



Preceptor Information Form

Required to serve as a preceptor to medical/clinical students and/or residents.

Please complete electronically return to Medical Education department by email

mededu@phs.org or fax (505-724-8725).

PRECEPTOR INFORMATION

Basic Information

Legal First Name: _____ Preferred First Name: _____ MI: _____

Legal Last Name: _____ Degree(s): _____ Pronouns: _____

Specialty: _____ Department: _____ Location(s): _____

Email: _____ Office #: _____ Cell #: _____

Preferred communication method: _____

Should we include you on our "Preceptors Accepting Inquiries for Rotations" list?

Administrative Assistant Information *(if applicable)*

Name: _____ Title: _____

Email: _____ Office #: _____ Fax #: _____

Department Rotation Coordinator *(if applicable)*

Name: _____ Licensure: _____ Title: _____

Email: _____ Office #: _____ Cell #: _____

ROTATION INFORMATION

Locations

At which facility will learners rotate with you most frequently?

At which other facilities might learners rotate with you? *(Please select all that apply.)*

Hospitals:

Additional Sites:

☐ PresNow: _____

☐ CDS PMG: _____

☐ RDS PMG: _____

Might learners enter an OR during their rotation with you?

If yes, which OR(s)? _____

Alternate Preceptors

Primary preceptors are permitted to have their learners rotate with other providers as part of the learner's rotation. All the same requirements and expectations apply to rotations and shifts completed with alternate preceptors.

All alternate preceptors must be trained and approved by Medical Education.

Provider Name & Credentials	Location(s)	Specialty	Department Use Only		
			Trained	Attested	Approved

RESPONSIBILITIES

Both the primary preceptor and any listed alternate preceptors must be member(s) of the medical staff with unrestricted, unsupervised privileges to perform anticipated patient care activities and clinical procedures.

All learner participation will be under the supervision of a preceptor.

Preceptor Responsibilities:

1. Notify the attending physician prior to any learner's involvement in individual patient care.
2. Obtain patient consent and acknowledgement of the learner's presence and/or participation during any appropriate patient care activity.
3. Direct, monitor and supervise all activities taken by the learner.
 - a. Determine which experiences are appropriate for learner involvement.
 - b. Supervise the medical care provided by the student and other activities necessary to accomplish objectives
4. Provide guidance and feedback to the learner.
5. Review the Medical Education learner rotations policy ([MED.PDS.009](#)) and attachments, the EMR Documentation Guide for Preceptors & Learners, and all sections of this document.
6. Comply with all applicable state, local and federal laws and regulation relating to the precepting of a learner, including adherence to all billing, coding, and documentation regulations.
7. Perform on-site orientation for each learner (for whom you are a primary or alternate preceptor) at the start of their first day with you or first time at a new clinical site. Complete this orientation before the learner engages in any patient care. Use the On-Site Orientation Checklist or an approved alternative document to perform this orientation.
8. Surgical/ Obstetrical procedures require mandatory OR orientation for all recognized learners who will do an OR rotation or observe a surgery or procedure in the OR.
 - a. Ensure the learner completes OR orientation if necessary
 - b. Adhere to OR Orientation Expectations and Guidelines (see policy Attachment B).
9. Participate with faculty and the student in the evaluation of the student's performance in the clinical setting.
10. If learner performance is less than satisfactory during the rotation reporting such to the appropriate Office of Medical Staff Affairs (MSA) at the facility where the rotation took place and the Medical Education department.

Learner Responsibilities

1. Complete the required rotation educational materials.
2. Ensure completion of on-site orientation at the beginning of your first day with each new preceptor (primary and alternate) and at each new clinical site before engaging in patient care.
3. Regard your preceptor(s) as an instructor.
4. Provide patient care under the supervision of the preceptor in keeping with national patient safety goals.
5. Accept responsibility for keeping professional matters confidential in the manner of a true client-patient relationship.

6. Conduct oneself in an ethical and professional manner.
7. Maintain a personal appearance befitting a professional while adhering to PHS dress code specific to the role in which you will serve during this rotation.
8. Comply with all requirements of supervision.
9. Wear photo identification badge at all times.

PRECEPTOR COMMITMENT

Please initial the lines below to attest to the necessary aspects of serving as a preceptor:

- _____ I agree to the responsibilities outlined above.
- _____ I reviewed the Medical Education learner rotations policy ([MED.PDS.009](#)) and agree to adhere to all aspects of it and its attachments.
- _____ I received the required training regarding coding and documentation requirements with students and residents.
- _____ I agree, to the best of my abilities, to facilitate student, resident, and/or fellow learning through rotations.
- _____ I agree to provide clinical supervision and support over my learners' rotations.
- _____ For all sites where my learners will rotate with me or any of my alternate preceptors, I take responsibility for ensuring that they are oriented to the site using Medical Education's Site Orientation Checklist or a preapproved alternative. This may include orienting them myself.
- _____ If applicable, I take responsibility for ensuring that my learners complete the necessary OR orientation(s), including orienting them myself.

SIGNATURE

The undersigned hereby agrees to the above information, conditions, and terms for the completion of a preceptorship.

Name: _____ Signature: _____ Date: _____