UNIVERSITY OF SASKATCHEWAN
College of Medicine
PHYSICIAN ASSISTANT STUDIES
MEDICINE.USASK.CA/MPAS

Master of Physician Assistant (MPAS)
Preceptor Onboarding Manual

Master of Physician Assistant Studies (MPAS) Program
College of Medicine, University of Saskatchewan

1. WELCOME TO THE MPAS PROGRAM

MESSAGE TO CLINICAL PRECEPTORS

Thank you for supporting the Master of Physician Assistant Studies (MPAS) program. Your commitment to teaching and mentorship plays a critical role in preparing future Physician Assistants and strengthening healthcare delivery across Saskatchewan.

The clinical experiences learners gain under your supervision are among the most important components of their education. Through your guidance, expertise, and professional example, learners integrate classroom knowledge into real-world patient care while developing clinical competence, professional judgement, and confidence.

This manual has been developed as a practical reference to support you throughout your role as a clinical preceptor. It provides an overview of the MPAS program, learner expectations, supervision guidelines, evaluation processes, and available program supports.

We sincerely appreciate the time, expertise, and commitment you invest in our learners and thank you for helping develop the next generation of Physician Assistants.

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2. ABOUT THE MPAS PROGRAM

PROGRAM OVERVIEW

The Master of Physician Assistant Studies (MPAS) Program prepares learners for clinical practice through a combination of graduate-level classroom education and supervised clinical experiences.

The program is designed to develop clinically competent, compassionate, patient-centered, and practice-ready Physician Assistants who are collaborative, committed to lifelong learning, and equipped to contribute to healthcare teams across Saskatchewan and beyond.

PROGRAM MISSION

The MPAS Program is committed to educating Physician Assistants who provide high-quality, patient centered care and contribute to meeting healthcare needs in urban, rural, remote, Indigenous, and underserved communities throughout Saskatchewan.

PROGRAM VALUES

The program is guided by the following core values:

Excellence in Clinical Education - Delivering high-quality learning experiences that foster learner development and competence.

Collaboration and Teamwork - Promoting interprofessional collaboration and effective healthcare partnerships.

Equity, Diversity, Inclusion and Respect - Creating an environment that values and respects diverse backgrounds, perspectives, and experiences.

Community Engagement Strengthening healthcare through meaningful partnerships with communities across Saskatchewan.

PROGRAM GOALS

The clinical education component is designed to:

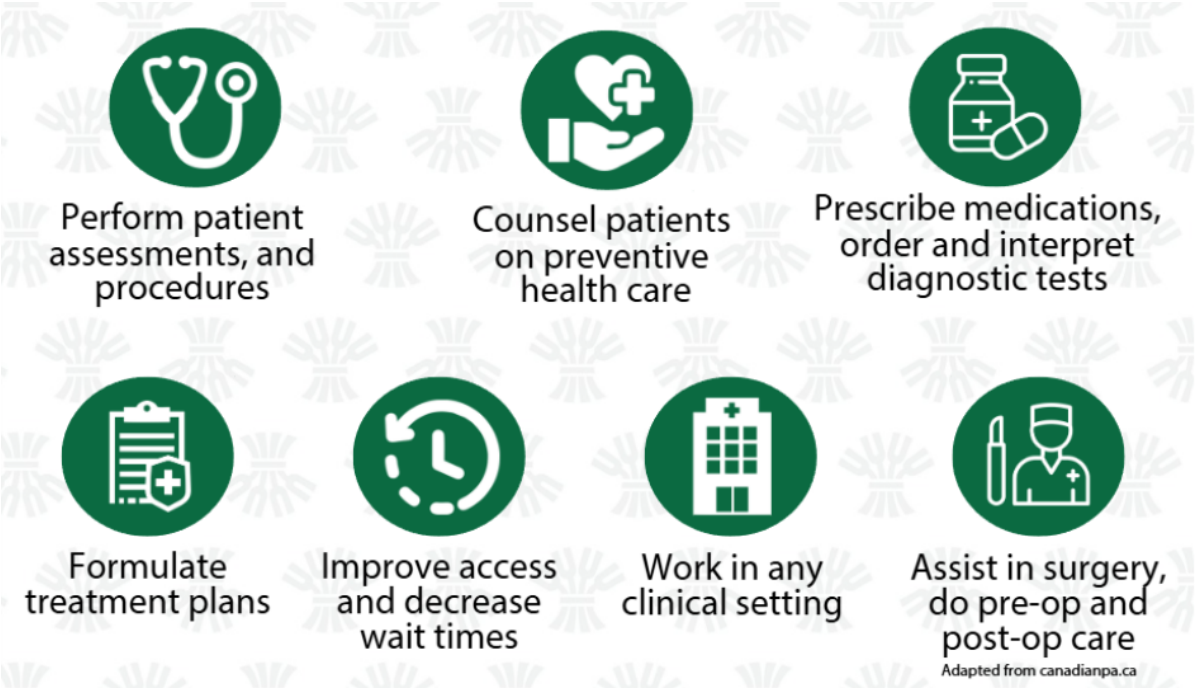
- Develop clinical knowledge, skills, and professional judgement.
- Foster professionalism and ethical practice.
- Strengthen communication and collaboration skills.
- Provide exposure to diverse patient populations and healthcare settings.
- Support career exploration and workforce readiness.
- Prepare graduates for safe and effective clinical practice.

THE PHYSICIAN ASSISTANT PROFESSION

Physician Assistants (PAs) are highly trained clinical professionals who work under the supervision of physicians to improve patient access to quality care.

In Saskatchewan, the PA role is emerging within local health-care teams. MPAS clinical rotations – including rural placements – play a key role in shaping how students understand and enact this role in practice.

Graduates of the MPAS program are prepared to work as medical generalists in primary care, hospital-based care, specialty services, rural and remote environments, and other clinical contexts, with scope of practice defined by local policy and supervising physicians.



OVERVIEW OF THE MPAS CLINICAL YEAR

The MPAS Students' Clinical Year is **51 weeks,** consisting of 48 weeks of Clinical Rotations and 3 weeks of Program Orientation & Consolidation. Students participate in both core rotations and electives:

Core Rotations:

- Rural Longitudinal Clinical Experience (Rural LC) - 11 weeks
- Internal Medicine – 6 weeks
- Surgery – 6 weeks
- Emergency Medicine – 4 weeks
- Pediatrics – 4 weeks
- Mental Health & Addictions (Psychiatry) - 4 weeks
- Women's Health (Obstetrics & Gynecology) - 4 weeks
- Urban Family Medicine – 2 weeks

Elective Rotations:

- Elective A – 2 weeks
- Elective B – 4 weeks

Program-Level Components:

- Transition to Clinical Rotations/Orientation – August 14 – 20, 2026
- Consolidation / Assessment Week – 1 week
- Academic Days – approximately twice per month, throughout the clinical year
- Research Capstone Project – ongoing throughout the year, with dedicated time allotted during Academic Days
- Assessment framework: EPA incorporated ITERs + observed activity form + program-level MCQ exams + oral/case-based consolidation exams.

3. ROLE OF THE CLINICAL PRECEPTOR

Clinical preceptors are essential partners in the education and professional development of MPAS learners. Through supervision, mentorship, teaching, and assessment, preceptors help students integrate classroom knowledge into real patient care. Your guidance supports the development of clinical competence, professional judgment, confidence, and the skills required to transition from learner to practice-ready Physician Assistant.

As a preceptor, you serve as a clinical teacher, mentor, supervisor, and assessor. You play a key role in creating a safe, supportive learning environment while ensuring high standards of patient care and professional practice.

PRECEPTOR RESPONSIBILITIES

Clinical Supervision

Preceptors are expected to:

- Provide supervised clinical experiences appropriate to the learner's level of training.
- Ensure patient safety and quality of care at all times.
- Review and validate clinical documentation as required.
- Maintain overall accountability for patient care while promoting increasing learner involvement and autonomy as appropriate.

Education and Mentorship

Preceptors support learner growth by:

- Facilitating meaningful clinical learning opportunities.
- Demonstrating clinical reasoning, decision-making, and professional practice.
- Providing teaching moments in clinical settings, including at the bedside, in clinic, and within the healthcare team.
- Encouraging progressive independence as learners develop competence.

Feedback and Assessment

Preceptors contribute to learner evaluation by:

- Providing timely, constructive formative feedback throughout the rotation.
- Identifying learner strengths and areas for improvement.
- Observing procedural and clinical activities and required evaluations.
- Conducting mid-rotation check-ins and In-Training Evaluation Reports (ITERs) as required, with final evaluations completed at the end of the rotation.

Communication and Learner Support

Preceptors are expected to:

- Maintain communication with the MPAS Program when needed.
- Identify and report concerns related to learner performance, professionalism, attendance, well-being, or patient safety in a timely manner.
- Work collaboratively with the program to address challenges and support learner success.

Professionalism

Preceptors are expected to:

- Model ethical, professional, and patient-centred behaviour.
- Foster a respectful, inclusive, and supportive learning environment.
- Support learner well-being, professional identity formation, and ongoing development.

Preceptors are not expected to be experts in the MPAS curriculum or assessment tools. The MPAS Program provides support and guidance throughout the teaching experience, and each rotation syllabus outlines the specific learning objectives and expectations for that clinical block.

4. PREPARING FOR A LEARNER

PRECEPTOR PREPARATION

Preparation before the learner arrives helps create a positive and productive clinical learning experience.

Prior to the start of the rotation, preceptors are encouraged to complete the following:

Task	Complete
Review rotation objectives and learning outcomes	☐
Review learner assessment requirements and evaluation tools	☐
Familiarize yourself with rotation-specific expectations and available learning resources	☐
Identify potential learning opportunities, patient encounters, and clinical activities relevant to the rotation	☐
Consider learner responsibilities, supervision requirements, and opportunities for graduated responsibility	☐
Plan key components of the learner's first-day	☐
Establish expectations regarding communication, attendance, and professionalism	☐
Schedule regular feedback conversations and assessment check-ins, as appropriate	☐
Review available MPAS Program contacts and support resources	☐

5. LEARNER SCOPE OF PRACTICE AND SUPERVISION

SUPERVISION PRINCIPLES

MPAS Year 2 learners participate in patient care through a model of **graduated responsibility**, whereby clinical duties and autonomy increase as competence develops. Preceptors play a critical role in ensuring that learning opportunities are appropriately matched to the learner's level of training while maintaining patient safety at all times.

Preceptors are expected to:

1. Provide direct supervision at the outset of each rotation and when learners are undertaking new clinical activities.
2. Regularly assess learner knowledge, skills, and readiness for increased responsibility.
3. Gradually expand learner involvement and independence as competence is demonstrated.
4. Ensure appropriate supervision and patient safety throughout all clinical activities.

LEARNER ACTIVITIES

Under appropriate supervision, MPAS Year 2 learners may:

- Obtain patient histories.
- Perform physical examinations.
- Develop differential diagnoses.
- Formulate management plans.
- Present patient cases.
- Document patient encounters.
- Participate in procedures appropriate to their level of training and competence.
- Contribute to patient education and follow-up care.
- Participate in interprofessional and team-based care activities.

EXPECTATIONS OF MPAS YEAR 2 LEARNERS

MPAS Year 2 learners are expected to perform at a level comparable to other early-stage clinical learners, such as UGME clerks. Due to the accelerated nature of the MPAS program, students are expected to rapidly develop clinical skills, including patient assessment, clinical reasoning, differential diagnosis development, and management planning.

At the start of the clinical year, learners should be able to:

- Obtain focused patient histories and perform physical examinations.
- Present patient cases effectively.
- Develop differential diagnoses and basic management plans.
- Document clinical encounters appropriately under supervision.

Throughout Year 2, learners are expected to:

- Improve efficiency in clinical assessment and decision-making.
- Assume increasing responsibility as competence develops.
- Demonstrate growing proficiency with procedures appropriate to their level of training.
- Contribute meaningfully to team-based patient care, including clinical discussions, discharge planning, and patient education.

Upon graduation, Physician Assistant students are expected to function as generalist clinicians under the supervision of a licensed physician, with specialty-specific knowledge continuing to develop through clinical practice.

ACTIVITIES OUTSIDE THE LEARNER SCOPE

MPAS learners must not:

- Work independently or replace employed healthcare staff.
- Give or receive verbal orders, in accordance with institutional policies.
- Prescribe medications independently.
- Perform high-risk procedures without appropriate supervision.

CONCERNS REGARDING LEARNER PERFORMANCE

Preceptors with concerns regarding a learner's attendance, professionalism, conduct, well-being, or clinical performance are encouraged to contact the rotation coordinator or the Director of Faculty and Clinical Placements, Dr. Rahul Mainra (Rahul.mainra@usask.ca). Early communication is encouraged to facilitate timely support and intervention.

6. LEARNING OBJECTIVES AND COMPETENCY DEVELOPMENT

CORE COMPETENCY AREAS

Clinical education focuses on development in:

Medical Knowledge - application of biomedical and clinical sciences.

Clinical Reasoning - assessment, diagnosis, and management planning.

Communication - effective interactions with patients, families, and healthcare teams.

Professionalism - ethical conduct, accountability, and reliability.

Collaboration - interprofessional teamwork and partnership.

Patient-Centered Care - respectful, compassionate care that reflects patient values and preferences.

ELECTIVE ROTATIONS

Elective experiences allow learners to:

- Explore specialty interests.
- Develop advanced skills.
- Experience diverse healthcare settings.
- Refine career goals.

Preceptors are encouraged to establish individualized learning goals with elective learners.

7. TEACHING STRATEGIES FOR CLINICAL LEARNING

Effective clinical teaching often occurs during routine patient care activities.

HIGH-IMPACT TEACHING APPROACHES

Bedside Teaching - use patient encounters as teaching opportunities.

Think-Aloud Reasoning - demonstrate clinical decision-making processes.

Case Discussions - explore differential diagnoses and management options.

Reflection - encourage learners to analyze challenging situations.

Coaching - provide specific suggestions for improvement.

CREATING A POSITIVE LEARNING ENVIRONMENT

Preceptors play a key role in fostering a learning environment that supports learner growth, confidence, and professional development. An effective learning environment is:

- **Respectful** – Values diverse perspectives and promotes professional interactions.
- **Inclusive** – Encourages participation, belonging, and equitable learning opportunities.
- **Supportive** – Provides guidance, encouragement, and appropriate supervision.
- **Psychologically Safe** – Creates an environment where learners feel comfortable asking questions, seeking clarification, and acknowledging areas for growth without fear of judgment.
- **Focused on Growth and Development** – Encourages continuous learning, self-reflection, and progressive skill development throughout the clinical experience.

Preceptors are encouraged to model professionalism, promote open communication, and establish clear expectations early in the rotation to support a positive and productive learning experience.

8. ASSESSMENT, FEEDBACK, AND EVALUATION

ASSESSMENT PHILOSOPHY

Assessment within the Master of Physician Assistant Studies (MPAS) Program is designed to support learner growth through observation, coaching, feedback, and progressive competency development. All clinical rotation assessments are guided by four core principles:

- Competency-based progression
- Meaningful assessment with minimal administrative burden
- Integration of Canadian Physician Assistant Entrustable Professional Activities (CA-EPAs) across all rotations
- Consistent preceptor calibration and assessment practices

The MPAS assessment framework emphasizes direct observation, frequent formative feedback, and ongoing evaluation of learner development throughout clinical training.

PROVIDING EFFECTIVE FEEDBACK

Regular feedback is essential to learner success and should occur throughout the rotation.

Effective feedback is:

- **Timely** – Provided as close as possible to the observed activity.
- **Specific** – Focused on observable behaviours and performance.
- **Objective** – Based on direct observation and clinical expectations.
- **Actionable** – Includes clear recommendations for continued growth and improvement.
- **Balanced** – Recognizes strengths while identifying areas for development.

Preceptors are encouraged to provide feedback during routine clinical teaching, reinforce learner strengths, address concerns early, and encourage learner self-reflection and goal setting.

REDCAP ASSESSMENT SYSTEM

The MPAS Program uses **REDCap (Research Electronic Data Capture)**, a secure web-based assessment platform that allows preceptors to complete learner evaluations electronically. REDCap can be accessed from any internet-connected device, including smartphones, tablets, and computers.

Accessing Assessments

To complete an assessment:

1. Scan the learner's unique QR code.
2. Select the appropriate assessment form.
3. Enter your name and official email address (USask or SHA email account)
4. Complete and submit the evaluation.

All submitted assessments are automatically linked to the learner's record.

Assessment Forms

Depending on the rotation, preceptors may be asked to complete:

Assessment Type	Purpose
Observed Activity Form	Direct observation and formative feedback
Daily Shift Evaluation Form*	Brief shift-based feedback in Emergency Medicine
Weekly Check-In Form	Ongoing feedback and goal setting
Mid-Point Assessment**	Formal formative assessment
End-of-Rotation Assessment**	Summative evaluation of learner performance
End-of-Rotation MCQ	Knowledge assessment completed by the learner

**Emergency Medicine rotation only.*

*** To be completed by Rotation Coordinators only*

Practical Tips for Using REDCap

- Learners can generally view assessment feedback to support their development.
- Once an assessment is submitted, it becomes part of the learner's record.
- Complete assessments while connected to a stable internet connection whenever possible.
- **For Rotation Coordinators:**
    - All required assessments should be submitted as soon as possible following the rotation exit interview, preferably within a few days.

ASSESSMENT TOOLS

Observed Activity Form

A formative assessment completed following direct observation of clinical activities. The form documents learner performance, supports procedural logging, and provides opportunities for timely feedback.

Weekly Check-In Form

A structured discussion between the learner and preceptor used to review progress, discuss feedback, and establish goals for continued development. Discussion typically focuses on:

- What the learner should start doing
- What the learner should stop doing
- What the learner should continue doing

Rural Longitudinal Integrated Clerkship (LIC) check-ins occur every two weeks.

Daily Shift Evaluation Form (Emergency Medicine)

A brief formative assessment completed following each Emergency Medicine shift. These evaluations contribute to the End-of-Rotation Assessment.

Preceptors are encouraged to communicate professionalism or performance concerns to the Rotation Coordinator as early as possible. Additional reporting tools are available through the MPAS Behaviours and Expectations Policy.

Mid-Point Assessment

A formal formative assessment used to document learner progress and support improvement planning.

Required for:

- Rural LIC rotations: mid-point assessments to be completed at 3-week and 6-week marks
- Any rotation that is longer than 4 weeks

End-of-Rotation Assessment

The primary summative evaluation completed at the end of a rotation. It includes:

- Overall learner performance
- EPA progression
- Narrative feedback
- Pass/fail recommendation

The table below provides an overview of assessment activities used across the Core Clinical Rotations.

Assessment Activity	Urban Family Medicine	Women's Health	Pediatrics	Mental Health & Addictions	Emergency Medicine	Internal Medicine	Surgery	Rural Longitudinal Experience
Observed Activity Form	X	X	X	X		X	X	X
Daily Shift Evaluation Form					X			
Weekly Check-In Form	X	X	X	X		X	X	X (bi-weekly)
Mid-Point Assessment*	X	X	X	X	X	X	X	X
End-of-Rotation Assessment	X	X	X	X	X	X	X	X
End-of-Rotation MCQ Exam		X	X	X	X	X	X	X

* ***Mid-Point Assessment:*** *A Mid-Point Assessment is required for Rural Longitudinal Integrated clerkship (LIC) rotation and may be completed in any rotations that is four weeks or longer. The assessment should be conducted at the mid-point of the rotation.*

Need Assistance?

If you experience difficulty accessing REDCap, scanning QR codes, or completing assessments, please contact the MPAS Program Office. Program staff can assist with technical issues, assessment requirements, and evaluation processes. If REDCap is unavailable, fillable assessment forms are available in **Appendix G**.

9. POLICIES AND PROCEDURES

Preceptors and learners are expected to comply with all applicable policies, procedures, and standards established by the University, the College of Medicine, the MPAS Program, and the clinical placement site.

This includes, but is not limited to, policies related to:

- Attendance and absences
- Leave requests and procedures
- Occupational health and safety
- Incident and safety reporting
- Harassment, discrimination, and respectful workplaces
- Professional conduct and ethical practice
- Privacy, confidentiality, and information security

Learners and preceptors are responsible for familiarizing themselves with and adhering to all relevant policies throughout the clinical placement.

Links to applicable University, College of Medicine, MPAS Program, and clinical site policies can be found in **Appendix D**.

10. SUPPORT AND RECOGNITION FOR MPAS PRECEPTORS AND CLINICAL SITES

The MPAS Program values the essential role preceptors and clinical sites play in learner education and is committed to providing ongoing support throughout the clinical placement experience.

PROGRAM SUPPORT

The MPAS Program provides:

- Clinical placement coordination and scheduling support.
- Rotation objectives, teaching resources, and assessment materials.
- Ongoing communication, program updates, and dedicated program contacts.
- Guidance in addressing learner performance, professionalism, wellness, attendance, or patient safety concerns.
- Opportunities for feedback, site visits, and program evaluation activities.
- Faculty and preceptor development resources, where available.

Preceptors and clinical sites are encouraged to contact the MPAS Program promptly if concerns arise regarding learner performance, professionalism, attendance, wellness, patient safety, or any issue that may affect the learning experience.

For a current list of Year 2 MPAS Program contacts and areas of responsibility, please refer to **Appendix A**.

ACTIVITY-BASED TEACHING PAYMENTS

The MPAS Program utilizes the College of Medicine's established activity-based teaching payment model to recognize eligible clinical teaching activities.

Eligible activities include supervision of MPAS learners in:

- Outpatient clinics
- Inpatient units
- Procedural settings

Eligibility

Activity-based teaching payments are intended for clinicians who:

- Do not have teaching responsibilities included in their regular employment duties; and/or
- Practice in a fee-for-service environment.

Teaching Activity	Payment Rate
Clinical Supervision (MD)	College of Medicine hourly sliding scale, up to **$112/day**
Clinical Supervision (Non-MD)	College of Medicine hourly sliding scale, up to **$56/day**

Payment Process

- Submission and review of rotation logs
    - At the end of each rotation, learners submit their completed Rotation Log, signed by all preceptors, to the Year 2 Administrative Assistant, **Aaliyah Vinta** (aaliyah.vinta@usask.ca).
    - The Year 2 Administrative Assistant reviews the Rotation Log and verifies any schedule changes against the faculty department's internal rotation tracking records.

- Once the review is complete, the MPAS Finance Coordinator submits eligible preceptor teaching hours for payment processing.
- Approved payments are typically processed within **6 to 8 weeks** following the end of the month in which the teaching activity occurred.
- For questions relatedto payment setup or processing, contact the MPAS Finance Coordinator, **Sheena Kaiser (**sheena.kaiser@usask.ca)

BENEFITS OF SERVING AS AN MPAS PRECEPTOR

As an MPAS preceptor, you contribute directly to the education of future Physician Assistants and the development of Saskatchewan's healthcare workforce.

Preceptors benefit from:

- Meaningful involvement in learner education and mentorship.
- Access to educational resources and faculty development opportunities.
- Collaboration with learners, faculty, and healthcare professionals across Saskatchewan.
- Ongoing engagement with the MPAS Program and the College of Medicine.
- Recognition for contributions to clinical teaching and workforce development.

Your expertise, mentorship, and commitment help prepare graduates to provide safe, competent, and patient-centred care in diverse clinical settings.

11. PRECEPTOR DEVELOPMENT AND RESOURCES

The MPAS Program provides resources to support preceptors in their teaching and supervisory roles.

Available resources may include:

- Clinical teaching and supervision guides
- Learner assessment and evaluation resources
- Feedback and coaching tools
- Faculty and preceptor development opportunities
- Program updates and communications
- Continuing professional development resources, where available
- Access to MPAS Program contacts for consultation and support

Preceptors are encouraged to access these resources and contact the Program whenever additional support is needed.

12. FINAL NOTE

Thank you for your commitment to teaching and supporting the next generation of Physician Assistants. Preceptors play a critical role in shaping learners' clinical skills, professional identity, and confidence in practice.

By providing guidance, constructive feedback, and meaningful learning opportunities, you help bridge the gap between classroom knowledge and real-world patient care. Your expertise, mentorship, and

dedication contribute directly to the development of competent, compassionate, and practice-ready healthcare professionals.

Teach. Supervise. Mentor. Evaluate. Support Growth.

THE MPAS PROGRAM SINCERELY APPRECIATES YOUR TIME, EXPERTISE, AND PARTNERSHIP IN PREPARING FUTURE PHYSICIAN ASSISTANTS FOR SUCCESSFUL CLINICAL PRACTICE.

APPENDICES

Appendix A – Year 2 MPAS Program Contacts

Appendix B – Preceptor Orientation and Learner Onboarding Guide

Appendix C – Duty Hours, Absences, Wellness, and Safety Guidelines

Appendix D - Related MPAS Policies, Guidelines, and Resources

Appendix E – EPA – PA Competency

Appendix F – MPAS Preceptor Guide: Clinical Assessment & EPA Framework

Appendix G - Assessment Forms (*Fillable forms in case of technical issues with RedCap*)

APPENDIX A: YEAR 2 MPAS PROGRAM CONTACTS

Academic Leadership

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Administrative Team

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Courtney Reddom
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Year 2 Curriculum Team

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Rotation Coordinator

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Internal Medicine
Rotation Coordinator

Dr. Brianne Philipenko
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Emergency Medicine
Rotation Coordinator

Dr. Andrew Donauer
aj.donauer@usask.ca

Pediatrics
Rotation Coordinators

Saskatoon: Dr. Jacqueline Harvey
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Regina: Dr. Tahereh Haji
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Prince Albert: Dr. Peggy Lambos
pel429@mail.usask.ca

Mental Health and Addictions
Rotation Coordinator

Dr. David Petrishen
dap315@mail.usask.ca

Women's Health Rotation Coordinators

Saskatoon: Dr. Bobbi Batchelor
bobbi.batchelor@usask.ca

Regina: Dr. Rashmi Bhargava
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Prince Albert: Dr. Shelby Jenkins
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Rural Hubs Leads & Admins

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Admin: Bailey Edelman
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Swift Current
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Admin: Courtney Reddom
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La Ronge
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Admin: Janice Skilliter
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Humboldt
Lead: Dr. Aileen Hamilton
aileen.hamilton@usask.ca

Admin: TBA


Preceptor's Guide to PA Student Orientation:
A Roadmap for Success
Structured two-phase checklist for effective integration of PA learners into clinical practice and environment.
SIDE 1:
Introducing the Learner to the Medical Practice
Effective orientation transitions the PA student from visitor to functional team member, aligning goals and workflows from day one.
Preparing the Team
Brief the Staff
Inform the team of student's name, schedule, and expected role to ensure smooth operations.
Define the "Student Effect"
Discuss student's impact on daily flow and interactions with team members.
Preparing Patients
Notify Patients Early
Use discreet signs or nursing staff to inform patients about learner participation.
Pre-Identify Cases
Review daily schedule to flag high-value learning opportunities in advance.
Setting Professional Expectations
Align Rotation Goals
Discuss main learning objectives and help student prioritize personal clinical goals.
Define Rules of Engagement
Clarify responsibilities, documentation, oral presentations, and attire/equipment requirements.
Clarify the Schedule
Provide clear details on working hours, on-call expectations, and additional opportunities.
Understanding the Learner
Review the Introduction Form
Use a "New Clerk Introduction Form" to review clinical background, interests, and learning style.
Identify Learning Gaps
Discuss previous experiences to identify areas of concern or skills to develop.
Evaluation & Feedback Plan
Establish a Feedback Cadence
Commit to providing daily informal feedback for continuous clinical growth.
Schedule Formal Milestones
Set clear dates for mid-unit and final evaluations; required for compliance and stipends.
SIDE 2:
Introducing the Learner Clinical Environment
Facility & Safety Orientation
Conduct a Physical Tour
Lead a tour of the clinic, exam rooms, supply areas, and student study spaces.
Safety and Emergency Protocols
Ensure student knows exactly what to do in case of a medical emergency or hazard.
Logistics & Parking
Provide clear instructions on parking and access to staff-only areas.
Systems & Access
EMR and Charting Training
Coordinate with HR for EMR training and functional computer access.
Identification
Arrange for the student to receive a proper ID badge and necessary security clearances.
Operational Flow
Map the Patient Journey
Demonstrate patient flow from check-in to discharge to ensure student doesn't disrupt efficiency.
Communication Tools
Train on office phone system and specific provider-to-provider pager protocols.
Community & Site Resources
Local Population Health Needs
Overview of community characteristics, health needs, and demographics affecting patient care.
Leverage Community Resources
Identify local health authority resources and community programs for patient referrals.
Clinical Study Resources
Point out available medical texts, local health databases, and dedicated computer stations for research.
NotebookLM

The Preceptor's Roadmap: Successfully Orienting Your PA Student

Effective orientation facilitates a rapid transition, allowing the PA student to become a **functional and efficient member of the medical team.** This guide outlines the essential phases—from pre-arrival preparation to clinical integration—ensuring a productive rotation for both the preceptor and the student.

PHASE 1: PREPARATION & PRACTICE INTEGRATION

Prepare Staff and Patients in Advance

Inform staff of the trainee's role and post signs in the clinic to notify patients.

Leverage the "Physician Extender" Model

PA trainees increase efficiency by conducting histories and physical exams while you complete paperwork or other tasks.

Confirm Logistics and Access

Arrange IT site-specific technology access/training, ID badges, etc. as required BEFORE the trainee's first day.

PHASE 2: ONBOARDING & EVALUATION

Set Clear Expectations Early

Discuss with the trainee their learning goals and set up their schedule as early as possible.

Implement a Feedback Loop

Provide daily verbal feedback supplemented by formal mid-rotation and final assessments.

Complete assessments using appropriate tools

Orient to the Community

Discuss local patient demographics and community resources that impact local clinical care.

PRECEPTOR REWARDS & BENEFITS

Benefit Category	Preceptor Reward
Professional Development	Contributes to CME/teaching hours
Financial	Preceptor stipend provided upon assessment completion
Recruitment	Trial a PA at your site before committing to employment

USASK MPAS

Duty Hours

- Average hours per week (e.g., ~55)
- Expectations for evenings/weekends/on-call (and that this should be educational)
- "Students are **never expected to be on site alone**; a licensed practitioner must be available on site or immediately reachable."
- If a student is absent without prior approval, fails to attend a scheduled shift, or is repeatedly late, preceptors are asked to notify the MPAS Learner Experience Coordinator promptly Kiel Ruehlen (kiel.ruehlen@usask.ca)
- Students are not typically scheduled to work on statutory holidays. However, if a PA Clerk is required to be on duty on a statutory holiday for 8 hours between 0800h and 2300h, they are eligible for time off in lieu of that day. See *MPAS Clinical Rotations Policy (section TBA)* for details.
- If the statutory holiday falls over a weekend, the day in lieu must be on the day observed by the University of Saskatchewan

Statutory holidays for USask PA Trainees include the following for the 2026/2027 Academic year:

Statutory Holiday	**Date Observed (2026/2027)**
Labour Day	Mon, Sept. 7, 2026
National Day for Truth and Reconciliation	Wed, Sept 30, 2026
Thanksgiving Day	Monday, October 12, 2026
Remembrance Day	Wednesday, November 11, 2026
Christmas Day	Students on Winter break: • Last day of Rotations: Friday, December 18, 2026 • First Day of Rotations: Monday, January 4, 2027
Boxing Day	
New Year's Day	
Good Friday	Friday, March 26, 2027
Easter Monday	Monday, March 29, 2027
Victoria Day	Monday, May 24, 2027
Canada Day	Sunday, July 1, 2027
Saskatchewan Day	Monday, August 2, 2027

Note: *While Easter Monday is not considered a statutory holiday by the University of Saskatchewan, PA Learners are still entitled to a day in lieu if they are required to work on this day.*

APPENDIX D: RELATED MPAS POLICIES, GUIDELINES, AND RESOURCES

MPAS Academic Expectations, Advancement and Promotions Policy

Outlines how learners are assessed and promoted based on demonstrated competence using formative progress tracking and summative evaluations, aligned with the CanMEDS-PA Roles and Entrustable Professional Activities (EPAs).

MPAS Accessibility and Academic Accommodations Policy

Supports an inclusive, accessible, and barrier-free learning environment in alignment with the Saskatchewan Human Rights Code and University policies. Describes accommodation processes for students with documented disabilities and other protected grounds while maintaining academic and professional standards.

MPAS Attendance Expectations Policy

Describes attendance requirements, procedures for absenteeism, and expectations for students enrolled in the MPAS program. Additional clinical placement attendance procedures will be outlined in the Clinical Education Policies and Procedures document.

MPAS Bloodborne Pathogens Policy

Outlines MPAS program requirements and expectations related to bloodborne pathogens in accordance with College of Physicians and Surgeons of Saskatchewan (CPSS) policies.

MPAS Clinical Rotations Travel Policy

Provides guidelines for approval and reimbursement of travel and accommodation expenses for MPAS Year 2 academic activities, including clinical rotations and required program events. It outlines eligibility, non-reimbursable expenses, and expectations for safe and responsible use of program funds.

MPAS Clinical Work Hours and Call

Establishes expectations for MPAS Year 2 clinical work hours, on-call duties, and post-call requirements during clinical rotations. The policy promotes learner well-being, patient safety, and consistent clinical training experiences across rotation sites.

MPAS Grading Policy

Establishes a standardized and equitable grading system within the competency-based assessment framework of the MPAS program.

MPAS Guidelines, Use of Electronic Communication and Social Media

Provides guidance for professional and responsible use of social media and electronic communication devices in academic and clinical settings.

MPAS Guidelines for Integrating Generative Artificial Intelligence

Provides guidance on the appropriate and ethical integration of generative AI tools within education and clinical practice, recognizing the evolving role of AI in teaching, learning, and healthcare.

MPAS Immunization Requirements Policy

Ensures alignment with University of Saskatchewan Health Sciences vaccination and serology testing requirements, based on best practice guidelines and Saskatchewan Health Authority standards.

MPAS Inclement Weather Policy

Provides guidance for MPAS learners and program staff during inclement weather or natural disasters that may affect attendance at clinical rotations or learning activities. The policy prioritizes learner safety, outlines communication expectations, and sets requirements for managing weather-related absences and travel disruptions.

MPAS Key Competencies & Essential Skills and Abilities

Outlines the essential competencies, technical standards, and professional abilities required for success in the MPAS program and future clinical practice.

MPAS Leave of Absence

Describes the circumstances, procedures, and conditions under which students may request a temporary Leave of Absence while maintaining academic and professional standards.

MPAS Mistreatment, Discrimination and Harassment Guideline

Supports a safe, respectful, and inclusive learning environment by outlining processes for identifying, addressing, and reporting mistreatment, discrimination, and harassment.

MPAS Order and Prescription Writing Policy

Establishes requirements and supervision standards for MPAS Year 2 students who write clinical orders and prescriptions during rotations. The policy clarifies trainee responsibilities, documentation requirements, prescribing limitations, and the need for supervisor review and countersignature to ensure patient safety.

MPAS Professional Appearance for Clinical Experiences Policy

Establishes standards for professional attire during clinical learning experiences to ensure professionalism, safety, and appropriate representation of the MPAS program and profession.

MPAS Professional Behaviors and Expectations Policy

Reinforces expectations for professionalism, integrity, respect, and ethical conduct in alignment with University of Saskatchewan standards and Student Non-academic Misconduct Regulations.

MPAS Release of Student Information Guideline

Establishes standardized, equitable, and competency-based assessment practices, including regulations related to examinations, scheduling, deferrals, and supplemental assessments.

MPAS Student Assessment Policy

Establishes standardized, equitable, and competency-based assessment practices, including regulations related to examinations, scheduling, deferrals, and supplemental assessments.

MPAS Student Code of Conduct

Provides a framework for professional behaviour and accountability, supporting early identification and remediation of unprofessional conduct within physician assistant education.

MPAS Student Handbook

Serves as a central resource outlining program expectations, policies, procedures, and student supports within the MPAS program.

MPAS Student Supervision in Clinical Activities

Establishes expectations for the supervision of MPAS Year 2 students during clinical activities and rotations. The policy defines the roles and responsibilities of learners, preceptors, and supervisors to ensure patient safety, appropriate oversight, progressive learning, and a supportive clinical environment.

Physician Assistant Student Exposure to Infectious and Environmental Hazards Policy

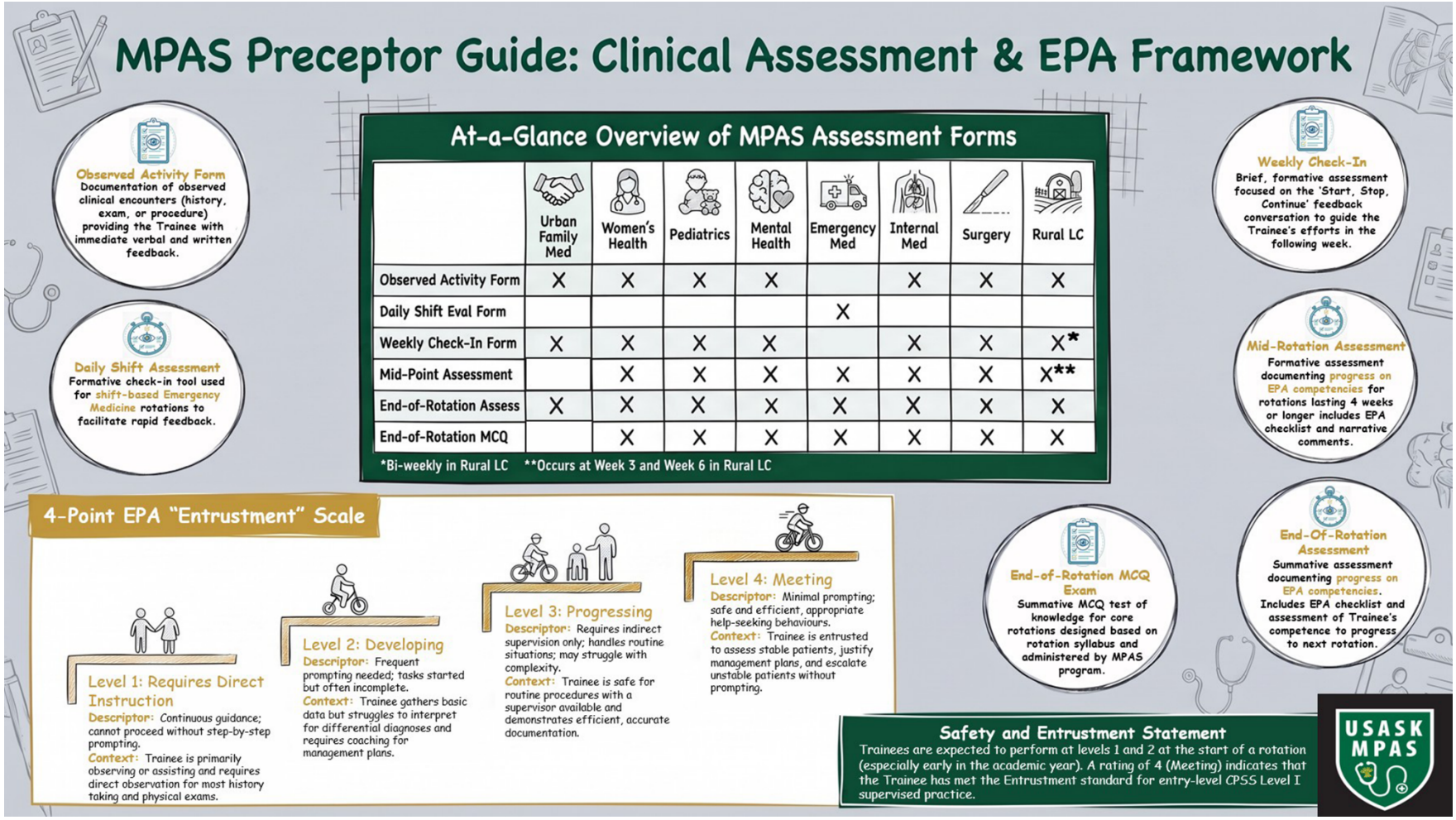
The purpose of the Physician Assistant Student Exposure to Infectious and Environmental Hazards Policy is to promote the health, safety, and well-being of physician assistant students in the Master of Physician Assistant Studies (MPAS) program. This policy establishes college-level requirements for preparing, preventing, and responding to exposure incidents, and ensures the MPAS program adheres to accreditation standards for Canadian Physician Assistant programs.

APPENDIX E: EPA-PA COMPETENCY (ENTRUSTABLE PROFESSIONAL ACTIVITIES)

TABLE 2: CANADIAN PA ENTRUSTABLE PROFESSIONAL ACTIVITIES (EPA-PA)

EPA 1	Practices patient-focused, safe, ethical, professional, and culturally competent medical care across the healthcare continuum.
EPA 2	Obtains histories and performs physical examinations, demonstrating the clinical judgement appropriate to the clinical situation.
EPA 3	Formulates clinical questions and gathers required clinical evidence to advance patient care and communicates those results to the patient and medical team.
EPA 4	Formulates and prioritizes comprehensive differential diagnoses.
EPA 5	Develops and implements patient-centered, evidence-based treatment plans within the formalized physician, clinical team and caregiver relationship.
EPA 6	Accurately documents the clinical encounter incorporating the patient's goals, caregiver goals, decision-making, and reports into the clinical record.
EPA 7	Collaborates as a member of an inter-professional team in all aspects of patient care including transition of care responsibility.
EPA 8	Recognizes a patient requiring immediate care, providing the appropriate management and seeking help as needed.
EPA 9	Plans and performs procedures and therapies for the assessment and the medical management appropriate for general practice.
EPA 10	Engages and educates patients on procedures, disease management, health promotion, wellness, and preventive medicine.
EPA 11	Recognizes and advocates for the patient concerning cultural, community, and social needs in support of positive mental and physical wellness.
EPA 12	Integrates continuing professional and patient quality improvement, life-long learning, and scholarship.

APPENDIX F: MPAS PRECEPTOR GUIDE: CLINICAL ASSESSMENT & EPA FRAMEWORK



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MPAS CLINICAL ROTATIONS
OBSERVED ACTIVITY FORM

This form is to be completed by the Preceptor / Supervisor / other health care provider, where appropriate, following completion of an Observed Activity. Each Learner should be observed daily/frequently.

Intent: To provide specific, actionable feedback for real-time improvement.

PA Trainee Name: _____

Assessor Name: _____

Date: _____

Clinical Rotation: _____

Choose the Patient Population of the Observed Activity: ☐ Adult ☐ Pediatric

Brief description of Clinical Encounter:

ASSESSMENT SCALE

1	2	3	4
Requires Direct Instruction Continuous guidance; cannot proceed without step-by-step prompting	**Developing** Frequent prompting needed; tasks started but often incomplete	**Progressing** Handles routine situations; may struggle with complexity	**Meeting** Minimal prompting; safe and efficient; appropriate help-seeking for level of training

IMPORTANT: *PA Students are NEVER expected to work independently. Ratings reflect the level of supervision and trust required — not independence. A score of 4 means Practice Ready at this stage under CPSS Level I/II supervision.*

EPA RATING SUMMARY (All 12 EPAs)

Complete up to three EPAs based on the Clinical Encounter you observed.

#	EPA	CanMEDS-PA Role	1	2	3	✓
1	Professional, Ethical & Culturally Safe Care	Professionalism & Advocacy	☐	☐	☐	☐
2	History-Taking & Physical Examination	Medical Expert	☐	☑	☑	☑
3	Diagnostic Investigations & Evidence Gathering	Medical Expert	☑	☑	☑	☑
4	Differential Diagnosis	Medical Expert	☐	☐	☑	☐
5	Management Planning	Medical Expert	☐	☐	☐	☐
6	Clinical Documentation	Communication	☐	☐	☐	☐
7	Team Collaboration & Transitions of Care	Collaboration	☐	☐	☐	☐
8	Recognition of Urgent / Emergent Patients	Medical Expert	☐	☐	☐	☐
9	Procedures (complete only if observed)	Medical Expert	☐	☐	☐	☐
10	Patient Education & Health Promotion	Communication, Leadership	☐	☐	☐	☐
11	Advocacy & Social Determinants of Health	Professionalism & Advocacy	☐	☐	☐	☐
12	Lifelong Learning & Quality Improvement	Scholarship	☐	☐	☐	☐

NARRATIVE FEEDBACK

Please describe one thing the learner did WELL: *(one sentence)*

Please describe one thing for the learner to IMPROVE: *(one sentence)*

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MPAS CLINICAL ROTATIONS

CHECK-IN FORM (FORMATIVE)

This form is to be completed by the Designated Preceptor / Rotation Coordinator. The intent of this form is to facilitate a brief, intentional weekly (most rotations) or bi-weekly (Rural LIC) check-in between the Learner and their Preceptor to discuss formative feedback.

PA Trainee Name:

Assessor Name:

Date:

Clinical Rotation: *(choose: Emergency Medicine, Family Medicine (Urban), Internal Medicine, Mental Health & Addictions, Pediatrics, Rural LIC, Surgery, Women's Health, Elective)*

START, STOP, CONTINUE

What should the Learner START doing?

What should the Learner STOP doing?

What is going well, that the Learner should CONTINUE doing?

Have there been any Professionalism concerns?

Yes☐ No☐

Note: If 'yes', the MPAS Program will reach out to you directly regarding next steps.

Emergency Medicine Rotation | PA Trainee SHIFT Assessment Form

PART 1 *(Learner completes Part 1)*:

LEARNER & ROTATION INFORMATION

Learner Name:		**Rotation:**	Emergency Medicine
Preceptor Name:		**Clinical Site:**	Choose: RUH; SCH; SPH; RGH; PH; VH
Shift Date:		**Shift Time:**	

Learning goal for THIS shift (determined at start of shift): _____

Patients Seen (age, gender, symptom/presentation/diagnosis)**:**

1_____

2_____

3_____

Procedures *please indicate if Discussed (D), Observed (O), Assisted (A), or Performed (P):

1_____ **(D O A P)**

2_____ **(D O A P)**

3_____ **(D O A P)**

LEARNING TOPICS – Please select all topics that were discussed / seen / managed on this shift:		
Resuscitation	**Approach to Undifferentiated Patients**	**Emergency Medicine Specific Topics**
Airway Obstruction / Management	Chest Pain	Burns
Anaphylaxis	Abdominal Pain	Trauma
Respiratory Distress / Failure	Shortness of Breath	Poisoned Patient / Overdoses
Shock	Headache	Intoxicated Patient
Cardiac Arrest (ACLS)	Sore Throat ✔	Hypothermia
Altered Mental Status	Vaginal Bleeding ✔	Cold injuries
Seizures	Back Pain	Capacity / SDM
	Nausea / Vomiting	Goals of Care Discussion
	Fever	Stroke
	Syncope / Vertigo	ECG
		Xray or Lab Interpretation

Other Topics Discussed / Seen / Managed (Please List):

PART TWO *(Preceptor completes this section)*

ASSESSMENT SCALE

1	2	3	4
Requires Direct Instruction Continuous guidance; cannot proceed without step-by-step prompting	**Developing** Frequent prompting needed; tasks started but often incomplete	**Progressing** Handles routine situations; may struggle with complexity	**Meeting** Minimal prompting; safe and efficient; appropriate help-seeking for level of training

IMPORTANT: PA Students are NEVER expected to work independently. Ratings reflect the level of supervision and trust required — not independence. A score of 4 means Practice Ready at this stage under CPSS Level I/II supervision.

SECTION 1 — EPA RATING SUMMARY (All 12 EPAs)

Rate each EPA observed. N/O = Not Observed.

#	EPAs	CanMEDS-	1	2	3	4	N/O	Brief Note
1	Professional, Ethical & Culturally Safe Care	Professionalism & Advocacy	☐	☐	☐	☐	☐	
2	History-Taking & Physical Examination	Medical Expert	☑	☑	☑	☑	☐	
3	Diagnostic Investigations & Evidence Gathering	Medical Expert	☐	☑	☑	☑	☐	
4	Differential Diagnosis	Medical Expert	☑	☐	☐	☐	☐	
5	Management Planning	Medical Expert	☐	☐	☐	☐	☐	
6	Clinical Documentation	Communication	☐	☐	☐	☐	☐	
7	Team Collaboration & Transitions of Care	Collaboration	☐	☐	☐	☐	☐	
8	Recognition of Urgent / Emergent Patients	Medical Expert	☐	☐	☐	☐	☐	
9	Procedures (complete only if observed)	Medical Expert	☐	☐	☐	☐	☐	
10	Patient Education & Health Promotion	Communication, Leadership	☐	☐	☐	☐	☐	
11	Advocacy & Social Determinants of Health	Professionalism & Advocacy	☐	☐	☐	☐	☐	
12	Lifelong Learning & Quality Improvement	Scholarship	☐	☐	☐	☐	☐	

Please CHOOSE ONE of the above EPAs and provide specific feedback about the Learner's demonstration of this EPA.

SECTION 2 — GLOBAL ASSESSMENT

Given this learner's overall performance DURING THIS SHIFT, this learner's performance is:

☐ Below Expectations	☐ Beginning to Meet Expectations	☐ Meets Expectations

Please provide feedback on the Learner's overall performance during this shift and provide examples, if possible. **Consider:** *Did the learner meet or exceed expectations today? How so?* *What can the Learner do to continue to improve?* If the Learner's performance is Below Expectations or borderline, please provide specific examples.
NOTE: If you have significant concerns about a PA Trainee's performance, please discuss this with the Emergency Medicine Rotation Coordinator as soon as possible.

**Note: Comments from this Daily Shift Eval may be part of the PA Trainee's Summative Evaluation for this Rotation.*

Preceptor Name:	
Preceptor Signature:	

Learner Name:	
Learner Signature:	