Clinical Site and Instructional Faculty Development for Supervised Clinical Practice Experiences (SCPE) Policy

- **Origin Date:** 12/9/2016
- **Last Evaluated:** 7/25/2019
- **Responsible Party:** Director of Clinical Education
- **Minimum Review Frequency:** Annually
- **Approving Body:** Principal Faculty

**Background and Purpose**

The SCPE portion of the PA curriculum is designed to provide meaningful direct patient care experiences working in a variety of clinical practice environments that allow students an opportunity to apply the extensive knowledge base developed during the didactic year. This will ensure an optimal clinical education experience for FGCU PA students, ultimately preparing them for certification and professional practice.

The purpose of this policy is to define program expectations and processes for recruitment, approval, and orientation of Instructional Faculty for SCPEs (i.e., preceptors), as well as the ongoing evaluation of the same.

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Policy Statement
In compliance with the ARC-PA standards, the following is the Master of Physician Assistant Studies policy for evaluating, approving, and orientation of Instructional Faculty (Preceptors), as well as the ongoing evaluation of clinical sites and preceptors, for participation in supervised clinical education components.

Overview
1. With the support of Florida Gulf Coast University and the Marieb College of Health & Human Services (MCHHS), the Director of Clinical Education (DCE) of the MPAS Program is responsible for the recruitment, coordination and evaluation all clinical sites and preceptors for the program mandated SCPE component of the curriculum (clinical rotations), and ensuring that the sites and preceptors are in sufficient numbers for program-required clinical practice experiences.
   a. The MPAS Program Director (PD) and DCE, as well as the MPAS Clinical Affairs committee meet on a regular basis to discuss SCPE sites and preceptors, including the sufficiency for program-required experiences
   b. The MPAS PD meets regularly with MCHHS administration (e.g. Department of Health Sciences Chair and the Dean) to discuss MPAS site and preceptor sufficiency and to discuss whether the assistance of senior administration is needed to facilitate SCPE site and preceptor recruitment.

2. The DCE ensures that the clinical preceptors and sites provide sufficient patient exposure to allow each student to meet program learning outcomes, and that differences in clinical settings are not impeding the overall accomplishment of learning outcomes.

3. The DCE ensures that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.

4. The DCE must initially, and at least annually thereafter, review, evaluate, and approve suitability of all clinical sites and preceptors.

5. Preceptors for the MPAS program must primarily consist of practicing physicians and physician assistants. The DCE will ensure that a majority of preceptors are physicians or PAs. This will be verified annually by examining the preceptor roster.

6. PA program students are not required to provide or solicit clinical sites or preceptors. Students may make suggestions to the faculty or DCE regarding clinical sites or preceptors but are not required to do so.
Process for Initial Evaluation and Approval of Clinical Sites and Clinical Instructional Faculty

1. When a potential clinical site/preceptor is identified by the DCE, the DCE will evaluate the prospective clinical site/preceptor's suitability for use in supervised clinical practice experiences (SCPE)/rotations prior to assigning students for rotations.

2. The DCE will meet with the prospective site and preceptor to discuss the MPAS program.
   a. The prospective preceptor will be oriented to the student learning outcomes and instructional objectives pertinent to the rotation, as well as the MPAS program's expectations of students and preceptors.
   b. A copy of the Preceptor Handbook and the relevant clinical rotation syllabus will be provided to the prospective site/preceptor.

3. If the prospective site/preceptor is agreeable and willing to serve as a site/preceptor for the MPAS program:
   a. Site/Preceptor Evaluation (SPE) Form must be filled out and reviewed by the DCE for further consideration.
   b. The SPE form will describe the demographics of the site and practice (e.g. the number of patients seen, common diagnoses encountered, number of exam rooms, other clinicians on site, etc).
   c. A Preceptor Acknowledgement Form must be reviewed and signed by the preceptor and submitted to the DCE. This form serves to document that the preceptor has received the Preceptor Handbook, agrees to accept students for hands-on rotation experiences, and to acknowledge understanding of program expectations and policies.

4. If the clinical site (legal entity of the clinical practice of the preceptor) does not have a Clinical Affiliation Agreement with the university, a fully executed agreement will be required prior to a student being assigned to the site. The Clinical Affiliation Agreement:
   a. Defines the responsibilities of FGCU and the clinical affiliate related to the educational program for students
   b. Specifies whose policies govern and document student access to educational resources and clinical experiences
   c. Acknowledge the terms of participation between the program and the clinical affiliate.
   d. Must be signed by an authorized individual of the clinical affiliate
   e. Are coordinated between the DCE, the FGCU MCHHS Contracts Specialist, FGCU General Counsel (as needed), and the authorized individual(s) at the clinical affiliate.

5. The DCE will evaluate whether the clinical site/preceptor meets program expectations (as described below) and whether the clinical site/preceptor will be suitable for use by the MPAS program.
Program Expectations of Clinical Sites and Preceptors

1. The DCE will consider the following criteria, with regard to whether the clinical site will be approved for use by the program for SCPEs:
   a. The clinical site is a safe site for the student.
   b. Space at the site is adequate for accommodating student(s).
   c. Sufficient number of exam rooms to allow the student to see patients.
   d. Site offers an orientation for new students (may be formal or informal).
   e. Site allows for appropriate observation and supervision of students.
   f. Clinical affiliation agreement executed between the clinical site and the program.
   g. See Clinical Rotation Site Visit Report form for full details

2. The following are required for a clinician to be a preceptor for the MPAS program:
   a. Knowledgeable of the PA profession and role in health care.
   b. At least two years of full time experience in practice as a clinician or advanced training such as residency or fellowship.
   c. Licensure and in good standing with the Florida Board of Medicine, Nursing or other Board as appropriate.
   d. Preceptors who are physicians should be specialty board certified in their area of instruction.
   e. PAs who are preceptors must be teamed with a physician who should be specialty board certified in their area of instruction.
   f. Other licensed health care professionals (who are not physicians or PAs), physicians who are not specialty board certified in their area of instruction, and PAs who are teamed with physicians who are not specialty board certified in their area of instruction may be preceptors under special and compelling circumstances, if approved by the Clinical Affairs Committee (see below).
   g. Willingness to be a mentor to and teach PA students, helping them achieve the learning outcomes of the rotation.
   h. Willingness to assess student performance.
   i. Willingness to be assessed by students, in the context of the MPAS Program’s efforts to self-evaluate and improve the curriculum.
   j. Appreciation the importance of providing hands-on experiences and agree to provide them.
   k. Willingness to ensure that PA students will be adequately supervised (and will not be used as a substitute for paid staff).
   l. Clinical practice has an appropriate volume of patients and variety of diagnoses encountered. The clinical practice of the preceptor will provide the student exposure to the common diagnoses of the discipline of the rotation.
   m. The preceptor’s anticipated schedule for the student should be, at a minimum, similar to that which is expected of a full-time PA in that practice, and should
afford the student exposure to an appropriate volume of patients and variety of
diagnoses, to allow the student to meet the learning outcomes of the clinical
rotation.

n. Willingness to be in contact with the program as needed.

3. The DCE will ensure that all preceptors have valid licenses, and will keep the expiration
date of the preceptor’s license on file.
   a. These are verified at least annually, and as needed.
   b. At no time may a student rotate with a preceptor who is not licensed.

4. The DCE will ensure that preceptor is knowledgeable in his or her area of expertise. The
   professional training and experience of the preceptor will be noted in the preceptor’s file.
   At a minimum, the preceptor’s file will note:
   a. Professional program attended and year of graduation
   b. Post-graduate education details (institution, dates, specialty)
   c. Length of time in current clinical practice
   d. Previous experience
   e. Board certification status
   f. Whether the preceptor has current hospital privileges to practice in his/her
      specialty/area of expertise

5. Each clinical site used by the MPAS program must have at least one physician on staff.
   If a clinical site utilizes non-physician clinicians such as PAs, nurse practitioners,
   midwives, psychologists and counselors, etc., the clinical site must have at least one
   physician who supervises and/or collaborates with these clinicians.

6. The priority in recruiting and maintaining clinical sites and preceptors is that at least one
   physician at the clinical site offering instruction is board certified in the discipline of
   instruction of the SPCE/rotation.
   a. Therefore, each clinical rotation site will have at least one physician that is board
      certified in the discipline of the rotation who supervises and/or collaborates with
      the site’s preceptor(s).
   b. Exceptions to this are allowed under special and compelling circumstances, as
      noted below.

7. The MPAS program will consider using a physician preceptor who is knowledgeable in
   his or her area of expertise but not board certified in the discipline of the rotation (or a
   non-physician clinician preceptor teamed with a physician who is not board certified in
   the discipline of the rotation) for SCPEs if one of the following are true:
   a. The preceptor is credentialed by an acute care hospital to practice in the
      discipline of the rotation.
   b. The preceptor has at least two years of full-time experience and/or postgraduate
      training in his or her area of expertise and the Clinical Affairs Committee
      approves the use of the preceptor, due to circumstances unique to the program,
      which may include but are not limited to:
i. The program has great difficulty in recruiting willing physician preceptors that are board certified in the discipline of the rotation or PA preceptors teamed with a physician who is board certified in the discipline of the rotation

ii. The physician began practicing in the discipline of the rotation before 1990 and maintenance of board certification is not mandated for the physician

iii. The physician is board-eligible for the discipline of the rotation

iv. The physician preceptor is teamed with another physician in the same practice who is board certified in the discipline of the rotation

v. The preceptor has a substantial amount of experience in the discipline of the rotation

vi. The preceptor has a proven track record of effective teaching in the discipline of the rotation, and a demonstrated thorough understanding of the PA profession and PA education

**Decision to Approve/Deny Clinical Site/Preceptor**

1. After consideration of the criteria in the previous section, the DCE may approve or deny the prospective clinical site/preceptor for use by the MPAS Program. It is the duty of the DCE to ensure that the totality of the clinical rotation experiences will allow each student to meet the expected learning outcomes by program completion. Only sites/preceptors that will allow each student to meet the expected learning outcomes by program completion may be approved for use by the MPAS Program.

2. If the site/preceptor is approved, a site visit will be performed in-person (if not already performed at the initial contact with the preceptor) prior to the assignment of the first student, evaluating criteria as outlined in the Site Visit Policy below.

**Clinical Preceptor Responsibilities**

1. Provide the student with an orientation to the clinical site, including reviewing educational objectives, work schedules, local policies, dress code, and introduction to other essential staff/personnel.

2. To assess and supervise the student's progress in achieving learning outcomes for the clinical rotation.

3. Provide clinical instruction, including hands-on clinical experience, in accordance with the rotation learning outcomes and objectives and the availability of patients and other clinical resources.

4. Provide the PA student with frequent feedback on clinical and professional performance, and meet with them approximately halfway through their rotation to discuss this feedback and issue guidance, and collaborate with the student in completing the Student's Mid-Rotation Self-Evaluation Forms.

5. Meet with the student during the last week of rotation and complete a Preceptor's End-of-Rotation Evaluation of Student, as well as a Preceptor's End-of-Rotation Evaluation of Student Behavior and Professionalism form, online in the Typhon Student Tracking System.
6. Notify the DCE of any unexpected student absences, lapses in professionalism, or academic or any other concerns.

7. In an educational capacity, the student may perform tasks similar to paid staff. However, the preceptor is to ensure that the student is not used as a not substitute for clinical or administrative staff.

Process for Ongoing Evaluation of Clinical Sites and Clinical Instructional Faculty

1. It is the responsibility of the DCE to continuously monitor the MPAS clinical sites and clinical instructional faculty to ensure that sites and preceptors meet program expectations for learning outcomes and performance evaluation measures.

2. This monitoring is accomplished through the following, and is outlined below:
   a. Site visits
   b. Reaffirmation of clinical site and preceptors meeting program expectations as noted in the above section, Program Expectations of Clinical Sites and Preceptors
   c. Students’ assessment of rotations, preceptors, and clinical sites
   d. Logging of patient encounters and procedures in Typhon
   e. Assessment of student performance

3. This continuous monitoring will be used to determine if a clinical site/preceptor will continue to be used by the program.

4. This process for ongoing evaluation of clinical sites and preceptors is a part of the program’s self-evaluation process. Analysis of data to look for trends and overall performance is performed at least after every semester.

Site visits

1. Site visits serve to ensure that the clinical site is safe, secure, and appropriate, and that the site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience and meet program learning outcomes.

2. Site visits will be performed at each clinical site prior to the placement of a student at the site, then at least once each year that a student is assigned at the site.

3. They may be conducted unannounced to the student.

4. Site visits may be requested by the student or preceptor at any time, and for any reason.

5. The site visit will evaluate, at a minimum:
   a. Availability of internet access
   b. Ability of the preceptor to appropriately supervise PA students
   c. Access to physical facility and work station for students
   d. Provision of orientation to new students
   e. The safety at the clinical site
f. If a student is present at the site, the following may be discussed as a part of the site visit:
   i. The preceptor’s perception of the student’s performance/progress
   ii. The student’s feedback regarding the site/preceptor and the student’s perception of his/her preparedness to enter the rotation
   iii. The preceptor’s feedback and perception of the MPAS program in general

6. If a student is present at the site, the site visitor should then note the following, if possible/practical:
   a. Interactions between student and other individuals at the site, including preceptor and other staff
   b. Ability of the facility to support a proper learning environment
   c. Ability of the student to see an appropriate number of patients and allowed hands-on experiences with adequate oversight and supervision

Reaffirmation of Program Expectations of Clinical Sites and Preceptors
The criteria noted above in the Program Expectations of Clinical Sites and Preceptors will be reevaluated at least once annually by the DCE for each preceptor/clinical site, to determine the continued suitability of the site/preceptor. Sites/preceptors that do not meet program expectations may be dismissed by the DCE and no longer used by the program as outlined below.

Students’ assessment of rotations, preceptors, and clinical sites
1. After the completion of each rotation, the student will be required to evaluate the preceptor, the clinical site, and the rotation using a 1 (strongly disagree) to 5 (strongly agree) Likert scale. They will be evaluated in part for their effectiveness and ability to allow the student to achieve the stated learning outcomes for the rotations, as well as the perception of the effectiveness of the preceptor’s instruction and supervision. These data will be entered into Typhon and aggregated and analyzed by the DCE after each rotation, except for the mid-rotation evaluations, which are analyzed by the DCE at the end of the second week of the rotation.

2. When a student evaluation of a clinical site or preceptor identifies a specific need for improvement, defined as a score of 3 (neutral) or less, the DCE will meet with the individual preceptor to create an individualized faculty development plan to address that need. This faculty development plan will contain, at a minimum: the identified issue, preceptor’s response, suggestions for improvement, and a date for follow up.

3. When student evaluations of a preceptor, clinical site, or rotation identify a pattern/trend of specific need for improvement, defined as an average score of less than 3.5, the Clinical Affairs Committee will meet discuss and address the need.

4. If a student notifies the program of a significant concern during a clinical rotation (e.g. the preceptor is not providing adequate supervision or opportunities for hands-on interaction with the patient, the site is unsafe, etc.), the DCE will immediately reassess the preceptor and/or clinical site for appropriateness. This may include, but is not limited to a site visit, meeting with the preceptor and/or student, analysis of Typhon logs, analysis of previous evaluations of the clinical site and/or preceptor, and academic performance of previously assigned students. After this assessment, at the discretion of
the DCE, the student may be retained at the assigned clinical site or reassigned to a different clinical site/preceptor for the remainder of the rotation.

Logging of patient encounters and procedures in Typhon
1. Student log their clinical exposures using Typhon. Typhon data is continuously monitored by the DCE.
2. The aggregate of the logs for each student is analyzed by the DCE at the second week of each rotation, to ensure that the student is receiving experiences with a variety of patient populations and that continued assignment to the rotation is appropriate.
3. Students are required to gain experiences with patient populations as outlined in the Program-Defined Expectations for SCPE Policy.
4. If the analysis of the Typhon logs by the DCE indicate that the student may not be gaining experiences with sufficient patient populations necessary to fulfill program expectations of the clinical experience, the DCE will immediately reconsider the student’s placement at the site. This may include, but is not limited to a site visit, meeting with the preceptor and/or student, analysis of previous evaluations and Typhon logs of the clinical site, previous evaluations of the preceptor, and academic performance of previously assigned students. After this analysis, at the discretion of the DCE, the student may be retained at the assigned clinical site or reassigned to a different clinical site/preceptor for the remainder of the rotation.

Assessment of student performance
The determination that the students are having experiences with sufficient patient populations necessary to fulfill program expectations of the clinical experience shall be made based on:

1. The students’ experiences with patients in all criteria noted in the Program Expectations for SCPE Policy
2. The students’ performance in the variety of assessments administered by the MPAS program, as outlined in the Program Expectations in SCPE Policy. These assessments are given by different individuals and administered frequently during the clinical year, whose aggregate data are analyzed by the DCE monthly.
3. At least at the end of each semester, as a part of the program’s ongoing self-assessment process, the DCE will analyze and correlate student evaluations of preceptors, clinical sites, and rotations as well as student performance with the clinical sites/preceptors.
   a. If a site/preceptor is found to have a correlation with consistently poor student performance (defined as assessment scores < 80% or equivalent), or consistently poor evaluations (defined as an average score of less than 3.5), the DCE will suspend student assignments to the site, pending a meeting with the site/preceptor to discuss student performance, learning outcomes, and program expectations with the site/preceptor.
   b. Further assignment of students to the site/preceptor will depend on the discretion of the DCE. This may include, but is not limited to meeting with the preceptor and/or student, analysis of Typhon logs, analysis of previous evaluations of the clinical site and/or preceptor, and academic performance of previously assigned students.
Dismissal of clinical sites and/or preceptors
Clinical sites/preceptors may be dismissed from the MPAS program at the discretion of the DCE if any of the following are true of the clinical site and/or preceptor:

1. Found to have committed acts of discrimination, harassment, or sexual misconduct, as defined by FGCU policy 1.006 Non-Discrimination, Anti-Harassment, and Sexual Misconduct.

2. Found to not have sufficient numbers or variety of patients after analysis of Typhon logs.

3. Found to not be allowing students adequate access to the physical facilities pertaining to the rotation.

4. Found to have consistently poor evaluations by students (defined as less than 3.5 on a 1 to 5 Likert Scale) despite meeting with the DCE to discuss program expectations and undergoing an individualized faculty development plan.

5. Found to not be appropriately supervising students, as noted during a site visit or through student evaluations of the preceptor and clinical site, and persisting despite meeting with the DCE to discuss program expectations.

6. Found to be an unsafe environment for students. The program will dismiss any clinical site that is deemed by the program to be unsafe. No student shall be made to rotate at a site where he or she feels unsafe. The program will ensure that all sites have a protocol for safety.

7. Found to be associated with consistently poor student performance on clinical year assessments (defined as assessment scores < 80% or equivalent) and persisting despite meeting with the DCE to discuss program expectations and undergoing an individualized faculty development plan.

8. Repeated failure to comply with program policies despite being oriented to them and meeting with the DCE to discuss program expectations. All preceptors are oriented to program policies and expectations prior to being approved for use by the program, and all preceptors are given an orientation guidebook prior to having students assigned.

Process for Orienting Clinical Instructional Faculty

1. The DCE will discuss the MPAS program philosophy, polices, curriculum, and expectations of preceptors with the potential preceptor and shall provide the preceptor with:
   a. A current copy of the Preceptor Handbook, and updates as appropriate
   b. A copy of the syllabus and learning outcomes associated with the discipline to which the clinical rotation pertains.

2. The DCE will ensure that all preceptors understand what is expected of them, prior to having a student assigned to the preceptor, and will verify that the preceptor has continued understanding of the program expectations and learning outcomes at least annually.
Policy for Supervision of MPAS Students during SCPE

1. There must be a member of the MPAS Instructional Faculty (i.e. preceptor) to assess and supervise the student's progress in achieving learning outcomes.

2. The preceptor is responsible to ensure that the student received feedback in the student’s progress during the rotation, and to submit to the MPAS program an End-of-Rotation Student Clinical Performance and Professionalism Evaluations.

3. No student may be at a clinical site without a designated preceptor to whom the student is assigned and who is supervising that student.

4. Procedures performed by PA students must be done with the physical presence of the preceptor on the premises so that the preceptor is immediately available to the PA student when needed.

Associated ARC-PA Standards

A1.02 “There must be written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for supervised clinical practice experiences that define the responsibilities of each party related to the educational program for students.”

ANNOTATION: Agreements typically specify whose policies govern and document student access to educational resources and clinical experiences. While one agreement between the sponsoring institution and clinical entity to cover multiple professional disciplines is acceptable, these agreements are expected to include specific notations acknowledging the terms of participation between the PA program and clinical entity. Agreements are expected to be signed by an authorized individual(s) of each participating entity.

A1.11 “The sponsoring institution must support the program in securing clinical sites and preceptors in sufficient numbers for program-required clinical practice experiences.”

A2.15 “The program should not rely primarily on resident physicians for didactic or clinical instruction.”

A2.16 “All instructional faculty serving as supervised clinical practice experience preceptors must hold a valid license that allows them to practice at the clinical site.”

ANNOTATION: It is the program’s responsibility to verify that the instructional faculty hold valid licenses. Simply indicating there is an affiliation agreement or memorandum with the sites used for supervised clinical practice experiences is not verification that individuals hold valid licenses to practice. The program need not investigate the licensure if it can produce a current document, other than an affiliation agreement/memorandum, completed by others in the sponsoring institution or supervised clinical site attesting to current licensure.

A2.17 “In each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, there must be an instructional faculty member designated by the program to assess and supervise the student's progress in achieving learning outcomes.

ANNOTATION: The program is expected to inform students at each location which instructional faculty member is serving in this role for the location and how to contact this faculty member.

A3.03 “Students must not be required to provide or solicit clinical sites or preceptors. The program must coordinate clinical sites and preceptors for program required rotations.”
Coordinating clinical practice experiences involves identifying, contacting and evaluating sites and preceptors for suitability as a required or elective rotation experience. Students may make suggestions to principal faculty for sites and preceptors but are not required to do so. Student suggested sites and preceptors are to be reviewed, evaluated and approved for educational suitability by the program.

A3.06 “Students must not substitute for clinical or administrative staff during supervised clinical practical experiences.”

B3.05 “Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs.”

B3.06 “Supervised clinical practice experiences should occur with:

ANNOTATION: It is expected that the program will provide supervised clinical practice experiences with preceptors who are prepared by advanced medical education or by experience. The ARC-PA will only consider supervised clinical practice experiences occurring with physician preceptors who are not board certified or with other licensed health care providers serving as preceptors when they are evaluated and determined by the program faculty to be appropriate for the specified area of instruction, under circumstances unique to the program.

a) physicians who are specialty board certified in their area of instruction,

b) PAs teamed with physicians who are specialty board certified in their area of instruction or

c) other licensed health care providers experienced in their area of instruction.”

C4.01 “The program must define, maintain and document effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure that sites and preceptors meet program expectations for learning outcomes and performance evaluation measures.”

ANNOTATION: An effective process or processes involves the program establishing criteria by which to initially evaluate new sites and preceptors as well as those that have an ongoing relationship with the program. The process(es) will focus on the established criteria and fit the individual program.

C4.02 “The program must document that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.”

ANNOTATION: Site evaluation involves program faculty monitoring the sites used for supervised clinical practice experiences and modifying them as necessary to ensure the expected learning outcomes will be met by each student by program completion. It is expected that faculty document that differences in clinical settings do not impede the overall accomplishment of expected learning outcomes. Documentation shows that preceptors are providing observation and supervision of student performance while on supervised clinical practice experiences and that they are providing feedback and mentoring to students.