill development.

## CLINICAL YEAR

The second year is dedicated to clinical practicum courses, spanning various disciplines including Family Practice, Internal Medicine, General Surgery, Women's Health, Emergency Medicine, Pediatrics, Orthopedics, and Behavioral Health. Additionally, students participate in two Electives.

Following each rotation, students return to campus for one day of End of Rotation exam administration and special guest lectures. These sessions facilitate student support, peer discussion, and complement the clinical learning experience.

The student is not required to stay with an individual preceptor for the duration of the rotation. Our accrediting body requires that there is a main preceptor (>50% of the time spent), but the student can be with any other preceptors. Students may spend time with other team members, i.e. the respiratory therapist giving the PFT or a pharmacist, to get a well-rounded experience. This also helps the preceptors get a little “catch up time” if needed.

# PROGRAM MISSION AND COMPETENCIES

## MISSION

We educate and train highly competent, compassionate, and collaborative PAs to deliver patient-centered care as part of an interprofessional team.

## COMPETENCIES

### **Knowledge**

1. Demonstrate the knowledge to evaluate and manage common clinical problems in patients across the lifespan in a variety of healthcare settings.
2. Discern among acute, chronic, and emergent disease states.

### **Interpersonal Skills**

1. Communicate and interact effectively with patients, families, and members of the interprofessional team across a broad range of socioeconomic and cultural backgrounds.
2. Elicit an appropriate medical history.
3. Accurately document patient encounters in the medical record.

### **Clinical and Technical Standards**

1. Apply an understanding of indications, contraindications, techniques, risks and benefits of common medical procedures.
2. Demonstrate the ability to perform common medical procedures.
3. Demonstrate the ability to perform and interpret a detailed physical exam relevant to the medical history.

### **Professional Behaviors**

1. Demonstrate professional behavior in congruence with the AAPA ethical code of conduct.
2. Demonstrate the ability to search, interpret, and evaluate medical literature in application to professional development and patient care.

### **Clinical Reasoning and Problem Solving**

1. Apply clinical acumen and medical decision-making skills, create, and refine the differential diagnosis to determine the most likely diagnosis.
2. Utilizing and interpreting appropriate physical exam findings and diagnostic and laboratory studies, formulate a treatment plan to include pharmacologic therapy and patient education.
3. Develop a patient-centered management plan with consideration to social determinants of health in an effort to increase access to care and patient compliance.

# PRECEPTOR-STUDENT COMMUNICATION AND ORIENTATION

Introducing the student to the rotation site serves multiple purposes. Orientation expedites the student's integration into the medical team and cultivates a sense of enthusiasm and belonging, fostering enhanced efficiency in their work.

Prior to the rotation, the student should address any administrative requirements, such as obtaining a name badge, setting up computer access, and completing necessary paperwork and EMR and HIPAA training specific to the site.

Early in the clinical rotation, it's advisable for the preceptor and student to collaboratively establish shared objectives for the rotation. Additionally, the preceptor should articulate their expectations of the student, encompassing various aspects such as:

- Hours of availability
- Interactions with office and professional staff
- General attendance expectations
- Call and overnight/weekend schedules
- Participation in rounds and conferences
- Standards for clinical care, patient interaction, and procedures
- Requirements for oral presentations, written documentation, and assignments
- Any additional tasks or responsibilities deemed necessary by the preceptor

Students are encouraged to communicate any special scheduling needs they may have during the rotation, particularly regarding absences from the clinical setting for personal reasons or program-mandated educational activities. In cases where clinical time may be missed due to personal reasons, students should notify the clinical coordinator well in advance.

Many sites find it beneficial to provide a written orientation manual to students before the start of the rotation. This resource aids in the student's acclimation and efficiency. Preceptors can delegate the creation of a site-specific orientation and policy manual to hosted students, with each successive student contributing to a document managed and revised by the preceptor

# STUDENT ASSESSMENT AND EVALUATION

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At the end of second week of rotation, preceptors will complete a three question mid-rotation evaluation about the progress the student is making toward the learning outcomes of the clinical course. This informal evaluation is available via Google forms and serves as an early identification communication tool for students. Ideally, the preceptor and student will have conversation about how learning is progressing and what preceptor hopes student will improve upon in remaining two weeks.

At the conclusion of the four-week rotation, preceptors will receive a formal evaluation of student via our eValue platform. Those evaluations set forth the grading schema for the course and provide for a wholistic review of student performance. The evaluation by preceptor comprises 30-40% of the student's final grade in course. Preceptors have opportunity to leave constructive feedback and are encouraged to do so.

*"Medical education does not exist to provide students with a way of making a living, but to ensure the health of the community."*

**-Rudolf Virchow**



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# THANK YOU!!!