



**PHYSICIAN ASSISTANT
STUDIES**

Preceptor Handbook

**Physician Assistant Studies Program
Department of Health Profession
Gregg Wadley College of Science and Health Professions**

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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 program and our physician assistant (PA) students. The clinical experiences the student will obtain in your office or clinic are of critical importance to a successful 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 PA student will work closely with you, learning from your advice 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 theoretical 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. To this end, the goals of the clinical year include:

- Apply didactic knowledge to supervised clinical practice
- Develop and sharpen clinical problem-solving skills
- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen 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 medical team

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)

Definition of the Preceptor Role

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.

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*
- 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 provided by the program reflecting on student knowledge and skills as well as their improvement throughout the rotation
- 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
- Demonstrate cultural competency through interactions with patients

- Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationship
- Provide timely feedback to the student and the program regarding student performance

The Preceptor–Student Relationship

The preceptor should maintain a professional relationship with the PA 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 until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the clinical coordinator regarding specific school or university policies regarding this issue.

Orientation and Communicating Student Expectations

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping 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 on in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regards 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
- Anything additional that the preceptor feels is necessary

Students are expected to communicate with 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 students anticipate missing clinical time for personal reasons, they should alert the clinical coordinator well in advance of the clinic 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. This helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students you host, with each “subsequent” student adding to a document that you as the preceptor maintain and edit.

Preparing 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, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient’s visit. Students should communicate with the 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 schedule (when they will be in the office)
- Student’s expected role in patient care
- Expected effect of the student on office operation:
 - Will fewer patients be scheduled?
 - *Will the preceptor be busier?*
- How patients will be scheduled for the student

Supervision of the PA Student

During a student’s time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or 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, or PA who will serve as the student’s preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where 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 the clinical sites. On each rotation, 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 PA 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 PA 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. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

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 PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA 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, 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 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. The Center for Medicare and Medicaid Services (CMS), which provides direct access to *CMS rules*ⁱ regarding student documentation.

Prescription Writing

Students may transmit prescribing information for the preceptor, but the physician must sign all prescriptions. More specifically, the student's name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor **MUST** log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

Expected Progression of PA student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the 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 evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should be allowed progressively increasing supervised autonomy.

Student Evaluation

The evaluation is designed 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 reflect on student knowledge and skills as well as 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. On required rotations (i.e., core rotations required by the specific institution for all students prior to graduation), a passing evaluation from the preceptor is mandatory. If deemed "not passing," the student may be requested to repeat the rotation or undergo procedures specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty. The program will designate how often evaluations need to be completed.

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student's professionalism and effectiveness as a team player with all members of the health care team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

Please contact the clinical coordinator for specific evaluation forms and policies, in accordance with the student handbook.

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 daily basis from their preceptors to help improve their clinical performance. Please contact the clinical coordinator for specific policies regarding student evaluation.

Student Responsibilities

In addition to adhering to the standards of professional conduct outlined later in the handbook, students are expected to perform the following during their clinical rotations:

- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings
- Perform and/or interpret common lab results and diagnostics
- 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 emotional resilience and stability, adaptability, and flexibility during the clinical year

Standards of Professional Conduct

As health care practitioners, PAs 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

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the physician assistant program.

If preceptors observe any concerns about a student's professionalism, please contact the clinical coordinator immediately.

Specific Program Policies

Please refer to the following link the [NSU Student Handbook](#) for program-specific policies on the following:

- Workers' Compensation
- Drugs and alcohol
- Timeliness and lateness
- Needle stick procedure
- HIPAA training
- Blood-borne pathogens training
- Immunization requirements
- Background check
- Drug testing
- Sexual harassment and assault resources

The following link to the U.S. Department of Education's Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age discrimination: <http://www2.ed.gov/about/offices/list/ocr/know.html>

The Preceptor–Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the clinical coordinator. All members of the team should share contact information.

If a preceptor has a question or concern about a student, they should contact the clinical coordinator. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

Liability Insurance

Each PA student is fully covered for malpractice insurance by the PA program. 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 matriculation 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 at all costs, as the university’s liability coverage does not cover the student in these circumstances.

In addition, if a PA student is working in a paid position in a different health-care related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student 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 “PA student” role outside of an assigned clinical rotation.

Program-Specific Topics to Be Added by Programs if Desired

The topics below may be added to the program’s individual preceptor handbook but will not be included in this document due to the individual nature of these program-specific subjects:

- Specific clerkship rotation/calendar/schedule
- Program description/curriculum/mission
- Grading/evaluation procedure (actual evaluations, timeline of evaluations)
- Student case logging
- Clinical rotation objectives
- Site visit schedule

Preceptor Development

Tools specific to each of the appendices listed below can be found in the electronic copy of this handbook, which can be accessed on the PAEA website at: www.PAEAonline.org, under Preceptors and also under Faculty Resources.

- A. Integrating the Student into a Busy Practice
 - The Model Wave Schedule
 - Integrating the Learner into the Busy Office Practice
 - Time-Efficient Preceptors in Ambulatory Care Settings
- B. Evaluation and Teaching Strategies
 - Evaluation Using the GRADE Strategy
 - The One-Minute Preceptor
 - Feedback and Reflection: Teaching Methods for Clinical Settings
 - Characteristics of Effective Clinical Teachers
- C. Providing Effective Feedback
 - Getting Beyond “Good Job”: How to Give Effective Feedback
 - Feedback in Clinical Medical Education
 - Feedback: An Educational Model for Community-Based Teachers
- D. Managing Difficult Learning Situations
 - Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
 - Provide Difficult Feedback: TIPS for the Problem Learner
- E. Developing Expectations
 - Setting Expectations: An Educational Monograph for Community-Based Teachers
- F. Conflict Resolution
 - Aspects of Conflict Resolution

Acknowledgements

This document contains excerpts and adaptations from Preceptor Orientation Handbooks from the following PA Programs:

- Eastern Virginia Medical School Physician Assistant Program
- Emory University Physician Assistant Program
- Loma Linda University Physician Assistant Program
- Medical University of South Carolina Physician Assistant Program
- Nova Southeastern Physician Assistant Program
- Pace University Physician Assistant Program
- University of Utah Physician Assistant Program
- Yale University School of Medicine

Appendix A

Gender-Based & Sexual Discrimination (Title IX) Faculty & Staff

Approved by: Northeastern State University Executive Cabinet

Responsible Official: Student Affairs (918) 444-2120

History: Adopted – August 26, 2014

Revised - August 17, 2015

Related Policies

Additional References:

- [Complaint Form \(Fill-able\)](#)
- [Title IX of the Education Amendments of 1972](#)
- [Campus Security Report](#)
- [Jeanne Clery Act](#)

Gender-Based Discrimination and Sexual Misconduct Discrimination Policies and Procedures

Statement on Non-Discrimination

Northeastern State University (NSU) does not discriminate on the basis of race, creed, color, national origin, sex, age, religion, disability, genetic information, or status as a veteran, and to the extent allowed by Oklahoma law, marital status, sexual orientation and gender identity in its programs and activities. These protections extend to employment with and admission to NSU, as well as, participant in university sponsored programs. A Title IX Coordinator has been designated to handle inquiries regarding the non-discrimination policies:

Title IX Coordinator
Coordinator of Student Rights and Responsibilities
Administration Building, 209
601 N. Grand Avenue
Tahlequah, OK 74464
titleIX@nsuok.edu
918.444.2120
Fax: 918.458.2340

NSU is committed to providing learning, working, and living environment that promotes personal integrity, civility, and mutual respect in an environment free of discrimination on the basis of sex, which includes all forms of sexual misconduct. Sex discrimination violates an individual's fundamental rights and personal dignity. NSU considers sex discrimination in all its forms to be a serious offense. This policy refers to all forms of sex discrimination committed against members of the NSU community, including but not limited to: sexual misconduct that includes harassment, consensual, exploitation and violence; unfair treatment based on sex; and, other misconduct offenses when gender-based.

Title IX of the Education Amendments of 1972 prohibits discrimination based on sex in educational programs and activities that receive federal financial assistance. To ensure compliance with Title IX and other federal and state civil rights laws, NSU has developed policies and procedures that address and prohibit sex discrimination in all of its forms.

Introduction

Members of the NSU community, guests and visitors have the right to be free from gender-based discrimination, sexual misconduct, and violence. All members of the campus community are expected to conduct themselves in a manner that does not infringe upon the rights of others. NSU believes in a zero-tolerance policy for gender-based misconduct. When an allegation of misconduct is brought to an appropriate employee(s) attention, and a respondent is found to have violated this policy, serious sanctions will be used to reasonably ensure that such actions are never repeated. This policy has been developed to reaffirm these principles and to provide recourse for those individuals whose rights have been violated. This policy is intended to define community expectations and to establish a mechanism for determining when those expectations have been violated.

Policy

NSU students, employees, guests and visitors are to conduct themselves in a manner that does not impose on the rights of others and does not discriminate as outlined in *NSU Statement on Non-Discrimination*.

Overview of Policy Expectations with Respect to Physical Sexual Misconduct

The expectations of our community regarding sexual misconduct can be summarized as follows: In order for individuals to engage in sexual activity of any type with each other, there must be clear, knowing and voluntary consent prior to and during sexual activity. Consent is sexual permission. Consent can be given by word or action, but non-verbal consent is not as clear as talking about what you want sexually and what you don't. Consent to some form of sexual activity cannot be automatically taken as consent to any other form of sexual activity. Silence--without actions demonstrating permission--cannot be assumed to show consent.

Additionally, there is a difference between seduction and coercion. Coercing someone into sexual activity violates this policy in the same way as physically forcing someone into sex. Coercion happens when someone is pressured unreasonably for sex.

Because alcohol or other drug use can place the capacity to consent in question, sober sex is less likely to raise such questions. When alcohol or other drugs are being used, a person will be considered unable to give valid consent if they cannot fully understand the details of a sexual interaction (who, what, when, where, why, or how) because they lack the capacity to reasonably understand the situation. Individuals who consent to sex must be able to understand what they are doing. Under this policy, "No" always means "No," and "Yes" may not always mean "Yes."

Anything but a clear, knowing and voluntary consent to any sexual activity is equivalent to a "no."

Overview of Policy Expectations with Respect to Consensual Relationships

Sexual Misconduct Offenses Include, but are not limited to:

- Sexual Harassment
- Non-Consensual Sexual Contact (or attempts to commit same)
- Non-Consensual Sexual Intercourse (or attempts to commit same)

- Sexual Exploitation

Sexual Harassment:

Sexual Harassment is: unwelcome, gender-based verbal or physical conduct that is sufficiently severe, persistent or pervasive that it unreasonably interferes with, denies or limits someone's ability to participate in or benefit from the NSU' employment, educational program and/or activities, and is based on power differentials (quid pro quo), the creation of a hostile environment, or retaliation.

Examples include:

- an attempt to coerce an unwilling person into a sexual relationship
- to repeatedly subject a person to egregious, unwelcome sexual attention
- to punish a refusal to comply with a sexual based request
- to condition a benefit on submitting to sexual advances
- sexual violence
- intimate partner violence, stalking; gender-based bullying

Non-Consensual Sexual Contact:

Non-Consensual Sexual Contact is:

- sexual touching,
- however slight,
- with any object,
- by a man or a woman upon a man or a woman,
- that is without consent and/or by force

Sexual Contact includes:

Intentional contact with the breasts, buttock, groin, or genitals, or touching another with any of these body parts, or making another touch you or themselves with or on any of these body parts; any intentional bodily contact in a sexual manner, though not involving contact with/of/by breasts, buttocks, groin, genitals, mouth or other orifice.

Non-Consensual Sexual Intercourse:

Non-Sexual Intercourse is:

- any sexual intercourse
- however slight,
- with any object,
- by a man or woman upon a man or a woman,
- that is without consent and/or by force.

Intercourse includes:

Vaginal penetration by a penis, object, tongue or finger, anal penetration by a penis, object, tongue, or finger, and oral copulation (mouth to genital contact or genital to mouth contact), no matter how slight the penetration or contact.

Sexual Exploitation

Occurs when an employee takes non-consensual or abusive sexual advantage of another for his/her own advantage or benefit, or to benefit or advantage anyone other than the one being exploited, and that behavior does not otherwise constitute one of other sexual misconduct offenses. Examples of sexual exploitation include, but are not limited to:

- Invasion of sexual privacy;
- prostituting another NSU community member
- non-consensual video or audio-taping of sexual activity;
- going beyond the boundaries of consent (such as letting your friends hide in the closet to watch you having consensual sex);
- engaging in voyeurism;
- knowingly transmitting an STD or HIV to another person;
- Exposing one's genitals in non-consensual circumstances; inducing another to expose their genitals;
- Sexually-based stalking and/or bullying may also be forms of sexual exploitation

Additional Applicable Definitions:

- Consent: Consent is clear, knowing and voluntary. Consent is active, not passive. Silence, in and of itself, cannot be interpreted as consent. Consent can be given by words or actions, as long as those words or actions create mutually understandable clear permission regarding willingness to engage in (and the conditions of) sexual activity.
- Consent to any one form of sexual activity cannot automatically imply consent to any other forms of sexual activity.
- Previous relationships or prior consent cannot imply consent to future sexual acts.
- Force is the use of physical violence and/or imposing on someone physically to gain sexual access. Force also includes threats, intimidation (implied threats) and coercion that overcome resistance or produce consent ("Have sex with me or I'll hit you. Okay, don't hit me, I'll do what you want.").
- Coercion is unreasonable pressure for sexual activity. Coercive behavior differs from seductive behavior based on the type of pressure someone uses to get consent from another. When someone makes clear to you that they do not want sex, that they want to stop, or that they do not want to go past a certain point of sexual interaction, continued pressure beyond that point can be coercive.

NOTE: There is no requirement that a party resists the sexual advance or request, but resistance is a clear demonstration of non-consent. The presence of force is not demonstrated by the absence of resistance. Sexual activity that is forced is by definition non-consensual, but nonconsensual sexual activity is not by definition forced.

- In order to give effective consent, one must be of legal age.
- Sexual activity with someone who one should know to be -- or based on the circumstances should reasonably have known to be -- mentally or physically incapacitated (by alcohol or other drug use, unconsciousness or blackout), constitutes a violation of this policy.
- Incapacitation is a state where someone cannot make rational, reasonable decisions because they lack the capacity to give knowing consent (e.g., to understand the "who, what, when, where, why or how" of their sexual interaction).

- This policy also covers a person whose incapacity results from mental disability, sleep, involuntary physical restraint, or from the taking of rape drugs. Possession, use and/or distribution of any of these substances, including rohypnol, ketomine, GHB, Burundanga, etc. is prohibited, and administering one of these drugs to another person is a violation of this policy.
- Use of alcohol or other drugs will never function as a defense to a violation of this policy.
- The sexual orientation and/or gender identity of individuals engaging in sexual activity is not relevant to allegations under this policy.

Sanction Statement

- NSU Complies with RUSO Policy 5.6.2 Sexual Relationship Policy
<https://www.ruso.edu/policy-manual>
- Any employee found responsible for violating the policy on Non-Consensual or Forced Sexual Contact (where no intercourse has occurred) will receive disciplinary action ranging from conduct review to termination, depending on the severity of the incident, and taking into account any previous campus conduct code violations.
- Any employee found responsible for violating the policy on Non-Consensual or Forced Sexual Intercourse will face disciplinary review and possible criminal prosecution.
- Any employee found responsible for violating the policy on sexual exploitation or sexual harassment will receive disciplinary action depending on the severity of the incident, and taking into account any previous campus conduct code violations.

Other Misconduct Offenses

(Will fall under Title IX when Gender-Based)

1. Threatening or causing physical harm, extreme verbal abuse, or other conduct which threatens or endangers the health or safety of any person;
2. Discrimination, defined as actions that deprive other members of the community of educational or employment access, benefits or opportunities on the basis of gender;
3. Intimidation, defined as implied threats or acts that cause an unreasonable fear of harm in another;
4. Hazing, defined as acts likely to cause physical or psychological harm or social ostracism to any person within the NSU community, when related to the admission, initiation, pledging, joining, or any other group-affiliation activity (as defined further in the Hazing Policy);
5. Bullying, defined as repeated and/or severe aggressive behavior likely to intimidate or intentionally hurt, control or diminish another person, physically or mentally (that is not speech or conduct otherwise protected by the 1st Amendment).
6. Violence between those in an intimate relationship to each other;
7. Stalking, defined as repetitive and/or menacing pursuit, following, harassment and/or interference with the peace and/or safety of a member of the community; or the safety of any of the immediate family of members of the community.

Process

Guidance on Reporting

NSU encourages employees who have experienced any form of gender-based discrimination and/or sexual misconduct to report the incident promptly, to seek all available assistance, to pursue disciplinary review and where appropriate, pursue criminal prosecution of the offender. NSU takes complaints very seriously and will work with complaining parties to ensure their safety and to remedy the situation.

Office Where a Complaint or Report May Be Filed

NSU encourages those who have experienced sex discrimination to report these offenses to the Title IX Coordinator. Sexual misconduct offenses may also be reported to the NSU Police Department.

Title IX Coordinator

Coordinator of Student Rights and Responsibilities TitleIX@nsuok.edu 918.444.2120

Student Affairs Administrative Office

Tahlequah

Administration Building, Office 209
918.444.2120

Broken Arrow

Administration Building, Office 211
918.449.6122

Human Resources

Administration Building, Office 115
918.444.2230

Northeastern State University Police Department

Tahlequah

On-campus ext. 2468
Off-campus 918.458.2111 or 918.444.2468
830 North Grand Avenue
Tahlequah, OK 74464

Broken Arrow

Broken Arrow campus ext. 6248
Broken Arrow off-campus 918.449.6248
3100 E. New Orleans, BA-BT 101
Broken Arrow, OK 74014

Muskogee

Muskogee campus ext. 5010 Muskogee
off-campus 918.683.5010 2400 W.
Shawnee, Admin. Bldg.
Muskogee, OK 74401
In case of emergency, call 911.

Guidance on Taking Immediate Action

Tell a trusted person about the incident. Depending on the nature of the offense, you may contact the:

- Northeastern State University Police Department at 918.458.2111 or 918.444.2468
- Title IX Coordinator at 918.444.2120
- Local Police at 911
- Or, go directly to local hospital

Other helpful resources include:

- Hawk Reach Student Services at 918.444.2042
- NSU Violence Outreach and Prevention at 918.444.2042
- NSU Behavior Intervention Team at 918.444.2120

In the event that sexual assault or violence occurred, do everything possible to preserve evidence by making certain that the crime scene is not disturbed. (The decision to press charges does not have to be made at this time. However, following these procedures will help preserve this option for the future.) Complaining parties should not bathe, urinate, douche, brush teeth, or drink liquids. Clothes should not be changed; but if they are, bring all the original clothing to the hospital in a paper bag, as plastic bags may damage the evidence.

When necessary, seek immediate medical attention at an area hospital and take a full change of clothing, including shoes, for use after the medical examination.

Procedure(s)

Statement on Policy

In employee disciplinary actions, legal terms like “guilt,” “innocence” and “burdens of proof” are not applicable, but the NSU never assumes an employee is in violation of NSU policy. Fact finding investigations are conducted to take in to account the totality of all evidence available, from all relevant sources. NSU reserves the right to take whatever measures it deems necessary in response to an allegation of sexual misconduct in order to protect employee rights and personal safety. Such measures include, but are not limited to, interim suspension from campus pending a conduct conference, and reporting the matter to the local police. Not all forms of sexual misconduct will be deemed to be equally serious offenses, and NSU reserves the right to impose different sanctions, ranging from written warning to termination, depending on the severity of the offense. NSU will consider the concerns and rights of both the complainant and the person accused of sexual misconduct.

Grievance Procedure

All incidents of sex discrimination, including sexual misconduct or retaliation, should be reported to the Title IX Coordinator. The Title IX Coordinator will provide for the adequate, reliable, and impartial investigations on all complaints.

Procedure

Once a complaint of sex discrimination is made, an investigation of the report shall be pursued within seven calendar days.

To ensure a prompt and thorough investigation, the complainant should provide as much of the following information as possible:

- The name, department, and/or position of the person or persons allegedly causing the sex discrimination (which includes: sexual misconduct, sexual violence, and harassment) or retaliation;
- A description of the incident(s), including the date(s), location(s), and the presence of any witnesses; The names of other employees who might have been subject to the same or similar sex discrimination or retaliation;
- Any steps the complainant has taken to try to stop the sex discrimination or retaliation; and
- Any other information the complainant believes to be relevant to the sex discrimination, harassment, or retaliation. Individuals are encouraged to utilize the university's "[Complaint Form](#)".

An investigation into the report shall be conducted. The Title IX Coordinator will assign investigators. All investigations will be conducted by at least two investigators who have received appropriate training approved by the Title IX Coordinator. This may include but is not limited to the Title IX Coordinator, other appropriate NSU administration, etc. The investigation shall be concluded as quickly as possible, typically within seven calendar days or within a reasonable amount of time required to complete the investigation. The investigation will be conducted in a manner so that it is adequate, reliable and impartial.

The investigation may include any of the following: interviews of the parties involved, including witnesses, and the gathering of other relevant information.

Parties to the complaint may present witnesses and other evidence. At any time during the investigation, the investigators may recommend that interim protections or remedies for the parties involved or witnesses be provided by appropriate NSU officials. These protections or remedies may include separating the parties, placing limitations on contact between the parties, temporary suspension, or making alternative, classroom, workplace or student housing arrangements. Failure to comply with the terms of interim protections may be considered a separate violation(s).

Once the investigation is concluded, a written investigative report shall be submitted to the Title IX Coordinator within three (3) days. The investigation report is a written report describing the factual findings gathered from the investigation with description of all the interviews and any other documents reviewed. The Title IX Coordinator will determine whether further action is needed pursuant to NSU policy and/or state or federal law, and respond accordingly. If further

action is deemed necessary informal resolution process or disciplinary procedures will be initiated.

NSU shall take reasonable steps to prevent the recurrence of sex discrimination or retaliation in any form. If the reoccurrence takes place, those responsible for such behavior may be subject to disciplinary action under the Employee Handbook if the person is an employee or third party.

NSU will take all necessary steps to remedy the discriminatory effects on the victim(s) and others. Examples of such remedies may include: order of no contact, classroom re-assignment, or other appropriate remedies.

Procedural Considerations

Jurisdiction

This policy applies to any allegation of sex discrimination against members of the NSU community on NSU property, in NSU programs, on land NSU leases or controls, or at events NSU sponsors. NSU may address off-campus or off-duty harassment, including but not limited to public forums (Internet speech, Facebook, etc.), only when those off-campus or out-of-school acts have a demonstrable and significant impact on work or work-related activities.

Confidentiality

Those who have experienced sex discrimination should know that all NSU employees (i.e. Resident Assistants, University Police, faculty, staff members, etc.) must report incident to NSU officials, specifically Title IX Coordinator or NSU Police Department.

If you would like to report an incident or speak to someone about something that happened and you desire that details of the incident be kept confidential, you should speak with staff members of the Hawk Reach Student Services, and/or off-campus rape crisis resources, who will maintain confidentiality.

All inquiries, complaints, and investigations are treated with discretion. Information is revealed as law and policy permit. However, the identity of the complainant is usually revealed to the person(s) accused of such conduct and any witnesses with consent of the complainant. Publicizing information about alleged sex discrimination or retaliation is strictly prohibited and may be considered a violation of NSU policy.

The Title IX Coordinator shall maintain all information in secure files pertaining to a complaint or investigation.

Federal Statistical Reporting Obligations:

Certain campus officials (campus security officials) have a duty to report violations of this policy for federal statistical reporting purposes. All personally identifiable information is kept private, but statistical information must be passed along to campus law enforcement regarding the type of incident and its general location (on or off-campus, in the surrounding area, but no addresses are given), for publication in the annual *Campus Security Report*. This report helps to provide the community with a clear picture of the extent and nature of campus crime, to ensure greater community safety.

Federal Timely Warning Reporting Obligations:

Victims of sex discrimination should also be aware that NSU administrators must issue timely warnings for certain types of incidents reported to them that pose a substantial threat of bodily harm or danger to members of the campus community under the Jeanne Clery Act. NSU will make every effort to ensure that a victim's name and other identifying information is not disclosed, while still providing enough information for community members to make safety decisions in light of the danger.

Cooperation with Law Enforcement

NSU will implement appropriate interim steps during the law enforcement agency's investigation period to provide for the safety of the victim(s) and the campus community and the avoidance of retaliation.

Special Provisions

NSU as Complainant

As necessary, NSU reserves the right to initiate an employee conduct complaint, to serve as complainant, and to initiate conduct proceedings without a formal complaint by the victim or complainant.

Good Samaritan

The welfare of persons in our community is of paramount importance. At times people on and off-campus may need assistance. NSU encourages employees to offer help and assistance to others in need. Sometimes, employees are hesitant to offer assistance to others, for fear that they may get themselves in trouble (for example, as student who has been drinking underage might hesitate to help take a victim of sexual misconduct to NSU Police). NSU pursues a policy of limited immunity for employees who offer help to others in need. While employee violations cannot be overlooked, NSU will take into consideration the positive actions of those who offer their assistance to others in need.

Notification of Outcomes

The outcome of a Title IX investigation involving employees is not a part of the personnel record of the employees involved, and is protected from release. However, NSU observes the legal exceptions that allow for notification of the parties involved and others whom NSU determines to inform based on the law and this policy.

Students who bring any sort of sex discrimination complaint against faculty or staff may be informed of the outcome of the investigation and the resolution.

NSU may release publicly the name, nature of the violation and the sanction for any employee who is found in violation of NSU policy that is a "crime of violence," including: arson, burglary, robbery, criminal homicide, sex offenses, assault, destruction/damage/vandalism of property and kidnapping/abduction. The university will release this information to the complainant in any of these offenses regardless of the outcome.

Integrating the Student into a Busy 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. (See page 21)

Adapted from [Yale Medical School Ambulatory Clerkship Handbook Integrating the Learner into the Busy Office Practice](#)² 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?”

- [Time-Efficient Preceptors in Ambulatory Care Settings](#)³

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

- Evaluation and Teaching Strategies

Evaluation Using the GRADE Strategy⁴ This easy-to-use tool provides five simple tips on how to effectively evaluate PA students.

- [The One-Minute Preceptor](#)⁵

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

- [Feedback and Reflection: Teaching Methods for Clinical Settings](#)⁶

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

- [Characteristics of Effective Clinical Teachers](#)⁷

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

- [Providing Effective Feedback](#)

Getting Beyond “Good Job”: How to Give Effective Feedback⁸ This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback.

- *Feedback in Clinical Medical Education*⁹

This article provides effective guidelines for giving feedback.

- *Feedback: An Educational Model for Community-Based Teachers*¹⁰

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.

- *Managing Difficult Learning Situations*

Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers¹¹ These documents outline strategies for both preventing and managing difficult learning situations.

- [Providing Difficult Feedback: TIPS for the Problem Learner](#)¹²

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

- *Developing Expectations*

Setting Expectations: An Educational Monograph for Community-Based Teachers¹³ This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher.

- *Conflict Resolution*

Aspects of Conflict Resolution¹⁴ This article discusses the causes of conflict, approaches to conflict resolution, and techniques/strategies to resolve conflict effectively.

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ⁱ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4068CP.pdf>