Acknowledgements

This handbook was developed by the Clinical Education Committee of the Physician Assistant Education Association.

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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 and your support of the HPU PA Program.

Clinical Faculty Contact information

The clinical team at High Point University’s PA program strives to maintain open communication with our preceptors by being accessible by phone or email at any time for any reason. Should you need to contact the Clinical Team during normal business hours (**Monday through Friday, 9:00am-5:00pm**), please contact Ms. Jack Barnes, Clinical Education Specialist, at (336) 841-9686 or email: jbarnes1@highpoint.edu and she will ensure that your message reaches one of the clinical faculty in the most timely manner. Should you need to contact any of the clinical faculty **before/after business hours or on the weekends**, please contact Professor Heather Garrison directly, either by phone or email.

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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

- To orient the student, at the onset of the rotation, with respect to policies and procedures at all clinical sites where students will accompany the Preceptor and with which students are expected to comply.
- Review with the students the expectations and objectives for the rotation in an effort to develop a strategic plan for attainment of these.
- To provide the student with an appropriate clinical environment and a variety of patient encounters which enable the student to meet the program’s objectives (as provided by Program). A minimum of 36hrs/week participation in clinical activities is expected.
- To provide the opportunity and guidance for clinical learning experience and education by allowing students to actively participate in patient care under appropriate supervision and by
delegating increasing levels of responsibility for clinical assessment and management as skills develop. However, Preceptor must retain full responsibility of the patient’s care.

- To recognize that the student is on a learner status and to ensure that students do not render patient care beyond the realm of educational value and as permitted by professional standards.

- Understand that physician assistant students must not be used as a substitute for clinical or administrative staff and must be identified as HPU PA students at all times during their supervised clinical practice experience.

- To review and co-sign all student documentation and charting. If a student is unable to directly document on the patient’s chart or enter the data in the electronic health record, Preceptors should require the student to write up their note on plain paper and review it for accuracy and appropriateness.

- To allow time for teaching activities. This can be accomplished in a variety of ways such as structured teaching rounds, chart review periods, reading assignments or informal consultations between patient encounters and/or recommending specific conferences. It is expected that the Preceptor will model, expose students to and teach in accordance with current practice guidelines and the accepted standards of care.

- To provide the students and program faculty with ongoing constructive feedback regarding clinical performance of the student including but certainly not limited to Mid-rotation evaluation and Final Preceptor evaluation.

- To permit visits of the Program faculty to observe Preceptor’s teaching process for purposes of ascertaining that Program learning outcomes for the clinical experience are being met.

- To be and remain licensed as required by the state of North Carolina to practice Preceptor’s profession.

- To inform the Clinical Coordinator or Director of Clinical Education if he/she will be taking a vacation of one week or greater while supervising a student. Student supervision may be delegated to another licensed healthcare provider at that site during the period of absence with Program approval.

- To promptly notify the Director of Clinical Education of any significant deficiencies identified or issues of professional conduct that might diminish the overall learning experience.

- To provide emergency medical care to students in the event of injury or illness (but Preceptor shall not be responsible for the cost of such care).

**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, Instagram, Snapchat, 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, PA or NP, 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 payers 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. Following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules 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 HPU PA program requires a **mid-rotation evaluation** to be completed by the student and the preceptor at the end of week 2 of each rotation as well as an **End-of Rotation Clinical Performance evaluation** to be completed by the preceptor at the end of each rotation.

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.

EXAMPLE OF MID-ROTATION EVALUATION

<table>
<thead>
<tr>
<th>Mid-Rotation Student Feedback</th>
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</thead>
<tbody>
<tr>
<td><strong>Student Name:</strong> [Blank]</td>
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<tr>
<td><strong>Preceptor Name:</strong> [Blank]</td>
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</tbody>
</table>

**Instructions:** Complete student self-assessment section first and then discuss & review it with at least 1 preceptor. Have this completed at the end of the second week of your rotation. To be turned in to Clinical Coordinator by 5pm on Tuesday of week THREE of each SCPE.

**Feedback on Student Performance Expected at This Point in His/Her Training**

<table>
<thead>
<tr>
<th>CLINICAL SKILLS</th>
<th>STUDENT ASSESSMENT</th>
<th>PRECEPTOR ASSESSMENT</th>
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<tbody>
<tr>
<td></td>
<td>Competent</td>
<td>Needs Improvement</td>
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<tr>
<td>Takes an effective history</td>
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<tr>
<td>Generally performs a thorough and precise physical exam with reliable technique and within a reasonable time frame</td>
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<tr>
<td>Acceptable quality of written records</td>
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<tr>
<td>Delivers succinct, accurate oral presentations to preceptor</td>
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<tr>
<td>Applies appropriate procedural techniques and is generally aware of indications, contraindications and potential complications of procedures</td>
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<tr>
<td>Appropriately advises patients with regard to health maintenance and health promotion</td>
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</table>

<table>
<thead>
<tr>
<th>KNOWLEDGE &amp; CLINICAL REASONING</th>
<th>STUDENT ASSESSMENT</th>
<th>PRECEPTOR ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Competent</td>
<td>Needs Improvement</td>
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<tr>
<td>Exhibits knowledge of diseases &amp; pathology</td>
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<tr>
<td>Generally includes most common differential diagnosis, logically reasoned and appropriately ranked</td>
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<tr>
<td>Considers most of the diagnostic work-up and consultations</td>
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<tr>
<td>Generally develops appropriate and accurate diagnostic evaluation and treatment plans</td>
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<tr>
<th>ATTITUDE and BEHAVIOR</th>
<th>STUDENT ASSESSMENT</th>
<th>PRECEPTOR ASSESSMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Competent</td>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Present and prompt for clinical responsibilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shows initiative and actively seeks out work and learning experiences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognizes limitations and accepts responsibility for actions</td>
<td></td>
<td></td>
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<tr>
<td>Uses time effectively</td>
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<tr>
<td>Communicates effectively w/patients &amp; families in a professional manner; has good rapport with patients</td>
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<tr>
<td>Communicates effectively w/Providers as well as other health care workers; maintains good rapport and shows respect for others</td>
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<tr>
<td>Open to teaching efforts and accepts constructive criticism well</td>
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<tr>
<td>Behaves in an ethical, responsible and dependable manner and maintains high personal standards</td>
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</table>

**To be completed by the Student:**

Please describe what you perceive to be your individual strengths as they pertain to the skills and knowledge required for this particular supervised clinical practice experience.
Please describe what you perceive to be your individual weaknesses as they pertain to the skills and knowledge required for this particular supervised clinical practice experience. Please describe how you might improve your clinical performance.

Please identify which didactic course(s) most prepared you for the current supervised clinical practice experience?

<table>
<thead>
<tr>
<th>To be completed by the Student:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please describe what you perceive to be your individual strengths as they pertain to the skills and knowledge required for this particular supervised clinical practice experience.</td>
</tr>
</tbody>
</table>

Please describe what you perceive to be your individual weaknesses as they pertain to the skills and knowledge required for this particular supervised clinical practice experience.

Please describe how you might improve your clinical performance.

Please identify which didactic course(s) most prepared you for the current supervised clinical practice experience?

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

To Be Completed by the Preceptor:

Please describe what you perceive to be the student’s individual strengths as they pertain to the skills and knowledge required for this particular supervised clinical practice experience.

Please describe what you perceive to be the student’s individual weaknesses as they pertain to the skills and knowledge required for this particular supervised clinical practice experience.

What do you recommend the student do in order to improve their clinical performance?
EXAMPLE OF END-OF-ROTATION EVALUATION

End-of-Rotation Clinical Performance Evaluation

Please circle your assessment of the student's performance based upon the following scale:

1 = Very Poor  2 = Poor  3 = Below Average  4 = Good  5 = Excellent

Any rating ≤ 3 requires a comment. Comments are optional for ratings of 4 or 5.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Performing Focused Histories and Physical Exams</td>
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<tr>
<td>Ability to perform focused histories and physicals on patients across</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>the life span and in a variety of health care delivery settings.</td>
<td>Very Poor</td>
<td>Poor</td>
<td>Below Avg</td>
<td>Good</td>
<td>Excellent</td>
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<tr>
<td>Formulating a Differential Diagnosis and Recommending Proper Diagnostic Studies</td>
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<tr>
<td>Ability to formulate a differential diagnosis based upon the patient</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>history and physical exam and recommend the proper diagnostic studies.</td>
<td>Very Poor</td>
<td>Poor</td>
<td>Below Avg</td>
<td>Good</td>
<td>Excellent</td>
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<tr>
<td>Clinical Diagnosis</td>
<td></td>
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<tr>
<td>Ability to diagnose common medical and behavioral problems likely to be</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>seen in a primary care setting.</td>
<td>Very Poor</td>
<td>Poor</td>
<td>Below Avg</td>
<td>Good</td>
<td>Excellent</td>
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<tr>
<td>Ability to diagnose potentially life- or function-threatening medical</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>and behavioral problems likely to be seen in a primary care setting.</td>
<td>Very Poor</td>
<td>Poor</td>
<td>Below Avg</td>
<td>Good</td>
<td>Excellent</td>
</tr>
<tr>
<td>Developing, Implementing and Monitoring Patient Management Plans for Preventative, Acute, Chronic and Emergent Patient Encounters</td>
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<tr>
<td>Ability to develop, implement, and monitor management plans for emergent, acute, chronic, or ongoing conditions including pharmacological and non-pharmacological approaches, surgery, counseling, therapeutic procedures and/or rehabilitative therapies.</td>
<td>1 Very Poor</td>
<td>2 Poor</td>
<td>3 Below Avg</td>
<td>4 Good</td>
<td>5 Excellent</td>
</tr>
<tr>
<td>Communication Skills</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Ability to accurately and concisely communicate the findings of a given patient encounter, in written/electronic form, to all members of the health care team.</td>
<td>1 Very Poor</td>
<td>2 Poor</td>
<td>3 Below Avg</td>
<td>4 Good</td>
<td>5 Excellent</td>
</tr>
<tr>
<td>Ability to accurately and concisely communicate the findings of a given patient encounter, via oral presentation, to all members of the health care team.</td>
<td>1 Very Poor</td>
<td>2 Poor</td>
<td>3 Below Avg</td>
<td>4 Good</td>
<td>5 Excellent</td>
</tr>
<tr>
<td>Interpersonal Skills</td>
<td></td>
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</tr>
<tr>
<td>Ability to demonstrate sensitivity and empathy regarding the emotional, cultural and socioeconomic aspects of the patient, the patient's condition and the patient's family.</td>
<td>1 Very Poor</td>
<td>2 Poor</td>
<td>3 Below Avg</td>
<td>4 Good</td>
<td>5 Excellent</td>
</tr>
<tr>
<td>Ability to communicate in a patient-centered and culturally responsive manner to accurately obtain, interpret and utilize subjective information and construct a patient-centered management plan.</td>
<td>1 Very Poor</td>
<td>2 Poor</td>
<td>3 Below Avg</td>
<td>4 Good</td>
<td>5 Excellent</td>
</tr>
<tr>
<td>Ability to provide advocacy and support to assist patients in obtaining quality care and in dealing with the complexities of health care delivery systems.</td>
<td>1 Very Poor</td>
<td>2 Poor</td>
<td>3 Below Avg</td>
<td>4 Good</td>
<td>5 Excellent</td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Student demonstrates a positive attitude, open to teaching efforts, and accepts constructive criticism well.</td>
<td>1 Very Poor</td>
<td>2 Poor</td>
<td>3 Below Avg</td>
<td>4 Good</td>
<td>5 Excellent</td>
</tr>
<tr>
<td>Use of Evidence Based Medicine and Medical Literature</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to critically evaluate the medical literature in order to use current practice guidelines and apply the principles of evidence based medicine to patient care.</td>
<td>Very Poor</td>
<td>Poor</td>
<td>Below Avg</td>
<td>Good</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to educate patients in health promotion and disease prevention and demonstrate a working knowledge of all tiers of preventive medicine in patient interactions.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to perform clinical procedures common to primary care, i.e.: rapid strep testing, U/A, collection of culture specimens, injections, wound care, venipuncture, interpret EKGs, interpret chest and skeletal x-rays, start IVs and laceration repair.</td>
</tr>
</tbody>
</table>

The above information is applicable to the following patient populations encountered during this rotation. Please select ALL that apply.

- [ ] Infants: < 1 year old
- [ ] Children: 2 - 10 years old
- [ ] Adolescents: 11 - 17 years old
- [ ] Adults: 18 - 64 years old
- [ ] Geriatric: 65 years and older
- [ ] Women’s Health (prenatal/gynecologic care)
- [ ] Surgical Management (preoperative, intraoperative, postoperative)
- [ ] Care for Behavioral and Mental Health Conditions
"I have reviewed the responses on this form and attest to this by signing below.*

Reviewed with student: Yes ___ No ___ Date: ______/_____/_____

Evaluator Signature

Evaluator Printed Name

Note to the evaluator: An overall score ≥ 70% indicates that, at this level of training, the student meets expectations and requirements for entry-level clinical practice in this rotation specific discipline.

The student’s final grade will be assigned by the High Point University Department of Physician Assistant Studies’ (HPU DPAS) Director of Clinical Education and will, in most cases, be based upon a combination of the Preceptor evaluation, case presentations to HPU DPAS faculty, and end-of-rotation testing. Final grades for clinical rotations are recorded as Pass (P), Non-Pass (NP), or High Pass (HP).

Thank you for completing this form. Please return it to High Point University, Department of Physician Assistant Studies, One University Parkway, High Point, NC 27268, or give to the student on the last day of the rotation in a sealed envelope with your signature over the seal, to return to HPU DPAS. You are also welcome to fax this evaluation to (336) 888-6318.

If you have any questions, please feel free to call the Department of Physician Assistant Studies Director of Clinical Education, Heather Garrison, at (336) 841-9603. Thank you for your support in educating our students.

FOR DEPARTMENT USE ONLY

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>Attitude and Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>The student is not responsive to the requirements of the Department. Lacks respect for the faculty and administration. Ineffectively communicates with faculty and administration and is not accountable to the Department.</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>The student is responsive to the requirements of the Department. Generally respects faculty and administration. Communicates sufficiently with faculty and administration and is accountable to the Department.</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>The student is responsive to the requirements of the Department. Respects faculty and administration. Communicates effectively with faculty and administration and is accountable to the Department.</td>
</tr>
<tr>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EARNED/POSSIBLE</th>
<th>COMPOSITE SCORE:</th>
<th>COMPOSITE EARNED/POSSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>POINTS: ______/75</td>
<td>Yes ___ No</td>
<td>POINTS: ______/78</td>
</tr>
</tbody>
</table>

________________________  __________/_____/_____
Clinical Faculty Signature  Date
Feedback to Students

While students may have only two required, formal evaluations (mid-rotation and End-of-Rotation) 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. Providing open, honest feedback early and often is the best way to ensure that the student is able to meet your expectations as a preceptor as well as the rotation objectives set forth by the program.

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:

  - Comply with all site-specific requirements and policies regarding all clinical sites the Preceptor works in.
  - To maintain open communication with the Preceptor eliciting and accepting feedback regarding clinical performance strengths and weaknesses.
  - To successfully complete the requirements of the rotation outlined in the course syllabus. It is not possible nor expected that the student be exposed to each entity or problem listed during their rotations; however it is the student’s responsibility to ensure knowledge about all the objectives for each discipline.
  - To act professionally in the clinical setting including wearing proper identification, complying with dress code standards and conducting oneself with professional and ethical demeanor at all times.
  - To report to the clinical site on time, fully prepared to work with all necessary equipment (i.e. stethoscope, etc.) and ready to learn and work with the Preceptor.
  - To meet with the Preceptor at the beginning of clinical rotations and periodically throughout rotations to discuss mutual goals and expectations for the rotation.
  - To always identify oneself as a HPU PA student and elicit permission from the patient to participate in their care.
  - To be aware of their limitations as students and of the limitations and regulations pertaining to PA practice. Students at clinical sites must always work under the supervision of a Preceptor. They may not function in the place of an employee or assume primary responsibility for a patient’s care.
  - To contact the Program immediately with any questions or concerns about the student’s role at a site. Students shall not treat and discharge a patient from care without the patient being seen by the clinical Preceptor. All patients must be seen by a licensed provider PRIOR to leaving the facility.
  - To accrue the number of hours for each rotation required by the program and to be sensitive to the schedule of the clinical site/Preceptor. Students are expected to work nights, weekends and be on-call if required by the clinical rotation site/Preceptor.
To attend and participate in all return to campus activities at the end of each rotation. Students must arrive on time and stay for the entire day.

To report all blood/bodily fluid exposure(s) to their Preceptor and/or any hospital personnel (if instructed by the Preceptor) immediately. Students are to complete any Notice of Incidence report in use at the clinical site as well as the form in use by the HPU PA Program. Students should notify the Director of Clinical Education as soon as possible after the incident has been properly evaluated according to site protocol. Students are expected to adhere to the Post-Exposure Protocol and reporting requirements which can be found in the DPAS Safety and Infection Control Policy.

To provide the program with current and accurate contact information to include phone numbers. Should the student be in a location where there is limited cell phone or computer access, the student must inform the Program and provide and alternate, reliable contact phone number.

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.

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 education 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
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.

**Program’s Responsibilities:**

- To prepare students academically and clinically for the clinical phase of their education.
- To ensure Criminal Background and Sex Offender (CBSO) checks and drug screens are completed by all students as requested by the clinical rotation sites at a cost incurred by the students.
- To provide and ensure each student has completed training in OSHA and HIPAA prior to beginning clinical rotations and that all students have received instruction regarding risk of exposure and reporting procedures should an exposure occur.
- To identify quality clinical rotation sites and Preceptors dedicated to providing an optimal clinical education experience.
- To develop and maintain affiliation agreements with all clinical rotation sites.
- To orient Preceptors and students to the policies and procedures of the clinical year.
- To ensure that all students have current malpractice liability insurance as well as current health insurance and up-to-date immunizations.
- To ensure all students maintain up-to-date BLS and ACLS certification prior to the start of the clinical phase of the program.
- To forward to Preceptor in a timely manner information regarding number of students scheduled for rotation including rotation beginning/end dates and any documentation they may require.
- To inform the Preceptor of rotation objectives and supply student evaluation materials.
- To review all components used for evaluation of clinical rotations and maintain responsibility for the assignment of the final grade for each student for all clinical rotations.
- To maintain open and easily accessible lines of communication between Preceptor and Program faculty in an attempt to anticipate problems before they arise.
- To respond to questions and/or concerns from the Preceptor or student in a timely manner.

**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. It is NEVER 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.

Overview

The process for advancement to the clinical phase, the process of establishing supervised clinical practice experiences (SCPEs) as well as program defined expectations for SCPEs can be found within the SCPE Policy below.

The clinical phase of the program comprises a consecutive series of nine Supervised Clinical Practice Experiences (SCPEs – pronounced “Skippers”). The SCPEs are the culminating learning activities of the physician assistant program. There are seven core rotations that all students must take and two elective rotations in any of the medical specialties or subspecialties. During the SCPEs, students work with a practicing clinician (referred to as the Preceptor) and are actively participating in the health care system as part of the health care team. Students will also complete the Master’s Project (see below) and the Clinical Seminar Series during the Clinical Phase. Because students will not all be completing the same SCPEs at the same time, the clinical rotation schedule below will list them as Rotation 1, Rotation 2, etc. At the completion of each rotation, students will reconvene at the DPAS for such events as seminar style discussions, case presentations, objective standardized clinical examinations (OSCEs) as well as complete a multiple choice exam, known as the end-of-rotation (EOR) exam, covering the outcomes and objectives for that rotation (see below). These events are referred to collectively as the “Return to Campus” days.

Physician assistant students are educated in a general medical model preparing graduates to care for patients across the life span in various medical settings. To ensure sufficient exposure of all students to preventative, emergent, acute and chronic patient encounters on supervised clinical practice experiences (clinical rotations), High Point University Department of Physician Assistant Studies has set minimum benchmark requirements and has established course goals, objectives and outcomes for each clinical rotation in an effort to enable students to meet the program’s defined expectations and prepare them for entry into clinical practice. (See Benchmarks Below)
<table>
<thead>
<tr>
<th>Patient Exposure Category</th>
<th>Benchmark (# encounters)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Encounters</td>
</tr>
<tr>
<td></td>
<td>1100</td>
</tr>
<tr>
<td><strong>Encounter Type</strong></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>50</td>
</tr>
<tr>
<td>Emergent Care</td>
<td>20</td>
</tr>
<tr>
<td>Acute Care</td>
<td>300</td>
</tr>
<tr>
<td>Chronic Care</td>
<td>200</td>
</tr>
<tr>
<td><strong>Lifespan Care</strong></td>
<td></td>
</tr>
<tr>
<td>Infants (&lt;2y)</td>
<td>20</td>
</tr>
<tr>
<td>Children (2-10y)</td>
<td>50</td>
</tr>
<tr>
<td>Adolescents (11-17y)</td>
<td>20</td>
</tr>
<tr>
<td>Adults (18-64y)</td>
<td>350</td>
</tr>
<tr>
<td>Elderly (65+)</td>
<td>200</td>
</tr>
<tr>
<td><strong>Women's Health</strong></td>
<td></td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>20</td>
</tr>
<tr>
<td>Gynecologic Care</td>
<td>50</td>
</tr>
<tr>
<td><strong>Practice Setting</strong></td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td>400</td>
</tr>
<tr>
<td>Inpatient</td>
<td>100</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>100</td>
</tr>
<tr>
<td>Operating Room</td>
<td>15</td>
</tr>
<tr>
<td>Preoperative Care</td>
<td>15</td>
</tr>
<tr>
<td>Postoperative Care</td>
<td>15</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
</tr>
<tr>
<td>Behavioral/Mental Health</td>
<td>100</td>
</tr>
</tbody>
</table>
Clinical Year Schedule

CLAS S OF 2019

<table>
<thead>
<tr>
<th>Student Obligation</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Preparation Week</td>
<td>August 27, 2018 – August 31, 2018</td>
</tr>
<tr>
<td>Student Summer Break</td>
<td>September 1, 2018 – September 9, 2018</td>
</tr>
<tr>
<td><strong>Rotation 1</strong></td>
<td></td>
</tr>
<tr>
<td>EOR exam Return to Campus day 1</td>
<td>October 11, 2018</td>
</tr>
<tr>
<td>Return to Campus day 2</td>
<td>October 12, 2018</td>
</tr>
<tr>
<td><strong>Rotation 2</strong></td>
<td></td>
</tr>
<tr>
<td>EOR exam Return to Campus day 1</td>
<td>November 15, 2018</td>
</tr>
<tr>
<td>Return to Campus day 2</td>
<td>November 16, 2018</td>
</tr>
<tr>
<td><strong>Rotation 3</strong></td>
<td></td>
</tr>
<tr>
<td>Thanksgiving Holiday</td>
<td>November 22, 2018 – November 23, 2018</td>
</tr>
<tr>
<td>EOR exam Return to Campus day 1</td>
<td>December 20, 2018</td>
</tr>
<tr>
<td>Return to Campus day 2</td>
<td>December 21, 2018</td>
</tr>
<tr>
<td><strong>Winter Break</strong></td>
<td>December 22, 2018 – January 6, 2019</td>
</tr>
<tr>
<td><strong>Rotation 4</strong></td>
<td></td>
</tr>
<tr>
<td>EOR exam Return to Campus day 1</td>
<td>February 7, 2019</td>
</tr>
<tr>
<td>Return to Campus day 2</td>
<td>February 8, 2019</td>
</tr>
<tr>
<td><strong>Rotation 5</strong></td>
<td></td>
</tr>
<tr>
<td>EOR exam Return to Campus day 1</td>
<td>March 14, 2019</td>
</tr>
<tr>
<td>Return to Campus day 2</td>
<td>March 15, 2019</td>
</tr>
<tr>
<td><strong>Rotation 6</strong></td>
<td></td>
</tr>
<tr>
<td>EOR exam Return to Campus day 1</td>
<td>April 17, 2019</td>
</tr>
<tr>
<td>Return to Campus day 2</td>
<td>April 18, 2019</td>
</tr>
<tr>
<td><strong>Easter Holiday</strong></td>
<td>April 19, 2019</td>
</tr>
<tr>
<td><strong>Rotation 7</strong></td>
<td></td>
</tr>
<tr>
<td>EOR exam Return to Campus day 1</td>
<td>May 23, 2019</td>
</tr>
<tr>
<td>Return to Campus day 2</td>
<td>May 24, 2019</td>
</tr>
<tr>
<td><strong>Spring Break</strong></td>
<td>May 27 – 28, 2019</td>
</tr>
<tr>
<td><strong>Summative Evaluation</strong></td>
<td>May 29, 2019 – May 31, 2019</td>
</tr>
<tr>
<td><strong>Rotation 8</strong></td>
<td></td>
</tr>
<tr>
<td>EOR exam Return to Campus day 1</td>
<td>July 2, 2019</td>
</tr>
<tr>
<td>Return to Campus day 2</td>
<td>July 3, 2019</td>
</tr>
<tr>
<td><strong>Holiday – Independence Day</strong></td>
<td>July 4 – 5, 2019</td>
</tr>
<tr>
<td><strong>Rotation 9</strong></td>
<td></td>
</tr>
<tr>
<td>EOR exam Return to Campus day 1</td>
<td>August 8, 2019</td>
</tr>
<tr>
<td>Return to Campus day 2</td>
<td>August 9, 2019</td>
</tr>
<tr>
<td><strong>Graduation Preparation</strong></td>
<td>August 12 – 16, 2019</td>
</tr>
<tr>
<td><strong>GRADUATION</strong></td>
<td>August 17, 2019</td>
</tr>
</tbody>
</table>

The course outcomes for the SCPEs are congruent with the Program Learning Outcomes as follows:
At the completion of the clinical phase of the program, graduates will possess the knowledge, skills, and attitudes necessary to demonstrate entry-level proficiency in the following:

1. Perform focused histories and physicals on patients across the life span and in a variety of health care delivery settings.
2. Formulate a differential diagnosis based upon the patient history and physical exam and recommend the proper diagnostic studies.
3. Diagnose common medical and behavioral problems likely to be seen in a primary care setting.
4. Diagnose potentially life- or function-threatening medical and behavioral problems likely to be seen in a primary care setting.
5. Develop, implement and monitor management plans for emergent, acute, chronic or ongoing conditions including pharmacological and non-pharmacological approaches, surgery, counseling, therapeutic procedures and/or rehabilitative therapies.
6. Accurately and concisely communicate the findings of a given patient encounter in written and oral forms to all members of the health care team.
7. Demonstrate sensitivity and empathy regarding the emotional, cultural and socioeconomic aspects of the patient, the patient’s condition and the patient’s family.
8. Communicate in a patient-centered and culturally responsive manner to accurately obtain, interpret and utilize subjective information and construct a patient-centered management plan.
9. Provide advocacy and support to assist patients in obtaining quality care and in dealing with the complexities of health care delivery systems.
10. In all encounters, demonstrate professional behavior to the highest ethical and legal standards by recognizing professional limitations, then consulting with other health care providers and/or directing patients to appropriate community resources, as needed.
11. Critically evaluate the medical literature in order to use current practice guidelines and apply the principles of evidence-based medicine to patient care.
12. Educate patients in health promotion and disease prevention and demonstrate a working knowledge of all tiers of preventive medicine in patient interactions.
13. Perform clinical procedures and interpret test results likely to be encountered in a primary care setting.

**Grading and Assessment**

**Required Academic Standards**

To remain in good academic standing, normal academic progress in the clinical phase of the Physician Assistant Studies program requires all students to achieve a “P” or “HP” for every required clinical-year course.

Grading Criteria for Clinical Performance Evaluation and Rotation Specific Assignment:

- 93-100%        HP
- 70- 92%        P
- <70            NP

Grading Criteria for Specialty Subject Examinations
* To account for variation in exam difficulty, a scale score is used to determine a score of Pass. Specific Specialty passing designations are clearly defined within the syllabus for each SCPE.

There are five primary student-centered components to grading for the core SCPEs as outlined in the table below:

<table>
<thead>
<tr>
<th>ASSESSMENT TOOL</th>
<th>OUTCOME CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Performance Evaluations</td>
<td>1-13</td>
</tr>
<tr>
<td>Specialty Subject Examinations</td>
<td>2, 3, 4, 5, 11, 12</td>
</tr>
<tr>
<td>Miscellaneous Assignments:</td>
<td></td>
</tr>
<tr>
<td>Typhon logging</td>
<td>1-10, 12, 13</td>
</tr>
<tr>
<td>Mid-rotation evaluation</td>
<td></td>
</tr>
<tr>
<td>Student evaluation of Preceptor/Site</td>
<td></td>
</tr>
<tr>
<td>Written Case</td>
<td>2-13</td>
</tr>
<tr>
<td>Oral Case</td>
<td>2-13</td>
</tr>
<tr>
<td>Kaplan General Medicine Assignment</td>
<td>2, 3, 4, 5, 11, 12</td>
</tr>
</tbody>
</table>

The details of the assessment summary for each rotation are as follows:

1. **Clinical Performance Evaluation** – The evaluation of each student’s clinical performance is based upon:
   a. **Attitude and Behavior**
      1. Reliability
      2. Professionalism
      3. Initiative
      4. Recognition of limitations
      5. Effective use of time
      6. Interpersonal skills with patients and families
      7. Interpersonal skills with health care workers
      8. Interpersonal skill with Preceptors and instructors
      9. Work Ethic
   b. **Clinical Skills**
      1. History Taking skills
      2. Physical Examination skills
      3. Documentation skills
      4. Procedure skills
      5. Patient Education skills
   c. **Knowledge & Clinical Reasoning**
      1. Knowledge Base
      2. Clinical Judgment
      3. Diagnostic Knowledge and Application
      4. Monitoring and Therapeutic Skills

**Comprehensive Student Evaluation Tools**
The following items are the graded elements utilized to evaluate student skill and progress related to specific clinical rotations throughout the clinical year:

1. 4 oral case presentations - medical discipline specific
2. 4 written case presentations – medical discipline specific
3. 1 patient education pamphlet – medical discipline specific
4. 7 end-of-rotation Specialty Subject Examinations - relevant to the clinical specialty of the rotation just completed
5. End of Rotation Clinical Performance Evaluation
6. Kaplan Q-Bank questions for self-assessment for Elective rotations
7. Miscellaneous Assignments: Typhon logging, Mid-rotation evaluation, Student evaluation of Preceptor/Clinical Site
8. Student Clinical Practice Passport
9. Objective Structured Clinical Examination (OSCE)- as part of Clinical Seminar I & II
10. Summative Evaluation- procedural and interpretive skills competencies- end of spring semester as part of Clinical Seminar III

Procedure/Skills Benchmarks for student logging within Typhon

<table>
<thead>
<tr>
<th>Clinical Procedure</th>
<th>Benchmark Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist or Perform</td>
<td></td>
</tr>
<tr>
<td>Venipuncture</td>
<td>10</td>
</tr>
<tr>
<td>Peripheral IV catheterization</td>
<td>10</td>
</tr>
<tr>
<td>Injection</td>
<td></td>
</tr>
<tr>
<td>• Intramuscular</td>
<td>10</td>
</tr>
<tr>
<td>• Subcutaneous</td>
<td>5</td>
</tr>
<tr>
<td>• Intradermal</td>
<td>3</td>
</tr>
<tr>
<td>Specimen collection for culture</td>
<td>5</td>
</tr>
<tr>
<td>Large joint or bursal injection</td>
<td>3</td>
</tr>
<tr>
<td>Rapid strep test</td>
<td>5</td>
</tr>
<tr>
<td>Interpret dipstick urinalysis</td>
<td>5</td>
</tr>
<tr>
<td>Interpret plain film radiograph</td>
<td></td>
</tr>
<tr>
<td>• Chest (PA and Lateral)</td>
<td>20</td>
</tr>
<tr>
<td>• Abdominal</td>
<td>10</td>
</tr>
<tr>
<td>• Musculoskeletal</td>
<td>20</td>
</tr>
<tr>
<td>Interpret 12 lead EKG</td>
<td>15</td>
</tr>
<tr>
<td>Apply splint or cast</td>
<td>3</td>
</tr>
<tr>
<td>Perform pelvic exam</td>
<td>10</td>
</tr>
<tr>
<td>PAP Smear</td>
<td>5</td>
</tr>
<tr>
<td>Wound closure with sutures</td>
<td>10</td>
</tr>
<tr>
<td>Abscess incision and drainage</td>
<td>3</td>
</tr>
<tr>
<td>Complicated wound/burn dressing</td>
<td>5</td>
</tr>
</tbody>
</table>

Supervised Clinical Experience Grade Calculation Process
SCPE rotation course grades are determined/assigned by the principal faculty member designated as the rotation/course director. Instructional faculty (Preceptors) provide information used to determine rotation grades but do not assign the rotation grades.

The final SCPE rotation grade assigned is Pass, Non-pass, or High Pass as outlined above. Given the nature and complexity of educational activities on clinical rotations, a comprehensive, multifaceted process for evaluating student progress has been designed. The components each serve to assess different skills acquired by a student during clinical training. These constituent parts are combined to formulate the final SCPE grade. Students must pass every graded component and submit all miscellaneous assignments to earn a passing designation for the course. If a non-pass grade is earned for any component, a remedial activity will be assigned specific to that segment (i.e. written case failed – an additional written case will be assigned, the family medicine exam is failed – review topics will be assigned, etc.). All remedial activities must be completed by the end of the 4th week of the subsequent SCPE rotation. The goal of a remedial activity will be to address the educational deficiencies of that particular component and assist the student in focused improvement.

- Specialty Subject Exam
- Written Case Presentation
- Oral Case Presentation
- Clinical Performance Evaluation
- Miscellaneous Assignments: Typhon logging, Mid-rotation evaluation returned within stated timeframe and Student Evaluation of Preceptor/Clinical Site returned within stated timeframe, Student Clinical Practice Passport

Remediation of Supervised Clinical Practice Experiences (SCPE’s)
- If a non-pass grade is earned for any graded component, a remedial activity will be assigned specific to that segment (i.e., written case failed – an additional written case will be assigned, the family medicine exam is failed – review topics will be assigned, etc.). The specific remediation plan developed is at the discretion of the Director of Clinical Education and may include, but is not limited to, an additional supervised clinical practice experience up to and including repeating an entire rotation.
- The goal of a remedial activity will be to address the educational deficiencies of that particular component and assist the student in focused improvement.

SCPE Remediation Procedure:
- Phase I remediation - If a student fails 1 of the graded elements, they will receive an incomplete grade for the SCPE until the remedial activity for that failed component is successfully completed. Remedial activities must be completed by the end of the third week of the subsequent SCPE rotation.
- Phase II remediation - If a student fails 2 of the graded elements, they will be placed in Phase II remediation, which will entail closer faculty supervision and more focused and intensive activities to correct the deficiencies. The student will receive an incomplete for the SCPE until the remedial activities are successfully completed. Remedial activities must be completed by the end of the third week of the
subsequent SCPE rotation.

- **Non-Pass status** - If a student fails 3 of the graded elements, a Non-Pass grade will be assigned for the SCPE. The student will still be expected to complete remedial activities as well as repeat the failed rotation. Remedial activities must be completed by the end of the third week of the subsequent SCPE rotation. This may delay program completion date.

**Student Safety During SCPEs**

HPU DPAS will provide appropriate training to students regarding OSHA prior to SCPEs. The facility at which the SCPE takes place shall provide HPU PA students with access to the facility’s rules, regulations, policies and procedures with which the HPU PA students are expected to comply, including, the Facility’s OSHA, personal and workplace security and personal safety policies and procedures and shall address all appropriate safety measures for all HPU PA students and any HPU DPAS instructors on site. It will be the Preceptor’s responsibility to take reasonable steps to ensure personal safety and security of students during the SCPE. This is clearly communicated to Preceptors and agreed upon in a signed Preceptor Profile (link to form) obtained prior to the SCPEs. For specific measures that need to be taken both preventively and subsequent to accident/injury, exposure to blood, body fluids and needle stick injuries, including documentation via the Notice of Incident Form, students should refer to the Infection Control, Safety and Personal Security Policy.
Notice of Incident

All health-related incidences or accidents occurring in the clinical setting or in campus classrooms and laboratories involving a student, regardless of severity, are to be reported to the Department of Physician Assistant Studies within 24 hours of the occurrence.

The following form is to be completed by the classroom instructor/supervisor anytime a health-related incident or accident occurs in a campus classroom or laboratory.

In the event that an incident/accident occurs while a student is at a Supervised Clinical Practice Experience site they are instructed to immediately notify their clinical preceptor. Following appropriate referral and treatment they must contact the clinical coordinator who will then complete the following form.

1. Student Name

2. Student Local Address

3. Student Phone #

4. Date of Incident/Accident

5. Time of Incident/Accident

6. Location of Incident/Accident (Building, Department, Room, etc.)

7. Description of how Incident/Accident occurred:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
8. Disposition / Referral of Student: (Check all that apply)
   o University Health Service
   o Emergency Room (name of hospital)
   o Admitted (name of hospital)
   o Other

9. If applicable, method of transportation to above location:
   o Ambulance
   o Campus Security
   o Other

   Accompanied by (Name)

Signature of Clinical/Classroom Instructor or Clinical Coordinator  Date

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HIGH POINT UNIVERSITY
Physician Assistant Studies

Student to complete:

I, __________________, authorize High Point University to secure copies of case history, records, laboratory reports, diagnosis and any other data covering the accident/incident that occurred on __________________ at __________________.

(Date of Incident)  (Name of Facility where incident occurred)

NOTE: Student Medical Information or copies are not retained in the Department of Physician Assistant Studies.

Signature of Student: ____________________________  Date: ______________

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Rotation Assignments & Paperwork
Submission Checklist

At the completion of each SCPE rotation, the student must* have completed or submitted the following:

1. Patient care and data logs in Typhon system for every clinical encounter/activity during the rotation. **Every day/encounter must be logged and include:**
   a. Patient demographics, diagnosis, treatments, tasks performed (e.g. H&P, pre-op, problem-specific exam)
   b. Procedures and skills performed
   c. Time logs (patient care, conference, sick, personal)

2. Typhon patient data entry is to be completed by the end of each week during rotations. Students are to submit a signed Verification Log on the 1st day of each Return to Campus visit.

3. Mid-rotation Evaluation/Mid-rotation Evaluation of Clinical Site/Preceptor - submitted by 5pm on Tuesday of week 3 of each SCPE.

4. Written case submitted by 9am of first Return to Campus day.

5. Clinical Site/Preceptor Evaluation - completed by 9:00 am of 1st day of Return to Campus visit.

*An Incomplete “I” grade will be earned for the rotation if all items are not completed and and/or submitted in the time frame indicated.

Supervised Clinical Practice Policy

Background and Purpose

The Supervised Clinical Practice Experience (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 HPU PA students, ultimately preparing them for certification and professional practice. The purpose of this policy is to articulate the boundaries with which students may participate in the process of establishing supervised clinical practice experiences and define program expectations and processes for advancement to, recruitment of, and evaluation and approval of clinical sites and preceptors.
Policy Statement

In compliance with the ARC-PA standards, High Point University Department of Physician Assistant Studies:

- Requires a formal affiliation agreement be established with any clinical site or preceptor involved in providing a SCPE for students enrolled in the program.
- Does not require students to provide or solicit clinical sites or preceptors and does not require students to coordinate clinical sites and preceptors for program required SCPEs.
- Permits students to submit requests to develop new sites to the Director of Clinical Education, who then determines the appropriateness of developing the site.
- Coordinates all activities associated with clinical practice experiences including identifying, contacting, initial and ongoing evaluation of the suitability of, and student placement with clinical sites and preceptors.

Supervised Clinical Practice

1. Requirements for Student Progression to Clinical Phase
   - Successful completion of all didactic courses as described in the “Requirements for Progression” section of the “Academic Performance, Professionalism, and Progression” policy.
   - Successful completion of the Introduction to Clinical Education course.
   - Completion and successful passing of drug screening and background checks when required by clinical sites. Any associated fees will be incurred directly by the student.
   - Proof of updated immunizations, which includes repeat TST (PPD) or Quantiferon test prior to the start of clinical rotations and annual influenza vaccination.
   - Successful completion of Basic Life Support (BLS) for Healthcare Providers course with current certification.
   - Successful completion of Advanced Cardiovascular Life Support (ACLS) course with current certification.
   - Signed Health Information Release form by student allowing High Point University Department of Physician Assistant Studies to maintain and release the following information to clinical rotation sites: immunizations, TB screening status, drug screening, background check, and BLS/ACLS certification.
   - Proof of Health Insurance coverage.
   - Proof of Professional Liability Insurance: This is provided by High Point University and will cover students on University business (e.g. clinical education assignments). This will not cover students while employed or working external to the clinical rotation sites.

2. Clinical Rotation Scheduling
   - All students will be scheduled to complete seven mandatory “core” rotations and two elective rotations, all rotations being five (5) weeks in length, in order to meet
program experiential learning expectations as defined in the SCPE Patient Exposure Policy. Students will be allowed to participate in two elective rotations to pursue further training in key areas of interest or may be program-assigned to remediate their area(s) of limited exposure to required experiences. The core rotations include:

1) Family Medicine
2) Inpatient Medicine
3) Emergency Medicine
4) General Surgery
5) Pediatrics
6) Women’s Health
7) Behavioral Medicine

- Students are allowed to submit requests for specific clinical sites and/or preceptors. However, while every attempt is made to accommodate student requests, rotation assignment is done by and at the sole discretion of the Clinical Coordinator and/or Director of Clinical Education subject to approval and availability of the Preceptor/Clinical Site.

- Students are not allowed to request or participate in a rotation at a clinical site associated with a family member, friend or any other person who may be influenced by factors other than clinical performance of the student.

- Students may be required to attend rotations at sites outside of the Piedmont Triad area and will be responsible for all expenses related to such assignments. Students are responsible for arranging lodging for all out-of-town rotations and all expenses associated with housing, meals, transportation and parking.

3. **Student Orientation to Clinical Experiential Learning – Policies**

   - Identification as students in clinical settings:
     - Students will ALWAYS introduce themselves to patients, patient family members and clinical site staff by stating their full name and position/title – “physician assistant student.”
     - Students will wear a short white lab coat emblazoned with the High Point University Department of Physician Assistant Studies logo during all assigned rotation activities unless wearing the coat is inappropriate based upon the activity being performed (e.g. operating room) or at the discretion of the Preceptor.
     - Students will wear the High Point University Department of Physician Assistant Studies student identification name badge whenever they are participating in PA professional activities (e.g. health fairs, community service opportunities, etc.) and particularly whenever they are in a health care facility, clinic or physician office in their official capacity as a student of the PA program. If a clinical education site requires a different type of ID badge, the designated badge will be worn as directed by the clinical site but must include clear identification of the “student” role.

   - Dress code: Students will dress and present themselves in a professional and appropriate manner for the clinical rotation to which they are assigned. Students should discuss the appropriate dress code with the assigned preceptor or clinical site coordinator. In situations where the rotation or preceptor mandates no specific dress code, students will dress according to the High Point University Department of
Physician Assistant Studies dress code defined in the HPU DPAS Dress Code Policy and included in the Student Handbook.

- Required Documentation: It is the students’ responsibility to complete the documentation required for each SCPE and return to the Clinical Education Specialist NO LESS THAN 10 DAYS PRIOR TO THE START DATE. Failure to complete and return the required documentation related to each SCPE may result in the student NOT being allowed to participate in that SCPE and thus, delaying their date of graduation.

- Student Attendance on Clinical Rotations: Students are required to be present at the clinical site a minimum of 150 clinical hours for each rotation. More hours may be required by individual clinical sites and preceptors, but should not exceed 80 hours per week. Please refer to the Student Attendance, Participation and Inclement Weather Policy within the Student Handbook for further detail regarding attendance expectations for clinical rotations.

4. **Learning outcomes**
   - The program-defined learning outcomes serve as the culminating learning outcomes that must be demonstrated with formal assessment activities during or upon completion of the supervised clinical practice experiences. Each individual rotation has rotation specific learning objectives that must be satisfactorily demonstrated during or upon completion of that rotation. Refer to the Rotation Specific SCPE syllabi. Each clinical site is provided with a Preceptor Handbook which includes the Rotation specific syllabi as well as Program Policies and Procedures to help guide student learning and support the attainment of program expectations and learning outcomes by students.

5. **Assessment**
   - Assessment of Supervised Clinical Practice Experiences includes the following:
     - End-of-Rotation Examinations:
       - PAEA Specialty Subject Exam at conclusion of Core SCPEs
     - Rotation Specific Assignment/Assessment
     - Completion and submission of all clinical data, via the Typhon system, including, but not limited to:
       - Patient demographics
       - Patient clinical information
       - Clinical activity time logs
     - Submission of End of Rotation Clinical Performance Evaluation, Clinical Site/Preceptor Evaluations and Mid-Rotation Evaluations for each SCPE.

Refer to Rotation specific syllabi for full details of assessment for the SCPEs.

6. **Monitoring of Student Progress**
   - As defined in the SCPE Rotation Specific syllabi, students are required to complete specific rotation course requirements including logging of ALL clinical practice experiences and submission of rotation-related written assignments. Refer to the
Student Clinical Rotation Manual for further detail regarding expectations for student logging on SCPEs.

- The program-designated clinical team member will be responsible for monitoring student submission/completion of these requirements and progress toward achieving the program-defined SCPE experiences.

- The designated SCPE preceptor and the clinical faculty will also monitor student conduct and professionalism throughout the rotation. If a preceptor reports issues with student conduct, then the student will need to meet with a clinical faculty member to discuss these issues. Depending on the nature of the issue, the student may be required to present before the Student Progress Committee.

- In the event a preceptor suspects that a student is participating in a rotation under the influence of any substance that affects their clinical performance, High Point University Department of Physician Assistant Studies reserves the right to remove the student from the rotation, perform an investigation of the matter, and work with its contracted vendor to perform a drug test on the student at the student’s expense. Student return to rotation will be determined pending the decision rendered by the Student Progress Committee.

7. Determination of Rotation Grade

- As defined by program policy, all clinical rotations are graded on a high pass/pass/fail system. Refer to the SCPE Rotation Specific Syllabi and/or Academic Performance, Professionalism and Progression Policy for details about criteria defining requirements for a passing grade.

- The program retains full authority for determination and assignment of the student’s SCPE course grade.

Clinical Sites

1. Recruitment

- With the support of High Point University, the Department of Physician Assistant Studies assumes responsibility for the recruitment of clinical sites and preceptors in sufficient numbers for the program-mandated supervised clinical practice experience component of the curriculum.

- Students will not be required to provide preceptors or clinical sites for the program mandated clinical experiential learning component of the program.

- Students may voluntarily submit to the clinical faculty the name(s) of potential preceptors and/or clinical sites not already affiliated with High Point University Department of Physician Assistant Studies; however, there is no direct or implied guarantee on the part of the program that the student will be assigned a rotation with any requested preceptor or clinical site, including those already affiliated with the program. It is ultimately up to the Clinical Team to decide whether the preceptor and clinical site are deemed appropriate for use in Supervised Clinical Practice Experiences.
2. **Program Requirements**
   - Clinical Sites must meet all program-defined expectations for clinical training sites (see evaluation section below)
   - All clinical sites must establish a formal Affiliation Agreement with the program.

3. **Evaluation**
   **Initial:**
   - Completion of a Practice Profile form. This form is initiated by the clinical team in communication with a prospective clinical site representative.
   - Completion of the Practice Profile form will be used to validate and verify that the clinical site has sufficient resources (work space, patient exam rooms, references, support personnel, patient encounters of the designated specialty content) to provide broad experiential learning opportunities in a safe environment in the corresponding clinical practice area (e.g. family medicine, general surgery, etc.) for which the physician assistant student will be assigned at that site.
   - Clinical faculty review of the prospective clinical site's Practice Profile as one component in the evaluation of a suitable clinical training site for students to fulfill curriculum-mandated SCPEs.

   **Ongoing:**
   - Formal site visit occurs for all active clinical sites at least every 2 years. Documentation includes an assessment of the clinical site, focusing on any significant changes of/within the facility since prior evaluation and is documented on the Follow-up Clinical Site/Preceptor Evaluation form. Continued clinical site evaluation of all active clinical sites occurs on an ongoing basis through review of Mid-Rotation Evaluation and Student Evaluation of Preceptor/Clinical Site Form.
   - Review of Student Evaluation of the Preceptor/Clinical Site Form to ensure no ratings of “Below Average” (or worse) have been received. In the event a rating of “Below Average” or worse has been received, the program will investigate the situation to ascertain and document the suitability of continued use of the clinical site.
   - Review of the number and types of patient encounters students report having at the clinical site (recorded in Typhon PAST) to validate the experiential learning meets defined program expectations (see SCPE Patient Exposure policy).
   - Review of the numbers and types of technical/clinical skills procedure experiences students report having at the site (recorded in Typhon PAST) to verify students are provided opportunities to develop the program-defined technical skills as described in the SCPE Syllabi.
   - Concerns with clinical sites based on ongoing site evaluations, student evaluations, review of patient encounters, and/or review of clinical procedure experiences will be cause for re-evaluation of the clinical site by the Clinical Team to determine suitability of continued use of the clinical site. The Clinical Team may consider the following actions: conducting a site visit prior to the next student experience at the site, conducting a site visit in conjunction with the next student placement, telephone
and/or email contact with the preceptor and/or office manager, or removal of the clinical site from program use. Clinical Sites will be modified as necessary to ensure the expected learning outcomes will be met by each student by program completion.

4. Responsibilities

- Provide student orientation which addresses, at a minimum:
  - Use and access to local resources including facilities, computers, and internet.
  - Clinical site patient care practices including identifying which patients’ students are allowed to see.
  - Safety issues including exposure to hazardous materials, exposure control, and procedures to be followed in event of exposure.
  - Access to/use of patient health records and medical documentation policies and procedures.
  - Student’s schedule.

- Immediate notification of the program if/when:
  - Student behavior/performance is judged to create risk for the clinical site or its patients.
  - The site determines it will be unable to provide a previously agreed upon student rotation/clinical experience.

Preceptors

1. Program Requirements

1. Health Care Providers: Preceptors will consist primarily of practicing Physicians and Physician Assistants in the following disciplines for the core rotations: family medicine, internal medicine, general surgery, pediatrics, women’s health, emergency medicine, and behavioral medicine. Physicians and Physician Assistants practicing in various subspecialties may be utilized for SCPE elective rotations. Other licensed health care providers experienced in their area of instruction may be designated as preceptors for supervised clinical practice experiences (SCPEs), as the Program deems necessary and appropriate.

2. Licensure: Providers approved as preceptors must be licensed within the state in which they will be providing SCPEs for program students. The program will verify licensure status at the time of initial preceptor evaluation via www.ncmedboard.org or respective state medical board for out-of-state providers, and again when the certification is due to expire, to confirm license renewal as long as the provider remains an active preceptor for the Program.

3. Specialty Certification: Physician preceptors should be ABMS or AOA board certified in the specialty for which they are providing SCPE for program students. Physician assistant preceptors must be supervised by physicians who are board certified in the specialty for which the physician assistant is providing SCPE for program students. The physician assistant preceptor must be board certified through NCCPA. Specialty board certification of physician preceptors or supervising physicians for PA preceptors will be confirmed by the program at the time of initial evaluation of the potential preceptor via www.BoardCertifiedDocs.com and annually when verifying state licensure as long as the provider remains an active preceptor for the program.
4. Signature of Preceptors to verify they have become familiar with program-defined Supervised Clinical Practice Experience expectations and learning outcomes through review of the HPU DPAS Preceptor Handbook and Rotation syllabi provided to each preceptor prior to student experiences with that provider. Updates and revisions to the HPU DPAS Preceptor handbook and Rotation Syllabi will be provided to Preceptors as they occur in the form of an Addendum.

2. Evaluation

   Initial:
   The Clinical Team reviews prospective site and preceptor information to establish approval of the preceptor as a Clinical Instructional Faculty member for program mandated SCPEs. Review involves the following:
   - Verification and documentation of:
     - Current licensure in the state in which the preceptor will be providing the SCPE, NCCPA certification for PAs ABMS or AOA specialty board certification for Physicians
   - Completion of Preceptor Profile Form.
     - The clinical preceptor or their designee fills out the Preceptor Profile Form and submits it to the Clinical Team for review. Following review, if a prospective preceptor, and the associated site as evaluated above, is still being considered, a formal site visit occurs to the primary practice location, when located within a 50-mile radius. The Clinical Team verifies the Preceptor’s clinical practice workload, types and numbers of patients seen, and preceptor understanding of program expectations and learning outcomes. Assessment of Preceptors outside of a 50-mile radius may utilize on-site, mail, email, telephone, video telecommunication or any combination of these for verification and approval of the Preceptor Profile Form.

   Ongoing:
   Program expectations for learning outcomes and performance evaluation measures are provided to all clinical sites and preceptors through a process of ongoing performance reviews. Reviews incorporate adherence to program expectations with regard to student outcomes as well as informing sites and preceptors of programmatic changes related to these expectations. The following process is in place:
   - All sites and preceptors are provided an updated Clinical Preceptor Handbook on an annual basis that is available electronically. Hard copies are provided as well if preferred by the clinical site or preceptor. Sites and preceptors are provided updated information if and when changes are made during the clinical year.
   - Follow up preceptor and clinical site evaluations are conducted at a minimum of every two years in the following way:
     - A member of the Clinical Team conducts on-site visits for sites located within a 50-mile radius of the program to monitor the on-going quality of clinical sites and maintain strong relationships with preceptors.
o Documentation of follow up site/preceptor evaluation includes any significant changes of/within the facility and any significant changes in the preceptor’s practice and/or availability since prior evaluation and is included within the Follow-up Clinical Site/Preceptor Evaluation form. These visits also serve as an opportunity to address program expectations and changes thereof.

- The Clinical Team provides ongoing review of Student Evaluation of the Clinical Site/Preceptor to ensure no ratings of “Below Average” (or worse) have been received.
  o In the event a rating of “Below Average” is received, a member of the Clinical Team evaluates the reason for the rating to ascertain and document the suitability of continued use of the clinical site or preceptor.

- The Clinical Team provides ongoing review of the number and types of patient encounters students report having at the clinical site (recorded in Typhon PAST) to validate the experiential learning meets defined program expectations.

- The Clinical Team provides ongoing review of the numbers and types of technical/clinical skills procedure experiences students report having at the site (recorded in Typhon PAST) to verify students are provided opportunities to develop the program defined technical skills defined in the SCPE Syllabus.

- Concerns with clinical sites and/or preceptors based on ongoing site/preceptor evaluations, student evaluations, review of patient encounters, and/or review of clinical procedure experiences is cause for re-evaluation of the clinical site/preceptor by the Clinical Team to determine suitability of continued use of that site/preceptor. The Clinical Team may consider the following actions:
  o Conducting a site visit prior to the next student experience at the site
  o Conducting a site visit in conjunction with the next student placement
  o Telephone or email contact with the preceptor and/or office manager
  o Removal of the clinical site and/or preceptor from program use.
  o Follow up Clinical Site/Preceptor Evaluations are performed every two years for all active clinical sites. These evaluations focus on changes since the last visit, safety and security, and facility adequacy to ensure a supportive learning environment. Sites are visited more frequently when specific concerns regarding a clinical site or preceptor arise. In these cases, the Clinical team reviews the concern as documented in C4.01. Sites identified as having deficiencies in physical facilities or supervision are visited by a member of the Clinical Team to ensure that each concern is remediated prior to subsequent student placement. The visits are documented by completion of the Follow-up Clinical Site/Preceptor Evaluation form.

High Point University DPAS maintains open communication with students and preceptors. Students and Preceptors are encouraged to relay any concerns or issues (via telephone, e-mail, or in person) to a member of the Clinical Team promptly so that they can be addressed in a timely manner.

3. Preceptor Responsibilities

- The High Point University Department of Physician Assistant Studies will designate at least one Clinical Instructional Faculty member (i.e. preceptor) at each clinical site. For each clinical practice rotation, students will be provided contact information for
the designated Clinical Instructional Faculty member responsible for oversight of the student’s clinical practice experience in that rotation.

- Clinical Instructional Faculty are responsible for assessment and supervision of a student’s progress in achieving learning outcomes while the student is assigned to that clinical site/rotation. Specific responsibilities include assuring:
  - Student orientation to the site/rotation.
  - Opportunities for active patient care experiences.
  - Completion (and submission to the program) of the mid-rotation and end-of-rotation Clinical Performance Evaluations.

5. At the beginning of each student’s clinical rotation - share goals, learning objectives and outcomes for the clinical practice experience with the student in an effort to devise a plan for attainment of these.

6. Provide students with opportunities to provide supervised direct patient care and clinical skills/procedural experiences.

7. Provide early and frequent feedback to students regarding their clinical performance and ways they might improve their performance.

8. Verify and document that students have acquired program-defined competencies needed for entry-level proficiency in clinical practice if demonstrated during the rotation through appropriate completion of the Student Clinical Practice Passport.

9. Perform a mid-rotation student evaluation to provide the student with feedback concerning their performance up to that point and review progress toward fulfilling their rotation goals.

10. Complete the end-of-rotation Clinical Performance Evaluation of the student and return to the program either electronically via Typhon PAST or in a sealed envelope with signature across the seal.

4. Clinical Instructional Faculty (Preceptor) Development

Initial:
11. All preceptors are provided with electronic or printed copies of the program’s Preceptor Handbook, SCPE Rotation-specific syllabi and Program Policies and Procedures to orient them to program curriculum and instructional design, student clinical practice experience expectations and program-defined learning outcomes. Copies of required documentation related to the student rotation are also included within the Preceptor Handbook for review/discussion.

Ongoing:
12. During clinical site visits, preceptors are asked for ideas and/or suggestions for improvement of clinical practice experiences for both the preceptors and students. As these are identified, the Clinical Team compiles the information to be shared with all Clinical Instructional Faculty/Preceptors as appropriate.

13. When student evaluations of a preceptor identify a specific need for improvement, the clinical faculty works with the individual preceptor to create an individualized faculty development plan to address that need.
Clinical Rotation-Specific Objectives:

Family Medicine Rotation Objectives:
At completion of the Family Medicine rotation, the second year PA student will have an understanding of each of the following areas as they relate to the specific medical conditions noted within the Family Medicine Clinical Year Content Blueprint and will be able to:

Scientific Concepts:
1. Demonstrate medical knowledge about select health problems as noted in the Family Medicine Clinical Year Content Blueprint to include the etiology, epidemiology, pathophysiology and genetics. Apply this knowledge to the diagnosis and management of specific medical conditions.
2. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management and health promotion and disease prevention.
3. Identify underlying processes or pathways responsible for a specific condition or disease.

During the Family Medicine rotation, the physician assistant student should be able to demonstrate the ability to:

Patient Interviewing:
1. Establish effective rapport and elicit an appropriate acute, interval or comprehensive history from patients, and/or their caregivers, of any age, gender, ethnicity, race, culture and socioeconomic background that includes:
   a. Determining the purpose of visit (POV), chief complaint (CC) or major problem(s)
   b. Obtaining a brief follow-up history pertaining to a recent acute problem or a thorough history of present illness (HPI) for new problems including onset, quantity, quality and chronology of symptoms, palliative and provocative factors, location and radiation of problem, and associated symptoms
   c. Eliciting an appropriate review of systems related to specific medical conditions.
   d. Eliciting a past medical history including previous and current health problems, hospitalizations, surgeries, major injuries and childhood illnesses
   e. Determining a patient’s immunization status
   f. Determining an appropriate interval history pertaining to progression, regression, or stability of any chronic health problems
   g. Obtaining a list of all medications currently in use (prescription and over-the-counter) with dosing schedule and any history of allergies including a description of the nature of the allergic response
   h. Eliciting a social history that describes nutritional habits (diet), use of recreation substances (alcohol, tobacco and/or other drugs), education, employment and socioeconomic history, and sexual history (when pertinent) including risk behaviors and past sexually transmitted infections (STIs)
   i. Determining any family history pertaining to exposure to illness, familial predisposition to disease, or genetic transmission
   j. Determining preventative health strategies pursued by the patient
k. Determining the meaning of pertinent historical information relative to specific medical conditions or diseases listed within the Family Medicine Clinical Year Content Blueprint

2. Record all pertinent positive and negative historical data in a clear and concise manner using appropriate medical terminology and standard medical abbreviations approved by the facility.

Physical Examination
1. Recognize possible relationships between symptoms elicited in the medical history and potential physical findings that must be assessed in the physical examination.
2. Perform a problem-focused or complete physical examination appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient’s ability to participate in the examination.
3. Demonstrate safe and appropriate use of any required instruments or equipment including:
   a. Auscultation using the bell and diaphragm features of the stethoscope;
   b. Non-invasive blood pressure (NIBP) measurement instruments
   c. Selection and use of sphygmomanometers of the appropriate size;
   d. Oral, rectal, and ear thermometers/thermists
   e. Pulse oximeters
   f. Oto/ophthalmoscopes
   g. Percussion hammers
   h. Tuning forks
   i. Snellen chart
   j. Pseudoisochromatic color vision (Ishihara) plates
   k. Ear curettes
   l. Woods lamp with and without fluorescein stain
4. Perform appropriate limited physical examinations to assess progression, regression, stability or complications of select health problems as noted in the Family Medicine Clinical Year Content Blueprint.
5. Document all pertinent normal and abnormal physical findings using appropriate medical terminology and facility defined acceptable medical abbreviations.

Diagnostic Studies
1. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies or other diagnostic evaluations commonly used in the family medicine outpatient setting.
2. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness.
3. Identify techniques and potential complications for common diagnostic procedures.
4. Identify laboratory and diagnostic studies considered to be the “best practice/gold standard” for the diagnosis of specific conditions listed within the Family Medicine Clinical Year Content Blueprint.
5. Properly collect the following specimens or instruct the patient on collection procedures when indicated and applicable:
   a. Venous and arterial blood samples
   b. Clean-catch and “dirty” urine specimens
c. Sputum samples
d. Fecal specimens
e. Wound and blood samples for aerobic and anaerobic culture
f. Urethral and cervical swabs for STI testing
g. Cervical scrapings for cancer screening
h. Vaginal swabs for microscopy
i. Skin scrapings for microscopy
j. Skin biopsies

6. Perform and interpret the following diagnostic procedures when indicated and applicable:
   a. Waived laboratory procedures including whole blood glucose, hemoglobin, microhematocrit, dipstick urinalysis, and rapid serologic tests for group A streptococcus.
   b. 3-lead monitoring and 12-lead diagnostic electrocardiography (ECG)
   c. Intradermal (PPD) tuberculosis screening
d. Peak flow measurements

7. Correctly interpret findings/results on the following diagnostic tests:
   a. Complete blood count
   b. Peripheral blood smear
c. Basic metabolic panel
d. Comprehensive metabolic panel
e. Liver function test
f. Renal function test
g. Glycosylated hemoglobin
h. Sedimentation rate
i. Lipid panel
j. Hepatitis panel
k. Cardiac biomarkers
l. PT/INR and PTT
m. Thyroid function test
n. C-reactive protein
   o. Iron studies
   p. Microscopic urinalysis and culture
   q. Sputum gram stain and culture
   r. Monospot testing
   s. Plain film radiographic images

Diagnosis Formulation
1. Integrate normal and abnormal findings from the medical history, physical examination and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses.
2. Demonstrate the continued development of clinical reasoning skills including the ability to compare and contrast critical differences of disease states that comprise the differential diagnosis for a given patient presentation.
3. Ascertain the need for and order/perform additional diagnostic assessments if indicated to adequately evaluate the differential diagnoses list.
4. Recognize personal limitations in knowledge base and/or abilities to establish a definitive diagnosis in certain situations and use the medical literature and evidence
based medicine evaluative skills to answer critical diagnostic questions or determine the need for referral/consultation.

5. Establish a most likely diagnosis based upon historical information, physical examination findings, laboratory and diagnostic study findings and literature research when needed.

Clinical Interventions

1. Develop patient-centered, comprehensive therapeutic management plans that are based upon assessment/diagnosis, concurrent treatments the patient is following for other medical problems, evidence based guidelines and patient readiness and ability to comply.

2. Identify potential complications of specific clinical interventions and procedures performed commonly in the family medicine outpatient setting.

3. Initiate (prescribe) appropriate pharmacotherapeutics based upon diagnosis, signs/symptoms, potential drug interactions, existing allergies, and evidence based therapeutic guidelines.

4. Provide patient education about medication usage to include the reason for the taking medication, dosing schedule, expected outcomes, and potential adverse effects.

5. Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events and effectiveness.

6. Evaluate the severity of patient condition in terms of need for office procedure, medical and/or surgical referral, admission to the hospital or other appropriate setting.

7. Select non-pharmocologic modalities (e.g. physical therapy, surgery, counseling) to integrate into patient management plans.

8. Identify and direct patients to available community resources specific to the needs of individual patients within a diverse family medicine practice population. Specify indications for referral to the following practitioners:
   a. Psychiatrist
   b. Ophthalmologist
   c. Oncologist/Hematologist
   d. Orthopedic surgeon
   e. Cardiothoracic surgeon
   f. Pulmonologist
   g. Plastic surgeon
   h. Urologist
   i. Endocrinologist

9. Specify indications for referral to the following professionals:
   a. Social worker
   b. Physical therapist
   c. Occupational therapist
   d. Athletic trainer
   e. Respiratory therapist
   f. Ethics team
Health Maintenance
1. Determine the appropriate history and physical examination in screening an asymptomatic patient during a well-care visit based on age and gender.
2. Identify growth and human development milestones.
3. Assess patient health risks based upon data collected in the medical history, physical examination and results of diagnostic testing.
4. Recognize the impact of stress on health and the psychological manifestations of illness and injury.
5. Recognize the impact of environmental and occupational exposures on health.
6. Recognize risk factors for conditions amenable to prevention or detection in an asymptomatic individual.
7. Utilizing U.S. Preventive Services Task Force (USPSTF) recommendations, identify and perform/order preventive screening procedures as part of a patient’s health maintenance plan.
8. Recognize common barriers to care.
9. Determine appropriate counseling, as well as patient and family education, related to preventable health problems including communicable and infectious diseases, healthy lifestyle and lifestyle modifications, immunization schedules and the relative value of common health screening tests/procedures.
10. Identify the risks and benefits of immunizations.

Cross-Cultural Skills
1. Demonstrate awareness of personal biases and the socioeconomic and cultural factors that may affect their interpersonal communication, assessment, treatment, and clinical-decision making in caring for individuals from different cultural, ethnic, racial, socio-economic or other diversity backgrounds.
2. Effectively elicit and document the patient’s explanatory model and assess the patient’s spiritual values and practices during patient encounters.
3. Recognize need for and appropriately utilize informal and/or formally trained interpreters.
4. Utilize reflective practice techniques to evaluate cross cultural encounters to improve quality of personal practices and health care outcomes.
5. Respond to patient diversity, preferences, beliefs and cultural background in a nonjudgmental manner.

Interpersonal and Communication Skills
1. Document their performance of all patient assessment activities, management plans and patient education for acute and chronic health problems seen in the family medicine outpatient setting.
2. Demonstrate the ability to write organized, timely and accurate patient progress notes.
3. Deliver coherent, accurate and succinct patient presentations to preceptors and/or other medical professionals involved in the care of the patient.
4. Demonstrate interpersonal skills that will enhance communication with the patient, the patient’s caregiver and/or family.
5. Demonstrate the ability to counsel patients about signs and effects of harmful personal behavior and habits.
Professionalism

1. Recognize the importance of and have the ability to identify and direct patients to available community resources specific to the needs of individual patients within a diverse family medicine practice population.

2. Identify the roles of the following members of the health care team and how to implement their services appropriately.
   a. Specialty consults
   b. Nursing
   c. Physical therapy
   d. Occupational therapy
   e. Respiratory therapy
   f. Pharmacy
   g. Dietary services
   h. Home health
   i. Social work
   j. Laboratory services
   k. Medical Interpreters

3. Compare and contrast the discipline specific approach of family practitioners versus the approach of providers within other disciplines (i.e. internists/hospitalists, pediatricians, surgeons, OB/Gyn, emergency medicine physicians and behavioral medicine physicians) to patient care and also demonstrate an understanding of the role of the family practitioner in coordinating care with other providers and specialists.

4. Demonstrate appropriate professional demeanor, ethics and respect for patient’s confidentiality.

Practice-based learning and improvement

1. Recognize their own personal biases, gaps in medical knowledge and physical limitations as well as those of others.

2. Review and expand their core knowledge by reading suggested/recommended textbooks, journal articles and/or other medical literature resources.

3. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.

4. Apply the principles of evidence-based medicine to answer a clinical question related to a patient in the Family Practice setting.

Systems based practice

1. Recognize the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.

2. Identify cost-effective health care and resource allocation strategies that do not compromise quality of patient care.

3. Advocate for quality patient care and assist patients in dealing with system complexities.
Diagnostic and Therapeutic Technical Skills

Upon completion of the supervised clinical practice experiences, physician assistant students should be able to demonstrate/perform the following technical skills in which they have received prior instruction during the didactic phase of the program. Throughout the clinical phase of the program, students will have the opportunity to gain further instruction and continue practicing these skills and procedures in order to improve their technique. Students are required to log performance of all procedures/skills performed during each rotation, via Typhon clinical tracking system. It is not expected that students will be exposed to all of the below listed procedures on all rotations. It is denoted below as to which clinical rotations students will most likely have the greatest opportunities for each skill/procedure. However, students are expected to proactively pursue any opportunity to participate in such procedures during their clinical rotations to increase their skills set and expand their personal clinical portfolios. Program faculty have set benchmarks (see table below) for logging of those procedures below in **bold** which represent the skills and procedures common to primary care for which students are expected to have entry-level competency in performing by completion of the program as outlined within the Program Learning Outcomes. Students must be prepared to demonstrate competency on any of the following skills that appear in **bold**, as they will be tested on **randomly selected skills/procedures** during End-of-Rotation OSCE’s as well as at the time of Summative evaluation.

1. **Vascular Access and General Skills**
   a. Venipuncture (FM, IM, EM)
   b. Arterial puncture (IM, EM)
   c. Peripheral IV catheterization (FM, IM, EM, Peds)
   d. Central venous catheterization (EM, IM, S)
   e. Intramuscular, subcutaneous, intradermal and intravenous injections (FM, EM, Peds)

2. **Laboratory and Diagnostic Imaging Skills**
   a. Interpret peripheral blood smears (FM, Peds)
   b. Collection of specimens for aerobic and anaerobic cultures (FM, Peds, IM, EM, S)
   c. Blood glucose testing (FM, Peds, IM, EM, WH)
   d. Fecal occult blood testing (FM, IM, ER)
   e. Hemoglobin and microhematocrit testing (Peds, FM)
   f. Rapid Strep-A antigen testing (Peds, FM, EM)
   g. Dipstick urinalysis (FM, Peds, WH, BH)
   h. Urine pregnancy (hCG) testing (FM, WH, Peds)
   i. Microscopic examination of urinary sediment (FM, WH)
   j. Microscopic examination of a KOH wet prep (FM, WH)
   k. Microscopic examination of skin scrapings and hair (FM, Peds)
   l. Interpret plain film radiographic images (IM, EM, FM, Peds)

3. **EENT Skills**
   a. Foreign body removal from skin, eyes, nose, and ears (FM, Peds, EM, S)
   b. Visual acuity and color vision screening (FM, Peds)
   c. Eye irrigation (FM, EM, Peds)
   d. Wood’s lamp corneal examination (w/fluorescein staining) (FM, EM, Peds)
   e. Hearing acuity screening (FM, Peds)
   f. Tympanometry (FM, EM)
   g. Irrigation of the external auditory canal (FM, Peds, ER)
h. Anterior nasal packing (FM, Peds, EM, S)

4. Cardiovascular Skills
   a. **Perform and interpret 3-lead (rhythm) and 12-lead electrocardiogram (ECG) (FM, IM, Peds, EM)**
   b. Identify the following heart sounds: S1, S2, gallops, and murmurs (FM, IM, Peds, S, EM)
   c. Doppler assessment of peripheral or prenatal fetal pulses (FM, IM, WH, S, EM)

5. Respiratory Skills
   a. Peak flow testing (FM, IM, EM, Peds)
   b. **Pulmonary function testing (spirometry) (FM, Peds)**
   c. Pharyngeal suctioning (IM, EM)
   d. Tracheal and bronchial suctioning (IM, EM)
   e. Endotracheal intubation (EM, S, IM)
   f. Laryngeal mask airway (LMA) placement (EM, IM)
   g. Needle decompression of a pneumothorax (EM, S)
   h. Thoracentesis and chest tube placement (EM, S, IM)

6. GI/GU Skills
   a. Urinary bladder catheterization (IM, EM, S)
   b. Naso- /oro- gastric intubation and lavage (IM, S, EM)
   c. Digital rectal/prostate exam (FM, EM, IM)
   d. Anoscopy (FM, IM, EM)

7. Orthopedic Skills
   a. **Splinting and casting (FM, EM, Peds)**
   b. Arthrocentesis/intraarticular injection of the large joints (knee, shoulder, hip) (FM, EM)
   c. **Bursa/joint aspirations and injections (FM, EM)**

8. Neurology Skills
   a. Lumbar puncture (IM)
   b. **Interpret EEG report**

9. Reproductive Health Skills
   a. Vaginal newborn delivery (WH, EM)
   b. Pelvic exam for collection of urethral, vaginal and/or cervical specimens for STI testing (WH, FM, IM, EM, Peds)
   c. **Pelvic exam for collection of vaginal and cervical specimens for cytologic (PAP) examination (FM, WH)**
   d. Clinical breast exam (FM, WH, S)

10. Surgical Skills
    a. Aseptic technique (S, EM, IM, FM, Peds)
    b. Administration of local anesthesia and digital nerve blocks (S, EM, IM, FM, Peds)
    c. **Wound closure with sutures, liquid skin adhesive, steri-strips and staples (S, IM, FM, Peds)**
    d. Superficial wound incision and drainage and packing (FM, EM, S, Peds)
    e. **Wound care, debridement, and dressing (FM, S, IM, EM)**
    f. Skin punch, excisional and shave biopsy procedures (FM, S)
    g. Toenail removal/wedge resection (EM, FM, S)
    h. Chemical and electrical cautery (FM, EM, S, IM)
i. Cryotherapy of skin lesions (FM, Peds, S)

j. Electrodessication of skin lesions (FM, Peds, S)

k. Subungual hematoma trephination (EM, FM, Peds)

11. Life Support Skills
   a. Basic life support (BLS) procedures (EM, IM, FM, S, Peds, WH, BH)
   b. Advance cardiac life support (ACLS) procedures (EM, IM, FM, S, WH, BH)
   c. Pediatric advanced life support (PALS) procedures (Peds, FM, S, IM, EM, BH)

** FM = Family Medicine, Peds = Pediatrics, EM = Emergency Medicine, S = Surgery, IM = Inpatient Medicine, WH = Women’s Health, BH = Behavioral Health **

Inpatient Medicine Rotation Objectives:
At completion of the Inpatient Medicine rotation, the second year PA student will have an understanding of each of the following areas as they relate to the specific medical conditions noted within the PAEA Internal Medicine EOR Exam Topic List at the end of this syllabus and will be able to:

Scientific Concepts:
1. Demonstrate medical knowledge about specific medical conditions in the PAEA INTERNAL MEDICINE END OF ROTATION EXAM TOPIC LIST & BLUEPRINT to include the etiology, epidemiology, pathophysiology and genetics. Apply this knowledge to the diagnosis and management of specific medical conditions.

2. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management and health promotion and disease prevention.

3. Identify underlying processes or pathways responsible for a specific condition or disease.

Patient Interviewing
1. Establish effective rapport and elicit an appropriate acute, interval or comprehensive history from patients, and/or their caregivers, of any age, gender, ethnicity, race, culture and socioeconomic background that includes:
   a. Determining the purpose of visit (POV), chief complaint (CC) or major problem(s)
   b. Obtaining a brief follow-up history pertaining to a recent acute problem or a thorough history of present illness (HPI) for new problems including onset, quantity, quality and chronology of symptoms, palliative and provocative factors, location and radiation of problem, and associated symptoms
   c. Eliciting an appropriate review of systems
   d. Eliciting a past medical history including previous and current health problems, hospitalizations, surgeries, major injuries and childhood illnesses
   e. Determining a patient’s immunization status
   f. Determining an appropriate interval history pertaining to progression, regression, or stability of any chronic health problems
g. Obtaining a list of all medications currently in use (prescription and over-the-counter) with dosing schedule and any history of allergies including a description of the nature of the allergic response

h. Eliciting an age-appropriate social history that describes nutritional habits (diet), use of recreation substances (alcohol, tobacco and/or other drugs), education, activities or employment, behaviors and past sexually transmitted infections (STIs)

i. Determining any family history pertaining to exposure to illness, familial predisposition to disease, or genetic transmission.

j. Determining preventive health strategies pursued by the patient.

k. Determining the meaning of pertinent historical information relative to specific medical conditions or diseases common to internal medicine.

2. Record all pertinent positive and negative historical data in a clear and concise manner using appropriate medical terminology and standard medical abbreviations approved by the facility.

Physical Examination

1. Recognize possible relationships between symptoms elicited in the medical history and potential physical findings that must to be assessed in the physical examination.

2. Perform a problem-focused or complete physical examination appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient’s ability to participate in the examination.

3. Demonstrate safe and appropriate use of any required instruments or equipment including:
   a. Auscultation using the bell and diaphragm features of the stethoscope;
   b. Non-invasive blood pressure (NIBP) measurement instruments
   c. Selection and use of sphygmomanometers of the appropriate size;
   d. Oral, rectal, and ear thermometers/thermistors
   e. Pulse oximeters
   f. Oto/ophthalmoscopes
   g. Percussion hammers
   h. Tuning forks
   i. Snellen chart
   j. Pseudoisochromatic color vision (Ishihara) plates
   k. Ear curettes
   l. Woods lamp and fluorescein

4. Perform appropriate limited physical examinations to assess progression, regression, stability or complications of chronic illnesses.

5. Document all pertinent normal and abnormal physical findings using appropriate medical terminology and facility defined acceptable medical abbreviations.

Diagnostic Studies

1. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies or other diagnostic evaluations commonly used in Inpatient Medicine.

2. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness.
3. Identify techniques and potential complications for common diagnostic procedures.
4. Identify laboratory and diagnostic studies considered to be the “best practice/gold standard” for the diagnosis of common conditions listed within the PAEA INTERNAL MEDICINE END OF ROTATION EXAM TOPIC LIST & BLUEPRINT.
5. Properly collect the following specimens or instruct the patient on collection procedures when indicated and applicable for each SCPE rotation:
   a. Venous and arterial blood samples
   b. Clean-catch and “dirty” urine specimens
   c. Sputum samples
   d. Stool samples
   e. Wound and blood samples for aerobic and anaerobic culture
   f. Urethral and cervical swabs for STI testing
   g. Cervical scrapings for cancer screening
   h. Vaginal swabs for microscopy
   i. Skin scrapings for microscopy
   j. Skin biopsies
6. Perform and interpret the following diagnostic procedures specific to each SCPE rotation:
   a. Waived laboratory procedures including whole blood glucose, hemoglobin, microhematocrit, dipstick urinalysis, and rapid serologic tests for group A streptococcus.
   b. 3-lead monitoring and 12-lead diagnostic electrocardiography (ECG)
   c. Intradermal (PPD) tuberculosis screening
   d. Peak flow measurements
7. Correctly interpret findings/results on the following diagnostic tests when indicated and applicable:
   a. Complete blood count
   b. Peripheral blood smear
   c. Basic metabolic panel and Comprehensive metabolic panel
   d. Liver function test
   e. Renal function test
   f. Glycosylated hemoglobin
   g. Sedimentation rate
   h. Lipid panel
   i. Hepatitis panel
   j. Cardiac biomarkers
   k. PT/INR and PTT
   l. Thyroid function test
   m. C-reactive protein
   n. Iron Studies
   o. Microscopic urinalysis and urine culture
   p. Carbon monoxide level
   q. Blood culture
   r. Sputum gram stain and culture
   s. Monospot testing
   t. Plain film radiographic images
**Diagnosis Formulation**

1. Integrate normal and abnormal findings from the medical history, physical examination and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses.
2. Demonstrate the continued development of clinical reasoning skills including the ability to compare and contrast critical differences of disease states that comprise the differential diagnosis for a given patient presentation.
3. Ascertain the need for and order/perform additional diagnostic assessments if indicated to adequately evaluate the differential diagnoses list.
4. Recognize personal limitations in knowledge base and/or abilities to establish a definitive diagnosis in certain situations and use the medical literature and evidence based medicine evaluative skills to answer critical diagnostic questions or determine the need for referral/consultation.
5. Establish a most likely diagnosis based upon historical information, physical examination findings, laboratory and diagnostic study findings and literature research when needed.

**Clinical Interventions**

1. Develop patient-oriented comprehensive therapeutic management plans that are based upon assessment/diagnosis, concurrent treatments the patient is following for other medical problems, evidence based guidelines specific to internal medicine, and patient readiness and ability to comply.
2. Identify potential complications of specific clinical interventions and procedures.
3. Initiate (prescribe) appropriate pharmacotherapeutics based upon diagnosis, signs/symptoms, potential drug interactions, existing allergies, and evidence based therapeutic guidelines specific to inpatient medicine.
4. Provide patient education about medication usage to include the reason for the taking medication, dosing schedule, expected outcomes, and potential adverse effects.
5. Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events and effectiveness.
6. Evaluate the severity of patient condition in terms of need for office procedure, medical and/or surgical referral, admission to the hospital or other appropriate setting.
7. Select non-pharmacologic modalities (e.g. group therapy, social services, counseling) to integrate into patient management plans.
8. Identify and direct patients and/or caregivers to available community resources specific to the needs of individual patients.
9. For additional guidance, please refer to the Diagnostic and Technical Skills List and Benchmarks in the Clinical Manual

**Health Maintenance**

1. Assess patient health risks based upon data collected in the medical history, physical examination and results of diagnostic testing.
2. Recognize the impact of stress on health and the psychological manifestations of illness and injury.
3. Recognize the impact of environmental and occupational exposures on health.
4. Recognize common barriers to care.
5. Determine appropriate counseling, as well as patient and family education, related to preventable health problems including communicable and infectious diseases, healthy lifestyle and lifestyle modifications, and the relative value of common health screening tests/procedures specific to inpatient medicine.

Cross-Cultural Skills
1. Demonstrate awareness of personal biases and the socio-cultural factors that may affect their interpersonal communication, assessment, treatment, and clinical-decision making in caring for individuals from different cultural, ethnic, racial, socio-economic or other diversity backgrounds.
2. Effectively elicit and document the patient’s explanatory model and assess the patient’s spiritual values and practices during patient encounters.
3. Recognize need for and appropriately utilize informal and/or formally trained interpreters.
4. Utilize reflective practice techniques to evaluate cross cultural encounters to improve quality of personal practices and health care outcomes.
5. Respond to patient diversity, preferences, beliefs and cultural background in a nonjudgmental manner.

Interpersonal and Communication Skills
1. Document admission history and physical examinations, management plans, write appropriate orders and document patient education based on the patient’s admitting diagnosis and comorbidities in the inpatient setting.
2. Document discharge summaries that overview the patient’s hospital stay and details the discharge planning.
3. Demonstrate the ability to write organized, timely and accurate patient progress notes.
4. Deliver coherent, accurate and succinct oral presentations.
5. Demonstrate interpersonal skills that will enhance communication with the hospitalized patient and/or the patient’s caregiver and family in the hospital setting.
6. Demonstrate the ability to counsel patients about signs and effects of harmful personal behavior and habits.

Professionalism
1. Recognize the importance of and have the ability to identify and direct patients to available community resources specific to the needs of patients in the hospital setting. Develop an awareness and basic understanding of key issues surrounding the hospitalist role including: equitable allocation of resources, care of vulnerable populations, drug safety, nutrition, palliative care, patient handoffs, patient safety, prevention of healthcare associated morbidity, leading the patient-centered team, and care transitions.
2. Compare and contrast the discipline specific approach of hospitalists versus the approach of providers within other disciplines (i.e. family practitioners, pediatricians, surgeons, OB/Gyn, emergency medicine physicians and behavioral medicine physicians) to patient care.
3. Demonstrate an understanding of the role of the hospitalist in coordinating care with other providers and specialists.
4. Identify the roles of the following members of the health care team and how to
implement their services appropriately within a hospital setting.

a. Specialty consults
b. Nursing
c. Pharmacy
d. Dietary services
e. Home care
f. Social work
g. Laboratory services
h. Medical Interpreters

5. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.

Practice-based learning and improvement
1. Recognize their own personal biases, gaps in medical knowledge and physical limitations as well as those of others.
2. Review and expand their core knowledge by reading suggested, recommended textbooks.
3. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.
4. Apply the principles of evidence-based medicine to answer a clinical question related to hospitalized patients.

Systems based practice
1. Recognize the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.
2. Identify cost-effective health care and resource allocation strategies that do not compromise quality of patient care.
3. Advocate for quality patient care and assist patients in dealing with system complexities.

Diagnostic and Therapeutic Technical Skills
Upon completion of the supervised clinical practice experiences, physician assistant students should be able to demonstrate/perform the following technical skills in which they have received prior instruction during the didactic phase of the program. Throughout the clinical phase of the program, students will have the opportunity to gain further instruction and continue practicing these skills and procedures in order to improve their technique. Students are required to log performance of all procedures/skills performed during each rotation, via Typhon clinical tracking system. It is not expected that students will be exposed to all of the below listed procedures on all rotations. It is denoted below as to which clinical rotations students will most likely have the greatest opportunities for each skill/procedure. However, students are expected to proactively pursue any opportunity to participate in such procedures during their clinical rotations to increase their skills set and expand their personal clinical portfolios. Program faculty have set benchmarks (see table below) for logging of those procedures below in bold which represent the skills and procedures common to primary care for which students are expected to have entry-level competency in performing by completion of the program as outlined within the Program Learning Outcomes. Students must be prepared to demonstrate competency on any of the following skills that appear
in **bold**, as they will be tested on **randomly selected skills/procedures** during End-of-Rotation OSCE's as well as at the time of Summative evaluation.

1. Vascular Access and General Skills
   a. **Venipuncture (FM, IM, EM)**
   b. Arterial puncture (IM, EM)
   c. **Peripheral IV catheterization (FM, IM, EM, Peds)**
   d. Central venous catheterization (EM, IM, S)
   e. **Intramuscular, subcutaneous, intradermal and intravenous injections (FM, EM, Peds)**

2. Laboratory and Diagnostic Imaging Skills
   a. **Interpret peripheral blood smears (FM, Peds)**
   b. **Collection of specimens for aerobic and anaerobic cultures (FM, Peds, IM, EM, S)**
   c. Blood glucose testing (FM, Peds, IM, EM, WH)
   d. Fecal occult blood testing (FM, IM, ER)
   e. Hemoglobin and **microhematocrit testing (Peds, FM)**
   f. **Rapid Strep-A antigen testing (Peds, FM, EM)**
   g. **Dipstick urinalysis (FM, Peds, WH, BH)**
   h. Urine pregnancy (hCG) testing (FM, WH, Peds)
   i. Microscopic examination of urinary sediment (FM, WH)
   j. Microscopic examination of a KOH wet prep (FM, WH)
   k. Microscopic examination of skin scrapings and hair (FM, Peds)
   l. **Interpret plain film radiographic images (IM, EM, FM, Peds)**

3. EENT Skills
   a. Foreign body removal from skin, eyes, nose, and ears (FM, Peds, EM, S)
   b. Visual acuity and color vision screening (FM, Peds)
   c. Eye irrigation (FM, EM, Peds)
   d. Wood’s lamp corneal examination (w/fluorescein staining) (FM, EM, Peds)
   e. Hearing acuity screening (FM, Peds)
   f. **Tympanometry (FM, EM)**
   g. Irrigation of the external auditory canal (FM, Peds, ER)
   h. Anterior nasal packing (FM, Peds, EM, S)

4. Cardiovascular Skills
   a. **Perform and interpret 3-lead (rhythm) and 12-lead electrocardiogram (ECG) (FM, IM, Peds, EM)**
   b. Identify the following heart sounds: S1, S2, gallops, and murmurs (FM, IM, Peds, S, EM)
   c. Doppler assessment of peripheral or prenatal fetal pulses (FM, IM, WH, S, EM)

5. Respiratory Skills
   a. Peak flow testing (FM, IM, EM, Peds)
   b. **Pulmonary function testing (spirometry) (FM, Peds)**
   c. Pharyngeal suctioning (IM, EM)
   d. Tracheal and bronchial suctioning (IM, EM)
   e. Endotracheal intubation (EM, S, IM)
   f. Laryngeal mask airway (LMA) placement (EM, IM)
   g. Needle decompression of a pneumothorax (EM, S)
   h. Thoracentesis and chest tube placement (EM, S, IM)
6. GI/GU Skills
   a. Urinary bladder catheterization (IM, EM, S)
   b. Naso-/oro-gastric intubation and lavage (IM, S, EM)
   c. Digital rectal/prostate exam (FM, EM, IM)
   d. Anoscopy (FM, IM, EM)

7. Orthopedic Skills
   a. Splinting and casting (FM, EM, Peds)
   b. Arthrocentesis/intraarticular injection of the large joints (knee, shoulder, hip) (FM, EM)
   c. Bursa/joint aspirations and injections (FM, EM)

8. Neurology Skills
   a. Lumbar puncture (IM)
   b. Interpret EEG report

9. Reproductive Health Skills
   a. Vaginal newborn delivery (WH, EM)
   b. Pelvic exam for collection of urethral, vaginal and/or cervical specimens for STI testing (WH, FM, IM, EM, Peds)
   c. Pelvic exam for collection of vaginal and cervical specimens for cytologic (PAP) examination (FM, WH)
   d. Clinical breast exam (FM, WH, S)

10. Surgical Skills
    a. Aseptic technique (S, EM, IM, FM, Peds)
    b. Administration of local anesthesia and digital nerve blocks (S, EM, IM, FM, Peds)
    c. Wound closure with sutures, liquid skin adhesive, steri-strips and staples (S, EM, IM, FM, Peds)
    d. Superficial wound incision and drainage and packing (FM, EM, S, Peds)
    e. Wound care, debridement, and dressing (FM, S, IM, EM)
    f. Skin punch, excisional and shave biopsy procedures (FM, S)
    g. Toenail removal/wedge resection (EM, FM, S)
    h. Chemical and electrical cauterization (FM, EM, S, IM)
    i. Cryotherapy of skin lesions (FM, Peds, S)
    j. Electroodessication of skin lesions (FM, Peds, S)
    k. Subungual hematoma trephination (EM, FM, Peds)

11. Life Support Skills
    a. Basic life support (BLS) procedures (EM, IM, FM, S, Peds, WH, BH)
    b. Advance cardiac life support (ACLS) procedures (EM, IM, FM, S, WH, BH)
    c. Pediatric advanced life support (PALS) procedures (Peds, FM, S, IM, EM, BH)

** FM = Family Medicine, Peds = Pediatrics, EM = Emergency Medicine, S = Surgery, IM = Inpatient Medicine, WH = Women’s Health, BH = Behavioral Health **

** EMERGENCY MEDICINE ROTATION OBJECTIVES: **

At completion of the Emergency Medicine rotation, the second year PA student will have an understanding of each of the following areas as they relate to the specific medical conditions noted within the PAEA EOR Exam Topic List at the end of this syllabus and will be able to:
Scientific Concepts:
1. Demonstrate medical knowledge about specific medical conditions in the PAEA EMERGENCY MEDICINE END OF ROTATION EXAM TOPIC LIST & BLUEPRINT to include the etiology, epidemiology, pathophysiology and genetics. Apply this knowledge to the diagnosis and management of specific medical conditions.
2. Recognize and manage life-threatening emergencies jointly with the multi-disciplinary physician-lead team.
3. Demonstrate a systematic and thorough approach to caring for the seriously ill patient, recognizing the importance of potential patient-specific variations in disease presentation and their impact on evaluation and management decisions.
4. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management and health promotion and disease prevention.
5. Identify underlying processes or pathways responsible for a specific condition or disease.

Patient Interviewing
1. Establish effective rapport and elicit an appropriate acute, interval or comprehensive history from patients, and/or their caregivers, of any age, gender, ethnicity, race, culture and socioeconomic background that includes:
   a. Determining the purpose of visit (POV), chief complaint (CC) or major problem(s)
   b. Obtaining a brief follow-up history pertaining to a recent acute problem or a thorough history of present illness (HPI) for new problems including onset, quantity, quality and chronology of symptoms, palliative and provocative factors, location and radiation of problem, and associated symptoms
   c. Eliciting an appropriate review of systems related to specific medical conditions.
   d. Eliciting a past medical history including previous and current health problems, hospitalizations, surgeries, major injuries and childhood illnesses
   e. Determining a patient’s immunization status
   f. Determining an appropriate interval history pertaining to progression, regression, or stability of any chronic health problems
   g. Obtaining a list of all medications currently in use (prescription and over-the-counter) with dosing schedule and any history of allergies including a description of the nature of the allergic response
   h. Eliciting a social history that describes nutritional habits (diet), use of recreation substances (alcohol, tobacco and/or other drugs), education, employment and socioeconomic history, and sexual history (when pertinent) including risk behaviors and past sexually transmitted infections (STIs)
   i. Determining any family history pertaining to exposure to illness, familial predisposition to disease, or genetic transmission.
   j. Determining preventive health strategies pursued by the patient
   k. Determining the meaning of pertinent historical information relative to specific medical conditions or diseases noted within the PAEA EMERGRNCY MEDICINE EOR Exam Topic List
2. Record all pertinent positive and negative historical data in a clear and concise manner using appropriate medical terminology and standard medical abbreviations approved by the facility.

**Physical Examination**

1. Recognize possible relationships between symptoms elicited in the medical history and potential physical findings that must be assessed in the physical examination.
2. Perform a problem-focused or complete physical examination appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient’s ability to participate in the examination.
3. Demonstrate safe and appropriate use of any required instruments or equipment including:
   a. Auscultation using the bell and diaphragm features of the stethoscope;
   b. Non-invasive blood pressure (NIBP) measurement instruments
   c. Selection and use of sphygmomanometers of the appropriate size;
   d. Oral, rectal, and ear thermometers/thermists
   e. Pulse oximeters
   f. Oto/ophthalmoscopes
   g. Percussion hammers
   h. Tuning forks
   i. Snellen chart
   j. Pseudoisochromatic color vision (Ishihara) plates
   k. Ear curettes
   l. Woods lamp with and without fluorescein stain
4. Perform appropriate limited physical examinations to assess progression, regression, stability or complications of select health problems as noted in the PAEA EMERGENCY MEDICINE EOR EXAM Topic List.
5. Document all pertinent normal and abnormal physical findings using appropriate medical terminology and facility defined acceptable medical abbreviations.

**Diagnostic Studies**

1. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies or other diagnostic evaluations commonly used in Emergency Medicine.
2. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to Emergency Medicine.
3. Identify techniques and potential complications for common diagnostic procedures.
4. Identify laboratory and diagnostic studies considered to be the “best practice/gold standard” for the diagnosis of common conditions listed within the PAEA EMERGENCY MEDICINE END OF ROTATION EXAM TOPIC LIST & BLUEPRINT.
5. Properly collect the following specimens or instruct the patient on collection procedures when indicated and applicable:
   a. Venous and arterial blood samples
   b. Clean-catch and “dirty” urine specimens
   c. Sputum samples
d. Stool samples  
e. Wound and blood samples for aerobic and anaerobic culture  
f. Urethral and cervical swabs for STI testing  
g. Cervical scrapings for cancer screening  
h. Vaginal swabs for microscopy  
i. Skin scrapings for microscopy  
j. Skin biopsies

6. Perform and interpret the following diagnostic procedures when indicated and applicable:
   a. Waived laboratory procedures including whole blood glucose, hemoglobin, microhematocrit, dipstick urinalysis, and rapid serologic tests for group A streptococcus.
   b. 3-lead monitoring and 12-lead diagnostic electrocardiography (ECG)
   c. Intradermal (PPD) tuberculosis screening
   d. Peak flow measurements

7. Correctly interpret findings/results on the following diagnostic tests:
   a. Complete blood count
   b. Peripheral blood smear
   c. Basic metabolic panel and Comprehensive metabolic panel
   d. Liver function test
   e. Renal function test
   f. Glycosylated hemoglobin
   g. Sedimentation rate
   h. Lipid panel
   i. Hepatitis panel
   j. Cardiac biomarkers
   k. PT/INR and PTT
   l. Thyroid function test
   m. C-reactive protein
   n. Iron Studies
   o. Microscopic urinalysis and urine culture
   p. Carbon monoxide level
   q. Blood culture
   r. Sputum gram stain and culture
   s. Monospot testing
   t. Plain film radiographic images

**Diagnosis Formulation**

1. Integrate normal and abnormal findings from the medical history, physical examination and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses.
2. Demonstrate the continued development of clinical reasoning skills including the ability to compare and contrast critical differences of disease states that comprise the differential diagnosis for a given patient presentation.
3. Ascertain the need for and order/perform additional diagnostic assessments if indicated to adequately evaluate the differential diagnoses list.
4. Recognize personal limitations in knowledge base and/or abilities to establish a definitive diagnosis in certain situations and use the medical literature and evidence
based medicine evaluative skills to answer critical diagnostic questions or determine the need for referral/consultation.
5. Establish a most likely diagnosis based upon historical information, physical examination findings, laboratory and diagnostic study findings and literature research when needed.

Clinical Interventions
1. Develop patient-centered, comprehensive therapeutic management plans that are based upon assessment/diagnosis, concurrent treatments the patient is following for other medical problems, evidence based guidelines and patient readiness and ability to comply.
2. Identify potential complications of specific clinical interventions and procedures performed commonly in the emergency medicine setting.
3. Initiate (prescribe) appropriate pharmacotherapeutics based upon diagnosis, signs/symptoms, potential drug interactions, existing allergies, and evidence based therapeutic guidelines.
4. Provide patient education about medication usage to include the reason for the taking medication, dosing schedule, expected outcomes, and potential adverse effects.
5. Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events and effectiveness.
6. Evaluate the severity of patient condition in terms of need for minor procedure in the emergency department, medical or surgical referral/consultation, urgent vs. scheduled surgical intervention, admission to the hospital or other appropriate setting.
7. Select non-pharmacologic modalities (e.g. physical therapy, surgery, counseling) to integrate into patient management plans.
8. Identify and direct patients to available community resources specific to the needs of individual patients within the emergency medicine population. Specify indications for referral to the following practitioners:
   a. Psychiatrist
   b. Ophthalmologist
   c. Oncologist/Hematologist
   d. Orthopedic surgeon
   e. Cardiothoracic surgeon
   f. Pulmonologist
   g. Plastic surgeon
   h. Urologist
   i. Endocrinologist
9. Specify indications for referral to the following professionals:
   a. Social worker
   b. Physical therapist
   c. Occupational therapist
   d. Athletic trainer
   e. Respiratory therapist
   f. Ethics team
10. For additional guidance, please refer to the Diagnostic and Technical Skills List and Benchmarks in the Clinical Manual

Health Maintenance
1. Assess patient health risks based upon data collected in the medical history, physical examination and results of diagnostic testing.
2. Recognize the impact of stress on health and the psychological manifestations of illness and injury.
3. Recognize the impact of environmental and occupational exposures on health.
4. Utilizing U.S. Preventive Services Task Force (USPSTF) recommendations, identify and perform/order preventive screening procedures as part of a patient’s health maintenance plan.
5. Recognize common barriers to care.
6. Determine appropriate counseling, as well as patient and family education, related to preventable health problems including communicable and infectious diseases, healthy lifestyle and lifestyle modifications, immunization schedules and the relative value of common health screening tests/procedures.
7. Identify the risks and benefits of immunizations.

Cross-Cultural Skills
1. Demonstrate awareness of personal biases and the socio-cultural factors that may affect their interpersonal communication, assessment, treatment, and clinical-decision making in caring for individuals from different cultural, ethnic, racial, socio-economic or other diversity backgrounds.
2. Effectively elicit and document the patient’s explanatory model and assess the patient’s spiritual values and practices during patient encounters.
3. Recognize need for and appropriately utilize informal and/or formally trained interpreters.
4. Utilize reflective practice techniques to evaluate cross cultural encounters to improve quality of personal practices and health care outcomes.
5. Respond to patient diversity, preferences, beliefs and cultural background in a nonjudgmental manner.

Interpersonal and Communication Skills
1. Document their performance of all patient assessment activities, management plans and patient education for acute and chronic health problems seen in the emergency medicine setting.
2. Demonstrate the ability to write organized, timely and accurate patient progress notes.
3. Document procedures performed, providing adequate detail for the provider seeing the patient during a follow-up visit and for appropriate coding and billing.
4. Deliver coherent, accurate and succinct patient presentations to preceptors and/or other medical professionals involved in the care of the patient.
5. Demonstrate interpersonal skills that will enhance communication with the patient, the patient’s caregiver and/or family.
6. Demonstrate the ability to counsel patients about signs and effects of harmful personal behavior and habits.
**Professionalism**

1. Recognize the importance of and have the ability to identify and direct patients to available community resources specific to the needs of individual patients within the emergency medicine setting.
2. Identify the roles of the following members of the health care team and how to implement their services appropriately.
   a. Specialty consults
   b. Nursing
   c. Physical therapy
   d. Occupational therapy
   e. Respiratory therapy
   f. Pharmacy
   g. Dietary services
   h. Home health
   i. Social work
   j. Laboratory services
   k. Medical Interpreters
3. Demonstrate an understanding of the role of the emergency medicine physician in coordinating care with other providers and specialists.
4. Compare and contrast the discipline specific approach of emergency medicine physicians versus the approach of providers within other disciplines (i.e. internists/hospitalists, pediatricians, surgeons, Ob/Gyn, family practitioners and behavioral medicine physicians) to patient care.
5. Demonstrate appropriate professional demeanor, ethics and respect for patient’s confidentiality.

**Practice-based learning and improvement**

1. Recognize their own personal biases, gaps in medical knowledge and physical limitations as well as those of others.
2. Review and expand their core knowledge by reading suggested/recommended textbooks, journal articles and/or other medical literature resources.
3. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.
4. Apply the principles of evidence-based medicine to answer a clinical question related to a patient in the Emergency Medicine setting.

**Systems based practice**

1. Recognize the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.
2. Identify cost-effective health care and resource allocation strategies that do not compromise quality of patient care.
3. Advocate for quality patient care and assist patients in dealing with system complexities.

**Diagnostic and Therapeutic Technical Skills**

Upon completion of the supervised clinical practice experiences, physician assistant students *should* be able to demonstrate/perform the following technical skills in which they
have received prior instruction during the didactic phase of the program. Throughout the clinical phase of the program, students will have the opportunity to gain further instruction and continue practicing these skills and procedures in order to improve their technique. Students are required to log performance of all procedures/skills performed during each rotation, via Typhon clinical tracking system. It is not expected that students will be exposed to all of the below listed procedures on all rotations. It is denoted below as to which clinical rotations students will most likely have the greatest opportunities for each skill/procedure. However, students are expected to proactively pursue any opportunity to participate in such procedures during their clinical rotations to increase their skills set and expand their personal clinical portfolios. Program faculty have set benchmarks (see table below) for logging of those procedures below in **bold** which represent the skills and procedures common to primary care for which students are expected to have entry-level competency in performing by completion of the program as outlined within the Program Learning Outcomes. Students must be prepared to demonstrate competency on any of the following skills that appear in **bold**, as they will be tested on **randomly selected skills/procedures** during End-of-Rotation OSCE’s as well as at the time of Summative evaluation.

1. **Vascular Access and General Skills**
   a. **Venipuncture (FM, IM, EM)**
   b. Arterial puncture (IM, EM)
   c. **Peripheral IV catheterization (FM, IM, EM, Peds)**
   d. Central venous catheterization (EM, IM, S)
   e. **Intramuscular, subcutaneous, intradermal and intravenous injections (FM, EM, Peds)**

2. **Laboratory and Diagnostic Imaging Skills**
   a. **Interpret peripheral blood smears (FM, Peds)**
   b. **Collection of specimens for aerobic and anaerobic cultures (FM, Peds, IM, EM, S)**
   c. Blood glucose testing (FM, Peds, IM, EM, WH)
   d. Fecal occult blood testing (FM, IM, ER)
   e. Hemoglobin and **microhematocrit testing (Peds, FM)**
   f. **Rapid Strep-A antigen testing (Peds, FM, EM)**
   g. **Dipstick urinalysis (FM, Peds, WH, BH)**
   h. Urine pregnancy (hCG) testing (FM, WH, Peds)
   i. Microscopic examination of urinary sediment (FM, WH)
   j. Microscopic examination of a KOH wet prep (FM, WH)
   k. Microscopic examination of skin scrapings and hair (FM, Peds)
   l. **Interpret plain film radiographic images (IM, EM, FM, Peds)**

3. **EENT Skills**
   a. Foreign body removal from skin, eyes, nose, and ears (FM, Peds, EM, S)
   b. Visual acuity and color vision screening (FM, Peds)
   c. Eye irrigation (FM, EM, Peds)
   d. Wood’s lamp corneal examination (w/fluorescein staining) (FM, EM, Peds)
   e. Hearing acuity screening (FM, Peds)
   f. **Tympanometry (FM, EM)**
   g. Irrigation of the external auditory canal (FM, Peds, ER)
   h. **Anterior nasal packing (FM, Peds, EM, S)**

4. **Cardiovascular Skills**

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a. **Perform and interpret 3-lead (rhythm) and 12-lead electrocardiogram (ECG)** (FM, IM, Peds, EM)
b. Identify the following heart sounds: S1, S2, gallops, and murmurs (FM, IM, Peds, S, EM)
c. Doppler assessment of peripheral or prenatal fetal pulses (FM, IM, WH, S, EM)

5. **Respiratory Skills**
   a. Peak flow testing (FM, IM, EM, Peds)
   b. **Pulmonary function testing (spirometry)** (FM, Peds)
   c. Pharyngeal suctioning (IM, EM)
   d. Tracheal and bronchial suctioning (IM, EM)
   e. Endotracheal intubation (EM, S, IM)
   f. Laryngeal mask airway (LMA) placement (EM, IM)
   g. Needle decompression of a pneumothorax (EM, S)
   h. Thoracentesis and chest tube placement (EM, S, IM)

6. **GI/GU Skills**
   a. Urinary bladder catheterization (IM, EM, S)
   b. Naso-/oro- gastric intubation and lavage (IM, S, EM)
   c. Digital rectal/prostate exam (FM, EM, IM)
   d. Anoscopy (FM, IM, EM)

7. **Orthopedic Skills**
   a. **Splinting and casting** (FM, EM, Peds)
   b. Arthrocentesis/intraarticular injection of the large joints (knee, shoulder, hip) (FM, EM)
   c. **Bursa/joint aspirations and injections** (FM, EM)

8. **Neurology Skills**
   a. Lumbar puncture (IM)
   b. **Interpret EEG report**

9. **Reproductive Health Skills**
   a. Vaginal newborn delivery (WH, EM)
   b. Pelvic exam for collection of urethral, vaginal and/or cervical specimens for STI testing (WH, FM, IM, EM, Peds)
   c. **Pelvic exam for collection of vaginal and cervical specimens for cytologic (PAP) examination** (FM, WH)
   d. Clinical breast exam (FM, WH, S)

10. **Surgical Skills**
    a. Aseptic technique (S, EM, IM, FM, Peds)
    b. Administration of local anesthesia and digital nerve blocks (S, EM, IM, FM, Peds)
    c. **Wound closure with sutures, liquid skin adhesive, steri-strips and staples** (S, EM, IM, FM, Peds)
    d. Superficial wound incision and drainage and packing (FM, EM, S, Peds)
    e. **Wound care, debridement, and dressing** (FM, S, IM, EM)
    f. Skin punch, excisional and shave biopsy procedures (FM, S)
    g. Toenail removal/wedge resection (EM, FM, S)
    h. Chemical and electrical cauterization (FM, EM, S, IM)
    i. Cryotherapy of skin lesions (FM, Peds, S)
    j. Electrodessication of skin lesions (FM, Peds, S)
k. Subungual hematoma trephination (EM, FM, Peds)

11. Life Support Skills
   a. Basic life support (BLS) procedures (EM, IM, FM, S, Peds, WH, BH)
   b. Advance cardiac life support (ACLS) procedures (EM, IM, FM, S, WH, BH)
   c. Pediatric advanced life support (PALS) procedures (Peds, FM, S, IM, EM, BH)

** FM = Family Medicine, Peds = Pediatrics, EM = Emergency Medicine, S = Surgery, IM = Inpatient Medicine, WH = Women’s Health, BH = Behavioral Health **

General Surgery Rotation Objectives:

At completion of the General Surgery rotation, the second year PA student will have an understanding of each of the following areas as they relate to the specific medical conditions noted within the PAEA EOR Exam Topic List at the end of this syllabus and will be able to:

Scientific Concepts:

1. Demonstrate medical knowledge about specific medical conditions in the PAEA GENERAL SURGERY END OF ROTATION EXAM TOPIC LIST & BLUEPRINT to include the etiology, epidemiology, pathophysiology and genetics. Apply this knowledge to the diagnosis and management of specific medical conditions.
2. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management and health promotion and disease prevention.
3. Identify underlying processes or pathways responsible for a specific condition or disease.

Patient Interviewing

1. Establish effective rapport and elicit an appropriate acute, interval preoperative, postoperative or comprehensive history from patients, and/or their caregivers, of any age, gender, ethnicity, race, culture and socioeconomic background that includes:
   a. Determining the purpose of visit (POV), chief complaint (CC) or major problem(s)
   b. Obtaining a brief follow-up history pertaining to a recent acute problem or a thorough history of present illness (HPI) for new problems including onset, quantity, quality and chronology of symptoms, palliative and provocative factors, location and radiation of problem, and associated symptoms
   c. Eliciting an appropriate review of systems related to specific medical conditions.
   d. Eliciting a past medical history including previous and current health problems, hospitalizations, surgeries, major injuries and childhood illnesses
   e. Determining a patient’s immunization status
   f. Determining an appropriate interval history pertaining to progression, regression, or stability of any chronic health problems
   g. Obtaining a list of all medications currently in use (prescription and over-the-counter) with dosing schedule and any history of allergies including a description of the nature of the allergic response
h. Eliciting a social history that describes nutritional habits (diet), use of recreation substances (alcohol, tobacco and/or other drugs), education, employment and socioeconomic history, and sexual history (when pertinent) including risk behaviors and past sexually transmitted infections (STIs)

i. Determining any family history pertaining to exposure to illness, familial predisposition to disease, or genetic transmission.

j. Determining preventive health strategies pursued by the patient

k. Determining the meaning of pertinent historical information relative to specific medical conditions or diseases noted within the PAEA GENERAL SURGERY EOR Exam Topic List

2. Record all pertinent positive and negative historical data in a clear and concise manner using appropriate medical terminology and standard medical abbreviations approved by the facility.

Physical Examination

1. Recognize possible relationships between symptoms elicited in the medical history and potential physical findings that must be assessed in the physical examination.

2. Perform a problem-focused or complete physical examination appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient’s ability to participate in the examination.

3. Demonstrate safe and appropriate use of any required instruments or equipment including:
   a. Auscultation using the bell and diaphragm features of the stethoscope;
   b. Non-invasive blood pressure (NIBP) measurement instruments
   c. Selection and use of sphygmomanometers of the appropriate size;
   d. Oral, rectal, and ear thermometers/thermistors
   e. Pulse oximeters
   f. Oto/ophthalamoscopes
   g. Percussion hammers
   h. Tuning forks
   i. Snellen chart
   j. Pseudoisochromatic color vision (Ishihara) plates
   k. Ear curettes
   l. Woods lamp with and without fluorescein stain

4. Perform appropriate limited physical examinations to assess progression, regression, stability or complications of select health problems as noted in the PAEA GENERAL SURGERY EOR EXAM Topic List.

5. Document all pertinent normal and abnormal physical findings using appropriate medical terminology and facility defined acceptable medical abbreviations.

Diagnostic Studies

1. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies or other diagnostic evaluations commonly used in General Surgery.

2. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to General Surgery.
3. Identify techniques and potential complications for common diagnostic procedures.
4. Identify laboratory and diagnostic studies considered to be the “best practice/gold standard” for the diagnosis of common conditions listed within the PAEA GENERAL SURGERY END OF ROTATION EXAM TOPIC LIST & BLUEPRINT.
5. Properly collect the following specimens or instruct the patient on collection procedures when indicated and applicable:
   a. Venous and arterial blood samples
   b. Clean-catch and “dirty” urine specimens
   c. Sputum samples
   d. Stool samples
   e. Wound and blood samples for aerobic and anaerobic culture
   f. Urethral and cervical swabs for STI testing
   g. Cervical scrapings for cancer screening
   h. Vaginal swabs for microscopy
   i. Skin scrapings for microscopy
   j. Skin biopsies
6. Perform and interpret the following diagnostic procedures when indicated and applicable:
   a. Waived laboratory procedures including whole blood glucose, hemoglobin, microhematocrit, dipstick urinalysis, and rapid serologic tests for group A streptococcus.
   b. 3-lead monitoring and 12-lead diagnostic electrocardiography (ECG)
   c. Intradermal (PPD) tuberculosis screening
   d. Peak flow measurements
7. Correctly interpret findings/results on the following diagnostic tests:
   a. Complete blood count
   b. Peripheral blood smear
   c. Basic metabolic panel and Comprehensive metabolic panel
   d. Liver function test
   e. Renal function test
   f. Glycosylated hemoglobin
   g. Sedimentation rate
   h. Lipid panel
   i. Hepatitis panel
   j. Cardiac biomarkers
   k. PT/INR and PTT
   l. Thyroid function test
   m. C-reactive protein
   n. Iron Studies
   o. Microscopic urinalysis and urine culture
   p. Carbon monoxide level
   q. Blood culture
   r. Sputum gram stain and culture
   s. Monospot testing
   t. Plain film radiographic images

Diagnosis Formulation
1. Integrate normal and abnormal findings from the medical history, physical examination and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses.
2. Demonstrate the continued development of clinical reasoning skills including the ability to compare and contrast critical differences of disease states that comprise the differential diagnosis for a given patient presentation.
3. Ascertained the need for and order/perform additional diagnostic assessments if indicated to adequately evaluate the differential diagnoses list.
4. Recognize personal limitations in knowledge base and/or abilities to establish a definitive diagnosis in certain situations and use the medical literature and evidence based medicine evaluative skills to answer critical diagnostic questions or determine the need for referral/consultation.
5. Establish a most likely diagnosis based upon historical information, physical examination findings, laboratory and diagnostic study findings and literature research when needed.

Clinical Interventions

1. Develop increasing knowledge and proficiency in the performance of clinical/surgical procedures/ skills necessary to first-assist a surgeon in a surgical setting including the ability to describe the indications, contraindications, patient preparation, and technique for common General Surgery procedures.
2. Demonstrate a basic knowledge of strategies used to identify, assess, and manage: pre-operative risks, peri-operative care/risks, life-threatening surgical emergencies, post-operative risks and complications.
3. Discuss the appropriate use of medications in the surgical patient related to such issues as dosage, indications, contraindications, interactions, complications, metabolism and excretion of medications commonly used for:
   a. Pain management
   b. Perioperative antibiotic usage
   c. Chemotherapy
   d. Inpatient considerations (e.g. sleep medications, anti-emetics, laxatives)
4. Discuss anesthetics, their indications, modes of action, contraindications, complications and combinations in:
   a. General anesthesia
   b. Spinal and regional anesthesia
   c. Regional anesthesia/field blocks
5. Practice proper technique in the following settings:
   a. Demonstrate knowledge of and ability to scrub and gown for surgery, position patient, maintain sterile technique, tie knots, suture/staple, apply dressings, transfer patient to and from O.R. table, hold retractors.
   b. Demonstrate ability to set up a sterile field outside the O.R. (for office procedures)
6. Identify potential complications of specific clinical and surgical interventions and procedures.
7. Initiate (prescribe) appropriate pharmacotherapeutics based upon diagnosis, signs/symptoms, potential drug interactions, existing allergies, and evidence based therapeutic guidelines.
8. Provide patient education about medication usage to include the reason for the taking medication, dosing schedule, expected outcomes, and potential adverse effects.
9. Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events and effectiveness.
10. Evaluate the severity of patient condition in terms of need for medical referral/consultation, urgent vs. scheduled office procedure, urgent vs. scheduled surgical intervention, admission to the hospital or other appropriate setting.
11. Select non-pharmacologic modalities (e.g. physical therapy, surgery, counseling) to integrate into patient management plans.
12. For additional guidance, please refer to the Diagnostic and Technical Skills List and Benchmarks in the Clinical Manual

Health Maintenance
1. Assess patient health risks based upon data collected in the medical history, physical examination and results of diagnostic testing.
2. Recognize the impact of stress on health and the psychological manifestations of illness and injury.
3. Recognize the impact of environmental and occupational exposures on health.
4. Utilizing U.S. Preventive Services Task Force (USPSTF) recommendations, identify and perform/order preventive screening procedures as part of a patient's health maintenance plan.
5. Recognize common barriers to care.
6. Determine appropriate counseling, as well as patient and family education, related to preventable health problems including communicable and infectious diseases, healthy lifestyle and lifestyle modifications, immunization schedules and the relative value of common health screening tests/procedures.
7. Identify the risks and benefits of immunizations.

Cross-Cultural Skills
1. Demonstrate awareness of personal biases and the socio-cultural factors that may affect their interpersonal communication, assessment, treatment, and clinical-decision making in caring for individuals from different cultural, ethnic, racial, socio-economic or other diversity backgrounds.
2. Effectively elicit and document the patient’s explanatory model and assess the patient’s spiritual values and practices during patient encounters.
3. Recognize need for and appropriately utilize informal and/or formally trained interpreters.
4. Utilize reflective practice techniques to evaluate cross cultural encounters to improve quality of personal practices and health care outcomes.
5. Respond to patient diversity, preferences, beliefs and cultural background in a nonjudgmental manner.

Interpersonal and Communication Skills
2. Prepare appropriately formatted medical record documentation of preoperative, intraoperative and postoperative patient assessment and management.
3. Demonstrate the ability to write organized, timely and accurate patient progress notes.
4. Deliver coherent, accurate and succinct patient presentations to preceptors and/or other medical professionals involved in the care of the patient.
5. Demonstrate interpersonal skills that will enhance communication with the patient, the patient’s caregiver and/or family.
6. Demonstrate the ability to counsel patients about signs and effects of harmful personal behavior and habits.

**Professionalism**

1. Recognize the importance of and have the ability to identify and direct patients to available community resources specific to the needs of individual patients within the perioperative setting.
2. Identify the roles of the following members of the health care team and how to implement their services appropriately.
   a. Specialty consults
   b. Nursing
   c. Physical therapy
   d. Occupational therapy
   e. Respiratory therapy
   f. Pharmacy
   g. Dietary services
   h. Home health
   i. Social work
   j. Laboratory services
   k. Medical Interpreters
3. Compare and contrast the discipline specific approach of surgeons versus the approach of providers within other disciplines (i.e. internists/hospitalists, pediatricians, family practitioners, and emergency medicine physicians) to patient care.
4. Demonstrate an understanding of the role of the surgeon in coordinating care with other providers and specialists.
5. Demonstrate appropriate professional demeanor, ethics and respect for patient’s confidentiality.

**Practice-based learning and improvement**

1. Recognize their own personal biases, gaps in medical knowledge and physical limitations as well as those of others.
2. Review and expand their core knowledge by reading suggested/recommended textbooks, journal articles and/or other medical literature resources.
3. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.
4. Apply clinical guidelines and pathways of care to minimize the pre-operative, intra-operative, post-operative risks to patients while maximizing the application of evidence-based care strategies for specific surgical interventions.

5. Apply the principles of evidence-based medicine to answer a clinical question related to a patient in the surgical setting.

**Systems based practice**

1. Recognize the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.
2. Identify cost-effective health care and resource allocation strategies that do not compromise quality of patient care.
3. Advocate for quality patient care and assist patients in dealing with system complexities.

**Diagnostic and Therapeutic Technical Skills**

Upon completion of the supervised clinical practice experiences, physician assistant students should be able to demonstrate/perform the following technical skills in which they have received prior instruction during the didactic phase of the program. Throughout the clinical phase of the program, students will have the opportunity to gain further instruction and continue practicing these skills and procedures in order to improve their technique. Students are required to log performance of all procedures/skills performed during each rotation, via Typhon clinical tracking system. It is not expected that students will be exposed to all of the below listed procedures on all rotations. It is denoted below as to which clinical rotations students will most likely have the greatest opportunities for each skill/procedure. However, students are expected to proactively pursue any opportunity to participate in such procedures during their clinical rotations to increase their skills set and expand their personal clinical portfolios. Program faculty have set benchmarks (see table below) for logging of those procedures below in **bold** which represent the skills and procedures common to primary care for which students are expected to have entry-level competency in performing by completion of the program as outlined within the Program Learning Outcomes. Students must be prepared to demonstrate competency on any of the following skills that appear in **bold**, as they will be tested on randomly selected skills/procedures during End-of-Rotation OSCE’s as well as at the time of Summative evaluation.

1. **Vascular Access and General Skills**
   a. **Venipuncture (FM, IM, EM)**
   b. Arterial puncture (IM, EM)
   c. **Peripheral IV catheterization (FM, IM, EM, Peds)**
   d. Central venous catheterization (EM, IM, S)
   e. **Intramuscular, subcutaneous, intradermal and intravenous injections (FM, EM, Peds)**

2. **Laboratory and Diagnostic Imaging Skills**
   a. **Interpret peripheral blood smears (FM, Peds)**
   b. **Collection of specimens for aerobic and anaerobic cultures (FM, Peds, IM, EM, S)**
   c. Blood glucose testing (FM, Peds, IM, EM, WH)
   d. Fecal occult blood testing (FM, IM, ER)
   e. Hemoglobin and **microhematocrit testing (Peds, FM)**
   f. **Rapid Strep-A antigen testing (Peds, FM, EM)**
g. **Dipstick urinalysis (FM, Peds, WH, BH)**

h. Urine pregnancy (hCG) testing (FM, WH, Peds)

i. Microscopic examination of urinary sediment (FM, WH)

j. Microscopic examination of a KOH wet prep (FM, WH)

k. Microscopic examination of skin scrapings and hair (FM, Peds)

l. **Interpret plain film radiographic images (IM, EM, FM, Peds)**

3. **EENT Skills**

a. Foreign body removal from skin, eyes, nose, and ears (FM, Peds, EM, S)

b. Visual acuity and color vision screening (FM, Peds)

c. Eye irrigation (FM, EM, Peds)

d. Wood’s lamp corneal examination (w/fluorescein staining) (FM, EM, Peds)

e. Hearing acuity screening (FM, Peds)

f. **Tympanometry (FM, EM)**

g. Irrigation of the external auditory canal (FM, Peds, ER)

h. Anterior nasal packing (FM, Peds, EM, S)

4. **Cardiovascular Skills**

a. **Perform and interpret 3-lead (rhythm) and 12-lead electrocardiogram (ECG) (FM, IM, Peds, EM)**

b. Identify the following heart sounds: S1, S2, gallops, and murmurs (FM, IM, Peds, S, EM)

c. Doppler assessment of peripheral or prenatal fetal pulses (FM, IM, WH, S, EM)

5. **Respiratory Skills**

a. Peak flow testing (FM, IM, EM, Peds)

b. **Pulmonary function testing (spirometry) (FM, Peds)**

c. Pharyngeal suctioning (IM, EM)

d. Tracheal and bronchial suctioning (IM, EM)

e. Endotracheal intubation (EM, S, IM)

f. Laryngeal mask airway (LMA) placement (EM, IM)

g. Needle decompression of a pneumothorax (EM, S)

h. Thoracentesis and chest tube placement (EM, S, IM)

6. **GI/GU Skills**

a. Urinary bladder catheterization (IM, EM, S)

b. Naso-/oro- gastric intubation and lavage (IM, S, EM)

c. Digital rectal/prostate exam (FM, EM, IM)

d. Anoscopy (FM, IM, EM)

7. **Orthopedic Skills**

a. **Splinting and casting (FM, EM, Peds)**

b. Arthrocentesis/intraarticular injection of the large joints (knee, shoulder, hip) (FM, EM)

c. Bursa/joint aspirations and injections (FM, EM)

8. **Neurology Skills**

a. Lumbar puncture (IM)

b. **Interpret EEG report**

9. **Reproductive Health Skills**

c. Vaginal newborn delivery (WH, EM)
a. Pelvic exam for collection of urethral, vaginal and/or cervical specimens for STI testing (WH, FM, IM, EM, Peds)
b. **Pelvic exam for collection of vaginal and cervical specimens for cytologic (PAP) examination (FM, WH)**
c. Clinical breast exam (FM, WH, S)

10. Surgical Skills
a. Aseptic technique (S, EM, IM, FM, Peds)
b. Administration of local anesthesia and digital nerve blocks (S, EM, IM, FM, Peds)
c. Wound closure with sutures, liquid skin adhesive, steri-strips and staples (S, EM, IM, FM, Peds)
d. Superficial wound incision and drainage and packing (FM, EM, S, Peds)
e. **Wound care, debridement, and dressing (FM, S, IM, EM)**
f. Skin punch, excisional and shave biopsy procedures (FM, S)
g. Toenail removal/wedge resection (EM, FM, S)
h. Chemical and electrical cauterization (FM, EM, S, IM)
i. Cryotherapy of skin lesions (FM, Peds, S)
j. Electrodeexcision of skin lesions (FM, Peds, S)
k. Subungual hematoma trephination (EM, FM, Peds)

11. Life Support Skills
a. Basic life support (BLS) procedures (EM, IM, FM, S, Peds, WH, BH)
b. Advance cardiac life support (ACLS) procedures (EM, IM, FM, S, WH, BH)
c. Pediatric advanced life support (PALS) procedures (Peds, FM, S, IM, EM, BH)

**FM = Family Medicine, Peds = Pediatrics, EM = Emergency Medicine, S = Surgery, IM = Inpatient Medicine, WH = Women’s Health, BH = Behavioral Health**

**Pediatric Rotation Objectives:**
At completion of the Pediatric rotation, the second year PA student will have an understanding of each of the following areas as they relate to the specific medical conditions noted within the PAEA EOR Exam Topic List at the end of this syllabus and will be able to:

**Scientific Concepts:**
1. Demonstrate medical knowledge about specific medical conditions in the PAEA PEDiatric END OF ROTATION EXAM TOPIC LIST & BLUEPRINT to include the etiology, epidemiology, pathophysiology and genetics. Apply this knowledge to the diagnosis and management of specific medical conditions.
2. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management and health promotion and disease prevention.
3. Identify underlying processes or pathways responsible for a specific condition or disease.

**Patient Interviewing**
1. Establish effective rapport and elicit an appropriate acute, interval or comprehensive history from patients, and/or their caregivers, of any age, gender, ethnicity, race, culture and socioeconomic background that includes:
   a. Determining the purpose of visit (POV), chief complaint (CC) or major problem(s)
   b. Obtaining a brief follow-up history pertaining to a recent acute problem or a thorough history of present illness (HPI) for new problems including onset, quantity, quality and chronology of symptoms, palliative and provocative factors, location and radiation of problem, and associated symptoms
   c. Eliciting an appropriate review of systems
   d. Eliciting a past medical history including previous and current health problems, hospitalizations, surgeries, major injuries and childhood illnesses
   e. Determining a patient’s immunization status
   f. Determining an appropriate interval history pertaining to progression, regression, or stability of any chronic health problems
   g. Obtaining a list of all medications currently in use (prescription and over-the-counter) with dosing schedule and any history of allergies including a description of the nature of the allergic response
   h. Eliciting an age-appropriate social history that describes nutritional habits (diet), use of recreation substances (alcohol, tobacco and/or other drugs), education, activities or employment, behaviors and past sexually transmitted infections (STIs)
   i. Determining any family history pertaining to exposure to illness, familial predisposition to disease, or genetic transmission.
   j. Determining preventive health strategies including healthy behaviors, immunizations, screening tests and age-appropriate anticipatory guidance.
   k. Determining the meaning of pertinent historical information relative to specific pediatric medical conditions or diseases.

2. Record all pertinent positive and negative historical data in a clear and concise manner using appropriate medical terminology and standard medical abbreviations approved by the facility in a format specific to pediatrics.
   a. Document a comprehensive newborn assessment including appropriate assessment and identification of common acquired and congenital conditions.
   b. Document well child ages and stages assessments and provision of preventive health services and caregiver anticipatory guidance across the entire age range of pediatric patients.

**Physical Examination**

1. Recognize possible relationships between symptoms elicited in the medical history and potential physical findings that must to be assessed in the physical examination.
2. Perform a problem-focused or complete physical examination appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient’s ability to participate in the examination.
   a. Perform comprehensive newborn assessments including appropriate assessment and identification of common acquired and congenital conditions.
b. Perform well-child ages and stages assessments and provision of preventive health services and caregiver anticipatory guidance across the entire age range of pediatric patients.

3. Demonstrate safe and appropriate use of any required instruments or equipment including:
   a. Auscultation using the bell and diaphragm features of the stethoscope;
   b. Non-invasive blood pressure (NIBP) measurement instruments
   c. Selection and use of sphygmomanometers of the appropriate size;
   d. Oral, rectal, and ear thermometers/thermistors
   e. Pulse oximeters
   f. Oto/ophthalmoscopes
   g. Percussion hammers
   h. Tuning forks
   i. Snellen chart
   j. Pseudoisochromatic color vision (Ishihara) plates
   k. Ear curettes
   l. Woods lamp and fluorescein

4. Perform appropriate limited physical examinations to assess progression, regression, stability or complications of chronic illnesses specific to pediatric patients.

5. Document all pertinent normal and abnormal physical findings using appropriate medical terminology and facility defined acceptable medical abbreviations.

Diagnostic Studies

1. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies or other diagnostic evaluations commonly used in Pediatrics.

2. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness.

3. Identify techniques and potential complications for common diagnostic procedures.

4. Identify laboratory and diagnostic studies considered to be the “best practice/gold standard” for the diagnosis of common conditions listed within the PAEA PEDIATRIC END OF ROTATION EXAM TOPIC LIST & BLUEPRINT.

5. Properly collect the following specimens or instruct the patient on collection procedures when indicated and applicable:
   a. Venous and arterial blood samples
   b. Clean-catch and “dirty” urine specimens
   c. Sputum samples
   d. Stool samples
   e. Wound and blood samples for aerobic and anaerobic culture
   f. Urethral and cervical swabs for STI testing
   g. Cervical scrapings for cancer screening
   h. Vaginal swabs for microscopy
   i. Skin scrapings for microscopy
   j. Skin biopsies

6. Perform and interpret the following diagnostic procedures when indicated and applicable:
a. Waived laboratory procedures including whole blood glucose, hemoglobin, micro hematocrit, dipstick urinalysis, and rapid serologic tests for group A streptococcus.
b. 3-lead monitoring and 12-lead diagnostic electrocardiography (ECG)
c. Intradermal (PPD) tuberculosis screening
d. Peak flow measurements

7. Correctly interpret findings/results on the following diagnostic tests when indicated and applicable:
   a. Complete blood count
   b. Peripheral blood smear
   c. Basic metabolic panel and Comprehensive metabolic panel
d. Liver function test
e. Renal function test
f. Glycosylated hemoglobin
g. Sedimentation rate
h. Lipid panel
i. Hepatitis panel
j. Cardiac biomarkers
k. PT/INR and PTT
l. Thyroid function test
m. C-reactive protein
n. Iron Studies
o. Microscopic urinalysis and urine culture
p. Carbon monoxide level
q. Blood culture
r. Sputum gram stain and culture
s. Monospot testing
t. Plain film radiographic images

Diagnosis Formulation
1. Integrate normal and abnormal findings from the medical history, physical examination and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses.
2. Demonstrate the continued development of clinical reasoning skills including the ability to compare and contrast critical differences of disease states that comprise the differential diagnosis for a given pediatric patient presentation.
3. Ascertain the need for and order/perform additional diagnostic assessments if indicated to adequately evaluate the differential diagnoses list.
4. Recognize personal limitations in knowledge base and/or abilities to establish a definitive diagnosis in certain situations and use the medical literature and evidence based medicine evaluative skills to answer critical diagnostic questions or determine the need for referral/consultation.
5. Establish a most likely diagnosis based upon historical information, physical examination findings, laboratory and diagnostic study findings and literature research when needed.

Clinical Interventions
1. Develop patient-oriented comprehensive therapeutic management plans that are based upon assessment/diagnosis, concurrent treatments the patient is following for other medical problems, evidence based guidelines specific to pediatrics, and patient readiness and ability to comply.
2. Identify potential complications of specific clinical interventions and procedures.
3. Initiate (prescribe) appropriate pharmacotherapeutics based upon diagnosis, signs/symptoms, potential drug interactions, existing allergies, and evidence based therapeutic guidelines specific to pediatrics.
4. Provide patient education about medication usage to include the reason for the taking medication, dosing schedule, expected outcomes, and potential adverse effects.
5. Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events and effectiveness.
6. Evaluate the severity of patient condition in terms of need for office procedure, medical and/or surgical referral, admission to the hospital or other appropriate setting.
7. Select non-pharmacologic modalities (e.g. physical therapy, surgery, counseling) to integrate into patient management plans.
8. Identify and direct patients and/or caregivers to available community resources specific to the needs of individual patients.
9. For additional guidance, please refer to the Diagnostic and Technical Skills List and Benchmarks in the Clinical Manual

Health Maintenance
1. Determine the appropriate history and physical examination in screening an asymptomatic patient during a well-care visit based on age and gender.
2. Identify growth and human development milestones.
3. Assess patient health risks based upon data collected in the medical history, physical examination and results of diagnostic testing.
4. Recognize the impact of stress on health and the psychological manifestations of illness and injury.
5. Recognize the impact of environmental and occupational exposures on health.
6. Recognize risk factors for conditions amenable to prevention or detection in an asymptomatic individual.
7. Utilizing U.S. Preventive Services Task Force (USPSTF) recommendations, identify and perform/order preventive screening procedures as part of a patient’s health maintenance plan.
8. Recognize common barriers to care.
9. Determine appropriate counseling, as well as patient and family education, related to preventable health problems including communicable and infectious diseases, healthy lifestyle and lifestyle modifications, immunization schedules and the relative value of common health screening tests/procedures specific to pediatrics.
10. Identify the risks and benefits of immunizations.

Cross-Cultural Skills
1. Demonstrate awareness of personal biases and the socio-cultural factors that may affect their interpersonal communication, assessment, treatment, and clinical-
decision making in caring for individuals from different cultural, ethnic, racial, socio-economic or other diversity backgrounds.

2. Effectively elicit and document the patient’s explanatory model and assess the patient’s spiritual values and practices during patient encounters.

3. Recognize need for and appropriately utilize informal and/or formally trained interpreters.

4. Utilize reflective practice techniques to evaluate cross cultural encounters to improve quality of personal practices and health care outcomes.

5. Respond to patient diversity, preferences, beliefs and cultural background in a nonjudgmental manner.

**Interpersonal and Communication Skills**

1. Document their performance of all patient assessment activities, management plans and patient education for acute and chronic health problems specific to pediatrics.

2. Demonstrate the ability to write organized, timely and accurate patient progress notes.

3. Deliver coherent, accurate and succinct oral presentations.

4. Demonstrate interpersonal skills that will enhance communication with the pediatric patient and the patient’s caregiver and family.

5. Demonstrate the ability to counsel patients about signs and effects of harmful personal behavior and habits.

**Professionalism**

1. Recognize the importance of and have the ability to identify and direct patients to available community resources specific to the needs of individual patients within a pediatric practice population.

2. Identify the roles of the following members of the health care team and how to implement their services appropriately within a pediatric setting.
   a. Specialty consults
   b. Nursing
   c. Physical therapy
   d. Occupational therapy
   e. Respiratory therapy
   f. Pharmacy
   g. Dietary services
   h. Home care
   i. Social work
   j. Laboratory services
   k. Medical Interpreters

3. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.

**Practice-based learning and improvement**

1. Recognize their own personal biases, gaps in medical knowledge and physical limitations as well as those of others.

2. Review and expand their core knowledge by reading suggested, recommended textbooks.

3. Demonstrate the ability to access and integrate the available evidence in making
diagnostic and treatment decisions and be able to consider the limitations of the scientific database.

4. Apply the principles of evidence-based medicine to answer a clinical question related to pediatric patients.

**Systems based practice**

1. Recognize the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.
2. Identify cost-effective health care and resource allocation strategies that do not compromise quality of patient care.
3. Advocate for quality patient care and assist patients in dealing with system complexities.

**Diagnostic and Therapeutic Technical Skills**

Upon completion of the supervised clinical practice experiences, physician assistant students should be able to demonstrate/perform the following technical skills in which they have received prior instruction during the didactic phase of the program. Throughout the clinical phase of the program, students will have the opportunity to gain further instruction and continue practicing these skills and procedures in order to improve their technique. Students are required to log performance of all procedures/skills performed during each rotation, via Typhon clinical tracking system. It is not expected that students will be exposed to all of the below listed procedures on all rotations. It is denoted below as to which clinical rotations students will most likely have the greatest opportunities for each skill/procedure. However, students are expected to proactively pursue any opportunity to participate in such procedures during their clinical rotations to increase their skills set and expand their personal clinical portfolios. Program faculty have set benchmarks (see table below) for logging of those procedures below in **bold** which represent the skills and procedures common to primary care for which students are expected to have entry-level competency in performing by completion of the program as outlined within the Program Learning Outcomes. Students must be prepared to demonstrate competency on any of the following skills that appear in **bold**, as they will be tested on randomly selected skills/procedures during End-of-Rotation OSCE’s as well as at the time of Summative evaluation.

1. **Vascular Access and General Skills**
   a. **Venipuncture** (FM, IM, EM)
   b. Arterial puncture (IM, EM)
   c. **Peripheral IV catheterization** (FM, IM, EM, Peds)
   d. Central venous catheterization (EM, IM, S)
   e. **Intramuscular, subcutaneous, intradermal and intravenous injections** (FM, EM, Peds)

2. **Laboratory and Diagnostic Imaging Skills**
   a. **Interpret peripheral blood smears** (FM, Peds)
   b. **Collection of specimens for aerobic and anaerobic cultures** (FM, Peds, IM, EM, S)
   c. Blood glucose testing (FM, Peds, IM, EM, WH)
   d. Fecal occult blood testing (FM, IM, ER)
   e. Hemoglobin and **microhematocrit testing** (Peds, FM)
   f. **Rapid Strep-A antigen testing** (Peds, FM, EM)
   g. **Dipstick urinalysis** (FM, Peds, WH, BH)
h. Urine pregnancy (hCG) testing (FM, WH, Peds)
i. Microscopic examination of urinary sediment (FM, WH)
j. Microscopic examination of a KOH wet prep (FM, WH)
k. Microscopic examination of skin scrapings and hair (FM, Peds)
l. Interpret plain film radiographic images (IM, EM, FM, Peds)

3. EENT Skills
   a. Foreign body removal from skin, eyes, nose, and ears (FM, Peds, EM, S)
   b. Visual acuity and color vision screening (FM, Peds)
   c. Eye irrigation (FM, EM, Peds)
   d. Wood’s lamp corneal examination (w/fluorescein staining) (FM, EM, Peds)
   e. Hearing acuity screening (FM, Peds)
   f. Tympanometry (FM, EM)
   g. Irrigation of the external auditory canal (FM, Peds, ER)
   h. Anterior nasal packing (FM, Peds, EM, S)

4. Cardiovascular Skills
   a. Perform and interpret 3-lead (rhythm) and 12-lead electrocardiogram (ECG) (FM, IM, Peds, EM)
   b. Identify the following heart sounds: S1, S2, gallops, and murmurs (FM, IM, Peds, S, EM)
   c. Doppler assessment of peripheral or prenatal fetal pulses (FM, IM, WH, S, EM)

5. Respiratory Skills
   a. Peak flow testing (FM, IM, EM, Peds)
   b. Pulmonary function testing (spirometry) (FM, Peds)
   c. Pharyngeal suctioning (IM, EM)
   d. Tracheal and bronchial suctioning (IM, EM)
   e. Endotracheal intubation (EM, S, IM)
   f. Laryngeal mask airway (LMA) placement (EM, IM)
   g. Needle decompression of a pneumothorax (EM, S)
   h. Thoracentesis and chest tube placement (EM, S, IM)

6. GI/GU Skills
   a. Urinary bladder catheterization (IM, EM, S)
   b. Naso-/oro- gastric intubation and lavage (IM, S, EM)
   c. Digital rectal/prostate exam (FM, EM, IM)
   d. Anoscopy (FM, IM, EM)

7. Orthopedic Skills
   a. Splinting and casting (FM, EM, Peds)
   b. Arthrocentesis/intraarticular injection of the large joints (knee, shoulder, hip) (FM, EM)
   c. Bursa/joint aspirations and injections (FM, EM)

8. Neurology Skills
   a. Lumbar puncture (IM)
   b. Interpret EEG report

9. Reproductive Health Skills
   a. Vaginal newborn delivery (WH, EM)
   b. Pelvic exam for collection of urethral, vaginal and/or cervical specimens for STI testing (WH, FM, IM, EM, Peds)
c. Pelvic exam for collection of vaginal and cervical specimens for cytologic (PAP) examination (FM, WH)
d. Clinical breast exam (FM, WH, S)

10. Surgical Skills
   a. Aseptic technique (S, EM, IM, FM, Peds)
   b. Administration of local anesthesia and digital nerve blocks (S, EM, IM, FM, Peds)
c. Wound closure with sutures, liquid skin adhesive, steri-strips and staples (S, EM, IM, FM, Peds)
d. Superficial wound incision and drainage and packing (FM, EM, S, Peds)
c. Wound care, debridement, and dressing (FM, S, IM, EM)
   f. Skin punch, excisional and shave biopsy procedures (FM, S)
g. Toenail removal/wedge resection (EM, FM, S)
h. Chemical and electrical cauterization (FM, EM, S, IM)
i. Cryotherapy of skin lesions (FM, Peds, S)
j. Electrodiessication of skin lesions (FM, Peds, S)
k. Subungual hematoma trephination (EM, FM, Peds)

11. Life Support Skills
   a. Basic life support (BLS) procedures (EM, IM, FM, S, Peds, WH, BH)
   b. Advance cardiac life support (ACLS) procedures (EM, IM, FM, S, WH, BH)
c. Pediatric advanced life support (PALS) procedures (Peds, FM, S, IM, EM, BH)

**FM = Family Medicine, Peds = Pediatrics, EM = Emergency Medicine, S = Surgery, IM = Inpatient Medicine, WH = Women’s Health, BH = Behavioral Health **

Women's Health Rotation Objectives:
At completion of the Women’s Health rotation, the second year PA student will have an understanding of each of the following areas as they relate to the specific medical conditions noted within the PAEA EOR Exam Topic List at the end of this syllabus and will be able to:

Scientific Concepts:
1. Demonstrate medical knowledge about specific medical conditions in the PAEA WOMEN’S HEALTH END OF ROTATION EXAM TOPIC LIST & BLUEPRINT to include the etiology, epidemiology, pathophysiology and genetics. Apply this knowledge to the diagnosis and management of specific medical conditions.
2. Demonstrate an understanding of the issues women face throughout their cycle such as menarche, abnormalities of the menstrual cycle, endometriosis, infertility and menopause.
3. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management and health promotion and disease prevention.
4. Identify underlying processes or pathways responsible for a specific condition or disease.
Patient Interviewing

1. Establish effective rapport and elicit an appropriate acute, interval, or comprehensive obstetrical and gynecological history from patients, and/or their caregivers, of any age, gender, ethnicity, race, culture and socioeconomic background that includes:
   a. Determining the purpose of visit (POV), chief complaint (CC) or major problem(s)
   b. Obtaining a brief follow-up history pertaining to a recent acute problem or a thorough history of present illness (HPI) for new problems including onset, quantity, quality and chronology of symptoms, palliative and provocative factors, location and radiation of problem, and associated symptoms
   c. Eliciting an appropriate review of systems related to specific medical conditions.
   d. Eliciting a past medical history including previous and current health problems, hospitalizations, surgeries, major injuries and childhood illnesses
   e. Determining a patient’s immunization status
   f. Determining an appropriate interval history pertaining to progression, regression, or stability of any chronic health problems
   g. Obtaining a list of all medications currently in use (prescription and over-the-counter) with dosing schedule and any history of allergies including a description of the nature of the allergic response
   h. Eliciting a social history that describes nutritional habits (diet), use of recreation substances (alcohol, tobacco and/or other drugs), education, employment and socioeconomic history, and sexual history (when pertinent) including risk behaviors and past sexually transmitted infections (STIs)
   i. Determining any family history pertaining to exposure to illness, familial predisposition to disease, or genetic transmission.
   j. Determining preventive health strategies pursued by the patient
   k. Determining the meaning of pertinent historical information relative to specific medical conditions or diseases noted within the PAEA WOMEN’S HEALTH EOR Exam Topic List

2. Record all pertinent positive and negative historical data in a clear and concise manner using appropriate medical terminology and standard medical abbreviations approved by the facility.

Physical Examination

1. Recognize the privacy, autonomy, and comfort needs specific to the female patient in the Women’s Health setting.
2. Perform a gynecologic exam and physical exam on a pregnant patient.
3. Demonstrate safe and appropriate use of any required instruments or equipment including but not limited to:
   a. Vaginal speculum
   b. Vaginal swabs
   c. Fetal Doppler
4. Determine gestational age by fundal palpation, perform Leopold maneuvers, determine fetal presentation and lie and monitor progress of labor via cervical dilation and effacement
5. Perform appropriate limited physical examinations to assess progression, regression, stability or complications of select health problems as noted in the PAEA WOMEN’S HEALTH EOR EXAM Topic List.
6. Document all pertinent normal and abnormal physical findings using appropriate medical terminology and facility defined acceptable medical abbreviations.

Diagnostic Studies
1. Identify indications, techniques and potential complications for common gynecologic diagnostic procedures such as amniocentesis, chorionic villus sampling (CVS), colposcopy, dilatation and curettage, hysteroscopy, hysterosalpingogram and culdocentesis.
2. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to Women’s Health.
3. Identify techniques and potential complications for common diagnostic procedures.
4. Identify laboratory and diagnostic studies considered to be the “best practice/gold standard” for the diagnosis of common conditions listed within the PAEA WOMEN’S HEALTH END OF ROTATION EXAM TOPIC LIST & BLUEPRINT.
5. Properly collect the following specimens or instruct the patient on collection procedures when indicated and applicable:
   a. Venous and arterial blood samples
   b. Clean-catch and “dirty” urine specimens
   c. Urethral and cervical swabs for STI testing
   d. Cervical scrapings for cancer screening
   e. Vaginal swabs for microscopy
6. Perform and interpret the following diagnostic procedures when indicated and applicable:
   a. Waived laboratory procedures including whole blood glucose, hemoglobin, micro hematocrit, dipstick urinalysis.
   b. 3-lead monitoring and 12-lead diagnostic electrocardiography (ECG)
   c. intradermal (PPD) tuberculosis screening
   d. peak flow measurements
7. Correctly interpret findings/results on the following diagnostic tests when indicated and applicable:
   a) Complete blood count
   b) Fetal monitoring strip
   c) Glucose challenge test
   d) STI screening
   e) PAP test
   f) Iron Studies
   g) Microscopic urinalysis and urine culture

Diagnosis Formulation
1. Integrate normal and abnormal findings from the medical history, physical examination and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses.
2. Demonstrate the continued development of clinical reasoning skills including the ability to compare and contrast critical differences of disease states that comprise the differential diagnosis for a given patient presentation.

3. Ascertain the need for and order/perform additional diagnostic assessments if indicated to adequately evaluate the differential diagnoses list.

4. Recognize personal limitations in knowledge base and/or abilities to establish a definitive diagnosis in certain situations and use the medical literature and evidence based medicine evaluative skills to answer critical diagnostic questions or determine the need for referral/consultation.

5. Establish a most likely diagnosis based upon historical information, physical examination findings, laboratory and diagnostic study findings and literature research when needed.

Clinical Interventions

1. Develop patient-centered, comprehensive therapeutic management plans that are based upon assessment/diagnosis, concurrent treatments the patient is following for other medical problems, evidence based guidelines and patient readiness and ability to comply.

2. Demonstrate understanding of appropriate assessment and management of medical complications of pregnancy including early pregnancy loss, multiple fetuses, early and complicated labor.

3. Identify potential complications of specific clinical interventions and procedures performed commonly in the Women’s Health practice setting.

4. Initiate (prescribe) appropriate pharmacotherapeutics based upon diagnosis, signs/symptoms, potential drug interactions, existing allergies, and evidence based therapeutic guidelines.

5. Provide patient education about medication usage to include the reason for the taking medication, dosing schedule, expected outcomes, and potential adverse effects.

6. Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events and effectiveness.

7. Evaluate the severity of patient condition in terms of need for office procedure, medical and/or surgical intervention, admission to the hospital or other appropriate setting.

8. Select non-pharmacologic modalities (e.g. physical therapy, surgery, counseling) to integrate into patient management plans.

9. Identify and direct patients to available community resources specific to the needs of individual patients within a women’s health population. Specify indications for referral to the following practitioners:
   a. Psychiatrist
   b. Oncologist/Hematologist
   c. Urologist
   d. Endocrinologist

10. Recognize the indications for and technical aspects of the listed gynecological surgical procedures:
    a. Hysterectomy
    b. A/P repair
    c. Cesarean delivery
d. Vaginal delivery
e. Breech delivery
11. Understand the normal changes and appropriate care of the postpartum patient.

12. For additional guidance, please refer to the Diagnostic and Technical Skills List and Benchmarks in the Clinical Manual

**Health Maintenance**
1. Determine the appropriate history and physical examination for a routine gynecological visit based on patient’s age.
2. Provide appropriate patient education regarding preventative gynecological care and family planning.
3. Assess patient health risks based upon data collected in the medical history, physical examination and results of diagnostic testing.
4. Recognize the impact of stress on health and the psychological manifestations of illness and injury.
5. Recognize the impact of environmental and occupational exposures on health.
6. Recognize risk factors for conditions amenable to prevention or detection in an asymptomatic individual.
7. Utilizing U.S. Preventive Services Task Force (USPSTF) recommendations, identify and perform/order preventive screening procedures as part of a patient’s health maintenance plan.
8. Recognize common barriers to care.
9. Determine appropriate counseling, as well as patient and family education, related to preventable health problems including communicable and infectious diseases, healthy lifestyle and lifestyle modifications, prenatal care, immunization schedules and the relative value of common health screening tests/procedures.
10. Identify the risks and benefits of immunizations.

**Cross-Cultural Skills**
1. Demonstrate awareness of personal biases and the socio-cultural factors that may affect their interpersonal communication, assessment, treatment, and clinical-decision making in caring for individuals from different cultural, ethnic, racial, socio-economic or other diversity backgrounds.
2. Effectively elicit and document the patient’s explanatory model and assess the patient’s spiritual values and practices during patient encounters.
3. Recognize need for and appropriately utilize informal and/or formally trained interpreters.
4. Utilize reflective practice techniques to evaluate cross cultural encounters to improve quality of personal practices and health care outcomes.
5. Respond to patient diversity, preferences, beliefs and cultural background in a nonjudgmental manner.
6. Provide culturally sensitive, patient-oriented counseling regarding contraceptives/family planning, prenatal care, women’s preventive health and gynecological care in accordance with current clinical practice and evidence based guidelines.
Interpersonal and Communication Skills

1. Document their performance of all patient assessment activities, management plans and patient education for acute and chronic health problems seen in the Women’s Health practice setting.
2. Demonstrate the ability to write organized, timely and accurate Prenatal, Delivery and Post-partum notes.
3. Deliver coherent, accurate and succinct patient presentations to preceptors and/or other medical professionals involved in the care of the patient.
4. Demonstrate interpersonal skills that will enhance communication with the patient, the patient’s caregiver and/or family.
5. Demonstrate the ability to counsel patients about signs and effects of harmful personal behavior and habits.

Professionalism

1. Recognize the importance of and have the ability to identify and direct patients to available community resources specific to the needs of individual patients within a women’s health practice population.
2. Demonstrate an understanding of the role of the gynecologist in coordinating care with other providers and specialists.
3. Compare and contrast the discipline specific approach of gynecologists to patient care versus the approach of providers within other disciplines (i.e. internists/hospitalists, pediatricians, surgeons, family practitioners, emergency medicine physicians and behavioral medicine physicians).
4. Demonstrate appropriate professional demeanor, ethics and respect for patient’s confidentiality.

Practice-based learning and improvement

1. Recognize their own personal biases, gaps in medical knowledge and physical limitations as well as those of others.
2. Review and expand their core knowledge by reading suggested/recommended textbooks, journal articles and/or other medical literature resources.
3. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.
4. Apply the principles of evidence-based medicine to answer a clinical question related to a patient in the Women’s Health setting.

Systems based practice

1. Recognize the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.
2. Identify cost-effective health care and resource allocation strategies that do not compromise quality of patient care.
3. Advocate for quality patient care and assist patients in dealing with system complexities.

Diagnostic and Therapeutic Technical Skills

Upon completion of the supervised clinical practice experiences, physician assistant students should be able to demonstrate/perform the following technical skills in which they
have received prior instruction during the didactic phase of the program. Throughout the clinical phase of the program, students will have the opportunity to gain further instruction and continue practicing these skills and procedures in order to improve their technique. Students are required to log performance of all procedures/skills performed during each rotation, via Typhon clinical tracking system. It is not expected that students will be exposed to all of the below listed procedures on all rotations. It is denoted below as to which clinical rotations students will most likely have the greatest opportunities for each skill/procedure. However, students are expected to proactively pursue any opportunity to participate in such procedures during their clinical rotations to increase their skills set and expand their personal clinical portfolios. Program faculty have set benchmarks (see table below) for logging of those procedures below in bold which represent the skills and procedures common to primary care for which students are expected to have entry-level competency in performing by completion of the program as outlined within the Program Learning Outcomes. Students must be prepared to demonstrate competency on any of the following skills that appear in bold, as they will be tested on randomly selected skills/procedures during End-of-Rotation OSCE’s as well as at the time of Summative evaluation.

1. Vascular Access and General Skills
   a. **Venipuncture** (FM, IM, EM)
   b. Arterial puncture (IM, EM)
   c. **Peripheral IV catheterization** (FM, IM, EM, Peds)
   d. Central venous catheterization (EM, IM, S)
   e. **Intramuscular, subcutaneous, intradermal and intravenous injections** (FM, EM, Peds)

2. Laboratory and Diagnostic Imaging Skills
   a. **Interpret peripheral blood smears** (FM, Peds)
   b. **Collection of specimens for aerobic and anaerobic cultures** (FM, Peds, IM, EM, S)
   c. Blood glucose testing (FM, Peds, IM, EM, WH)
   d. Fecal occult blood testing (FM, IM, ER)
   e. Hemoglobin and microhematocrit testing (Peds, FM)
   f. **Rapid Strep-A antigen testing** (Peds, FM, EM)
   g. **Dipstick urinalysis** (FM, Peds, WH, BH)
   h. Urine pregnancy (hCG) testing (FM, WH, Peds)
   i. Microscopic examination of urinary sediment (FM, WH)
   j. Microscopic examination of a KOH wet prep (FM, WH)
   k. Microscopic examination of skin scrapings and hair (FM, Peds)
   l. **Interpret plain film radiographic images** (IM, EM, FM, Peds)

3. EENT Skills
   a. Foreign body removal from skin, eyes, nose, and ears (FM, Peds, EM, S)
   b. Visual acuity and color vision screening (FM, Peds)
   c. Eye irrigation (FM, EM, Peds)
   d. Wood’s lamp corneal examination (w/fluorescein staining) (FM, EM, Peds)
   e. Hearing acuity screening (FM, Peds)
   f. **Tympanometry** (FM, EM)
   g. Irrigation of the external auditory canal (FM, Peds, ER)
   h. Anterior nasal packing (FM, Peds, EM, S)

4. Cardiovascular Skills
a. Perform and interpret 3-lead (rhythm) and 12-lead electrocardiogram (ECG) (FM, IM, Peds, EM)
b. Identify the following heart sounds: S1, S2, gallops, and murmurs (FM, IM, Peds, S, EM)
c. Doppler assessment of peripheral or prenatal fetal pulses (FM, IM, WH, S, EM)

5. Respiratory Skills
   a. Peak flow testing (FM, IM, EM, Peds)
   b. **Pulmonary function testing (spirometry) (FM, Peds)**
   c. Pharyngeal suctioning (IM, EM)
   d. Tracheal and bronchial suctioning (IM, EM)
   e. Endotracheal intubation (EM, S, IM)
   f. Laryngeal mask airway (LMA) placement (EM, IM)
   g. Needle decompression of a pneumothorax (EM, S)
   h. Thoracentesis and chest tube placement (EM, S, IM)

6. GI/GU Skills
   a. Urinary bladder catheterization (IM, EM, S)
   b. Naso-/oro- gastric intubation and lavage (IM, S, EM)
   c. Digital rectal/prostate exam (FM, EM, IM)
   d. Anoscopy (FM, IM, EM)

7. Orthopedic Skills
   a. **Splinting and casting (FM, EM, Peds)**
   b. Arthrocentesis/intraarticular injection of the large joints (knee, shoulder, hip) (FM, EM)
   c. **Bursa/joint aspirations and injections (FM, EM)**

8. Neurology Skills
   a. Lumbar puncture (IM)
   b. **Interpret EEG report**

9. Reproductive Health Skills
   a. Vaginal newborn delivery (WH, EM)
   b. Pelvic exam for collection of urethral, vaginal and/or cervical specimens for STI testing (WH, FM, IM, EM, Peds)
   c. **Pelvic exam for collection of vaginal and cervical specimens for cytologic (PAP) examination (FM, WH)**
   d. Clinical breast exam (FM, WH, S)

10. Surgical Skills
    a. Aseptic technique (S, EM, IM, FM, Peds)
    b. Administration of local anesthesia and digital nerve blocks (S, EM, IM, FM, Peds)
    c. **Wound closure with sutures, liquid skin adhesive, steri-strips and staples (S, EM, IM, FM, Peds)**
    d. Superficial wound incision and drainage and packing (FM, EM, S, Peds)
    e. **Wound care, debridement, and dressing (FM, S, IM, EM)**
    f. Skin punch, excisional and shave biopsy procedures (FM, S)
    g. Toenail removal/wedge resection (EM, FM, S)
    h. Chemical and electrical cauterization (FM, EM, S, IM)
    i. Cryotherapy of skin lesions (FM, Peds, S)
    j. Electrodessication of skin lesions (FM, Peds, S)
k. Subungual hematoma trephination (EM, FM, Peds)

11. Life Support Skills
   a. Basic life support (BLS) procedures (EM, IM, FM, S, Peds, WH, BH)
   b. Advance cardiac life support (ACLS) procedures (EM, IM, FM, S, WH, BH)
   c. Pediatric advanced life support (PALS) procedures (Peds, FM, S, IM, EM, BH)

** FM = Family Medicine, Peds = Pediatrics, EM = Emergency Medicine, S = Surgery, IM = Inpatient Medicine, WH = Women’s Health, BH = Behavioral Health **

Behavioral Medicine Rotation Objectives:
At completion of the Behavioral Medicine rotation, the second year PA student will have an understanding of each of the following areas as they relate to the specific medical conditions noted within the PAEA Psychiatry and Behavioral Health EOR Exam Topic List at the end of this syllabus and will be able to:

Scientific Concepts:
1. Demonstrate medical knowledge about specific medical conditions in the PAEA PSYCHIATRY AND BEHAVIORAL HEALTH END OF ROTATION EXAM TOPIC LIST & BLUEPRINT to include the etiology, epidemiology, pathophysiology and genetics. Apply this knowledge to the diagnosis and management of specific medical conditions.
2. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management and health promotion and disease prevention.
3. Demonstrate an understanding of and basic competence in identifying psychiatric emergencies including evaluation and management.
4. Identify underlying processes or pathways responsible for a specific condition or disease.

Patient Interviewing
1. Establish effective rapport and elicit an appropriate acute, interval or comprehensive history from patients, and/or their caregivers, of any age, gender, ethnicity, race, culture and socioeconomic background that includes:
   a. Determining the purpose of visit (POV), chief complaint (CC) or major problem(s)
   b. Obtaining a brief follow-up history pertaining to a recent acute problem or a thorough history of present illness (HPI) for new problems including onset, quantity, quality and chronology of symptoms, palliative and provocative factors, location and radiation of problem, and associated symptoms
   c. Eliciting an appropriate review of systems
   d. Eliciting a past medical history including previous and current health problems, hospitalizations, surgeries, major injuries and childhood illnesses
   e. Determining a patient’s immunization status
   f. Determining an appropriate interval history pertaining to progression, regression, or stability of any chronic health problems
g. Obtaining a list of all medications currently in use (prescription and over-the-counter) with dosing schedule and any history of allergies including a description of the nature of the allergic response
h. Eliciting an age-appropriate social history that describes nutritional habits (diet), use of recreation substances (alcohol, tobacco and/or other drugs), education, activities or employment, behaviors and past sexually transmitted infections (STIs)
i. Determining any family history pertaining to exposure to illness, familial predisposition to disease, or genetic transmission.
j. Determining preventive health strategies pursued by the patient.
k. Determining the meaning of pertinent historical information relative to specific psychiatric medical conditions or diseases.

2. Record all pertinent positive and negative historical data in a clear and concise manner using appropriate medical terminology and standard medical abbreviations approved by the facility in a format specific to behavioral medicine.
3. Appropriately perform and document comprehensive multi-axial patient assessments in accordance with guidelines in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
4. Appropriately perform and document comprehensive chemical dependency patient assessments using validated alcohol and drug abuse screening instruments.

Physical Examination
1. Recognize possible relationships between symptoms elicited in the medical history and potential physical findings that must to be assessed in the physical examination.
2. Perform a problem-focused or complete physical examination appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient’s ability to participate in the examination.
3. Demonstrate safe and appropriate use of any required instruments or equipment including:
   a. Auscultation using the bell and diaphragm features of the stethoscope;
   b. Non-invasive blood pressure (NIBP) measurement instruments
   c. Selection and use of sphygmomanometers of the appropriate size;
   d. Oral, rectal, and ear thermometers/thermistors
   e. Pulse oximeters
   f. Oto/ophthalmoscopes
   g. Percussion hammers
   h. Tuning forks
   i. Snellen chart
   j. Pseudoisochromatic color vision (Ishihara) plates
   k. Ear curettes
   l. Woods lamp and fluorescein
4. Perform appropriate limited physical examinations to assess progression, regression, stability or complications of chronic illnesses specific to psychiatric patients.
5. Document all pertinent normal and abnormal physical findings using appropriate medical terminology and facility defined acceptable medical abbreviations.
Diagnostic Studies
1. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies or other diagnostic evaluations commonly used in Behavioral Medicine.
2. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness.
3. Identify techniques and potential complications for common diagnostic procedures.
4. Identify laboratory and diagnostic studies considered to be the “best practice/gold standard” for the diagnosis of common conditions listed within the PAEA PSYCHIATRIC AND BEHAVIORAL MEDICINE END OF ROTATION EXAM TOPIC LIST & BLUEPRINT.
5. Correctly interpret findings/results on the following diagnostic tests when indicated and applicable:
   a. Complete blood count
   b. Peripheral blood smear
   c. Basic metabolic panel and Comprehensive metabolic panel
   d. Liver function test
   e. Renal function test
   f. Glycosylated hemoglobin
   g. Sedimentation rate
   h. Lipid panel
   i. Hepatitis panel
   j. Cardiac biomarkers
   k. PT/INR and PTT
   l. Thyroid function test
   m. C-reactive protein
   n. Iron Studies
   o. Microscopic urinalysis and urine culture
   p. Carbon monoxide level
   q. Blood culture
   r. Sputum gram stain and culture
   s. Monospot testing
   t. Plain film radiographic images

Diagnosis Formulation
1. Integrate normal and abnormal findings from the medical history, physical examination and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses.
2. Demonstrate the continued development of clinical reasoning skills including the ability to compare and contrast critical differences of disease states that comprise the differential diagnosis for a given psychiatric patient presentation.
3. Ascertain the need for and order/perform additional diagnostic assessments if indicated to adequately evaluate the differential diagnoses list.
4. Recognize personal limitations in knowledge base and/or abilities to establish a definitive diagnosis in certain situations and use the medical literature and evidence based medicine evaluative skills to answer critical diagnostic questions or determine the need for referral/consultation.
5. Establish a most likely diagnosis based upon historical information, physical examination findings, laboratory and diagnostic study findings and literature research when needed.

Clinical Interventions
1. Develop patient-oriented comprehensive therapeutic management plans that are based upon assessment/diagnosis, concurrent treatments the patient is following for other medical problems, evidence based guidelines specific to behavioral medicine, and patient readiness and ability to comply.
2. Identify potential complications of specific clinical interventions and procedures.
3. Initiate (prescribe) appropriate pharmacotherapeutics based upon diagnosis, signs/symptoms, potential drug interactions, existing allergies, and evidence based therapeutic guidelines specific to psychiatry/behavioral medicine.
4. Provide patient education about medication usage to include the reason for the taking medication, dosing schedule, expected outcomes, and potential adverse effects.
5. Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events and effectiveness.
6. Evaluate the severity of patient condition in terms of need for office procedure, medical and/or surgical referral, admission to the hospital or other appropriate setting.
7. Select non-pharmacologic modalities (e.g. group therapy, social services, counseling) to integrate into patient management plans.
8. Identify and direct patients and/or caregivers to available community resources specific to the needs of individual patients.
9. For additional guidance, please refer to the Diagnostic and Technical Skills List and Benchmarks in the Clinical Manual

Health Maintenance
1. Assess patient health risks based upon data collected in the medical history, physical examination and results of diagnostic testing.
2. Recognize the impact of stress on health and the psychological manifestations of illness and injury.
3. Recognize the impact of environmental and occupational exposures on health.
4. Recognize common barriers to care.
5. Determine appropriate counseling, as well as patient and family education, related to preventable health problems including communicable and infectious diseases, healthy lifestyle and lifestyle modifications, and the relative value of common health screening tests/procedures specific to behavioral medicine.

Cross-Cultural Skills
1. Demonstrate awareness of personal biases and the socio-cultural factors that may affect their interpersonal communication, assessment, treatment, and clinical-decision making in caring for individuals from different cultural, ethnic, racial, socio-economic or other diversity backgrounds.
2. Effectively elicit and document the patient’s explanatory model and assess the patient’s spiritual values and practices during patient encounters.
3. Recognize need for and appropriately utilize informal and/or formally trained interpreters.
4. Utilize reflective practice techniques to evaluate cross cultural encounters to improve quality of personal practices and health care outcomes.
5. Respond to patient diversity, preferences, beliefs and cultural background in a nonjudgmental manner.

**Interpersonal and Communication Skills**

1. Document their performance of all patient assessment activities, management plans and patient education for acute and chronic health problems specific to behavioral medicine.
2. Demonstrate the ability to write organized, timely and accurate patient progress notes.
3. Deliver coherent, accurate and succinct oral presentations.
4. Demonstrate interpersonal skills that will enhance communication with the psychiatric patient and/or the patient’s caregiver and family.
5. Demonstrate the ability to counsel patients about signs and effects of harmful personal behavior and habits.

**Professionalism**

1. Recognize the importance of and have the ability to identify and direct patients to available community resources specific to the needs of individual patients within a behavioral health population.
2. Identify the roles of the following members of the health care team and how to implement their services appropriately within a psychiatric/behavioral health setting.
   a. Specialty consults
   b. Nursing
   c. Pharmacy
   d. Dietary services
   e. Home care
   f. Social work
   g. Laboratory services
   h. Medical Interpreters
3. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.

**Practice-based learning and improvement**

1. Recognize their own personal biases, gaps in medical knowledge and physical limitations as well as those of others.
2. Review and expand their core knowledge by reading suggested, recommended textbooks.
3. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.
4. Apply the principles of evidence-based medicine to answer a clinical question related to psychiatric patients.
 Systems based practice

1. Recognize the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.
2. Identify cost-effective health care and resource allocation strategies that do not compromise quality of patient care.
3. Advocate for quality patient care and assist patients in dealing with system complexities.

Diagnostic and Therapeutic Technical Skills

Upon completion of the supervised clinical practice experiences, physician assistant students should be able to demonstrate/perform the following technical skills in which they have received prior instruction during the didactic phase of the program. Throughout the clinical phase of the program, students will have the opportunity to gain further instruction and continue practicing these skills and procedures in order to improve their technique. Students are required to log performance of all procedures/skills performed during each rotation, via Typhon clinical tracking system. It is not expected that students will be exposed to all of the below listed procedures on all rotations. It is denoted below as to which clinical rotations students will most likely have the greatest opportunities for each skill/procedure. However, students are expected to proactively pursue any opportunity to participate in such procedures during their clinical rotations to increase their skills set and expand their personal clinical portfolios. Program faculty have set benchmarks (see table below) for logging of those procedures below in **bold** which represent the skills and procedures common to primary care for which students are expected to have entry-level competency in performing by completion of the program as outlined within the Program Learning Outcomes. Students must be prepared to demonstrate competency on any of the following skills that appear in **bold**, as they will be tested on **randomly selected skills/procedures** during End-of-Rotation OSCE’s as well as at the time of Summative evaluation.

1. Vascular Access and General Skills
   a. Venipuncture (FM, IM, EM)
   b. Arterial puncture (IM, EM)
   c. Peripheral IV catheterization (FM, IM, EM, Peds)
   d. Central venous catheterization (EM, IM, S)
   e. Intramuscular, subcutaneous, intradermal and intravenous injections (FM, EM, Peds)

2. Laboratory and Diagnostic Imaging Skills
   a. Interpret peripheral blood smears (FM, Peds)
   b. Collection of specimens for aerobic and anaerobic cultures (FM, Peds, IM, EM, S)
   c. Blood glucose testing (FM, Peds, IM, EM, WH)
   d. Fecal occult blood testing (FM, IM, ER)
   e. Hemoglobin and microhematocrit testing (Peds, FM)
   f. Rapid Strep-A antigen testing (Peds, FM, EM)
   g. Dipstick urinalysis (FM, Peds, WH, BH)
   h. Urine pregnancy (hCG) testing (FM, WH, Peds)
   i. Microscopic examination of urinary sediment (FM, WH)
   j. Microscopic examination of a KOH wet prep (FM, WH)
   k. Microscopic examination of skin scrapings and hair (FM, Peds)
   l. Interpret plain film radiographic images (IM, EM, FM, Peds)
3. EENT Skills
   a. Foreign body removal from skin, eyes, nose, and ears (FM, Peds, EM, S)
   b. Visual acuity and color vision screening (FM, Peds)
   c. Eye irrigation (FM, EM, Peds)
   d. Wood’s lamp corneal examination (w/fluorescein staining) (FM, EM, Peds)
   e. Hearing acuity screening (FM, Peds)
   f. Tympanometry (FM, EM)
   g. Irrigation of the external auditory canal (FM, Peds, ER)
   h. Anterior nasal packing (FM, Peds, EM, S)

4. Cardiovascular Skills
   a. **Perform and interpret 3-lead (rhythm) and 12-lead electrocardiogram (ECG) (FM, IM, Peds, EM)**
   b. Identify the following heart sounds: S1, S2, gallops, and murmurs (FM, IM, Peds, S, EM)
   c. Doppler assessment of peripheral or prenatal fetal pulses (FM, IM, WH, S, EM)

5. Respiratory Skills
   a. Peak flow testing (FM, IM, EM, Peds)
   b. **Pulmonary function testing (spirometry) (FM, Peds)**
   c. Pharyngeal suctioning (IM, EM)
   d. Tracheal and bronchial suctioning (IM, EM)
   e. Endotracheal intubation (EM, S, IM)
   f. Laryngeal mask airway (LMA) placement (EM, IM)
   g. Needle decompression of a pneumothorax (EM, S)
   h. Thoracentesis and chest tube placement (EM, S, IM)

6. GI/GU Skills
   a. Urinary bladder catheterization (IM, EM, S)
   b. Naso-/oro- gastric intubation and lavage (IM, S, EM)
   c. Digital rectal/prostate exam (FM, EM, IM)
   d. Anoscopy (FM, IM, EM)

7. Orthopedic Skills
   a. **Splinting and casting (FM, EM, Peds)**
   b. Arthrocentesis/intraarticular injection of the large joints (knee, shoulder, hip) (FM, EM)
   c. **Bursa/joint aspirations and injections (FM, EM)**

8. Neurology Skills
   a. Lumbar puncture (IM)
   b. **Interpret EEG report (FM, Peds, EM, IM)**

9. Reproductive Health Skills
   a. Vaginal newborn delivery (WH, EM)
   b. Pelvic exam for collection of urethral, vaginal and/or cervical specimens for STI testing (WH, FM, IM, EM, Peds)
   c. **Pelvic exam for collection of vaginal and cervical specimens for cytologic (PAP) examination (FM, WH)**
   d. Clinical breast exam (FM, WH, S)

10. Surgical Skills
    a. Aseptic technique (S, EM, IM, FM, Peds)
b. Administration of local anesthesia and digital nerve blocks (S, EM, IM, FM, Peds)
c. Wound closure with sutures, liquid skin adhesive, steri-strips and staples (S, EM, IM, FM, Peds)
d. Superficial wound incision and drainage and packing (FM, EM, S, Peds)
e. Wound care, debridement, and dressing (FM, S, IM, EM)
f. Skin punch, excisional and shave biopsy procedures (FM, S)
g. Toenail removal/wedge resection (EM, FM, S)
h. Chemical and electrical cauterization (FM, EM, S, IM)
i. Cryotherapy of skin lesions (FM, Peds, S)
j. Electrodessication of skin lesions (FM, Peds, S)
k. Subungual hematoma trephination (EM, FM, Peds)

11. Life Support Skills
   a. Basic life support (BLS) procedures (EM, IM, FM, S, Peds, WH, BH)
   b. Advance cardiac life support (ACLS) procedures (EM, IM, FM, S, WH, BH)
   c. Pediatric advanced life support (PALS) procedures (Peds, FM, S, IM, EM, BH)

** FM = Family Medicine, Peds = Pediatrics, EM = Emergency Medicine, S = Surgery, IM = Inpatient Medicine, WH = Women’s Health, BH = Behavioral Health **

Elective Rotation Objectives:
At completion of the Elective rotation, the second year PA student will have an understanding of each of the following areas as they relate to the specific medical conditions noted within the NCCPA Clinical Year Content Blueprint located at the end of this syllabus and will be able to:

Scientific Concepts:
1. Demonstrate enhanced knowledge, skills and attitudes specific to the chosen discipline.
2. Continue to build an appropriate medical knowledge base related to each disease process in the NCCPA CLINICAL YEAR CONTENT BLUEPRINT & TOPIC LIST to include the etiology, epidemiology, pathophysiology and genetics. Apply this knowledge to the diagnosis and management of specific medical conditions as they present in the clinical setting.
3. Recognize specific disease conditions and complications when presented with information related to patient presentation, differential diagnosis, patient evaluation, patient management and health promotion and disease prevention.
4. Identify underlying processes or pathways responsible for a specific condition or disease.

Patient Interviewing
1. Establish effective rapport and elicit an appropriate acute, interval or comprehensive history from patients, and/or their caregivers, of any age, gender, ethnicity, race, culture and socioeconomic background that includes:
a. Determining the purpose of visit (POV), chief complaint (CC) or major problem(s)
b. Obtaining a brief follow-up history pertaining to a recent acute problem or a thorough history of present illness (HPI) for new problems including onset, quantity, quality and chronology of symptoms, palliative and provocative factors, location and radiation of problem, and associated symptoms
c. Eliciting an appropriate review of systems
d. Eliciting a past medical history including previous and current health problems, hospitalizations, surgeries, major injuries and childhood illnesses
e. Determining a patient’s immunization status
f. Determining an appropriate interval history pertaining to progression, regression, or stability of any chronic health problems
g. Obtaining a list of all medications currently in use (prescription and over-the-counter) with dosing schedule and any history of allergies including a description of the nature of the allergic response
h. Eliciting an age-appropriate social history that describes nutritional habits (diet), use of recreation substances (alcohol, tobacco and/or other drugs), education, activities or employment, behaviors and past sexually transmitted infections (STIs)
i. Determining any family history pertaining to exposure to illness, familial predisposition to disease, or genetic transmission.
j. Determining preventive health strategies including healthy behaviors, immunizations, screening tests and age-appropriate anticipatory guidance.
k. Determining the meaning of pertinent historical information relative to specific pediatric medical conditions or diseases.

2. Perform an appropriate problem-focused history specific to the chosen discipline
3. Record all pertinent positive and negative historical data in a clear and concise manner using appropriate medical terminology and standard medical abbreviations approved by the facility in a format specific to the chosen discipline.

Physical Examination
1. Recognize possible relationships between symptoms elicited in the medical history and potential physical findings that must to be assessed in the physical examination.
2. Perform a problem-focused or complete physical examination appropriate for the age and gender of the patient, reason for visit, urgency of the problem and patient’s ability to participate in the examination.
3. Demonstrate safe and appropriate use of any required instruments or equipment specific to the chosen discipline including:
   a. Auscultation using the bell and diaphragm features of the stethoscope;
   b. Non-invasive blood pressure (NIBP) measurement instruments
c. Selection and use of sphygmomanometers of the appropriate size;
   d. Oral, rectal, and ear thermometers/thermistors
e. Pulse oximeters
f. Oto/ophthalmoscopes
g. Percussion hammers
h. Tuning forks
i. Snellen chart
j. Pseudoisochromatic color vision (Ishihara) plates
k. Ear curettes
l. Woods lamp and fluorescein

4. Perform an appropriate problem-focused physical exam specific to the chosen discipline.

5. Document all pertinent normal and abnormal physical findings using appropriate medical terminology and facility defined acceptable medical abbreviations specific to each SCPE rotation.

**Diagnostic Studies**

1. Recognize indications for and appropriately order screening tests and diagnostic or follow-up laboratory procedures, imaging studies or other diagnostic evaluations specific to the chosen discipline.

2. Provide pertinent patient education about common screening and diagnostic tests regarding required patient preparation, procedure, possible complications, purpose of testing, risks versus benefits, alternatives, and cost-effectiveness specific to the chosen discipline.

3. Identify techniques and potential complications for common diagnostic procedures.

4. Identify laboratory and diagnostic studies considered to be the “best practice/gold standard” for the diagnosis of common conditions specific to the chosen discipline.

5. Properly collect the following specimens or instruct the patient on collection procedures when indicated and applicable specific to the chosen discipline:
   a. Venous and arterial blood samples
   b. Clean-catch and “dirty” urine specimens
   c. Sputum samples
   d. Stool samples
   e. Wound and blood samples for aerobic and anaerobic culture
   f. Urethral and cervical swabs for STI testing
   g. Cervical scrapings for cancer screening
   h. Vaginal swabs for microscopy
   i. Skin scrapings for microscopy
   j. Skin biopsies

6. Perform and interpret the following diagnostic procedures when indicated and applicable to the chosen discipline:
   a. Waived laboratory procedures including whole blood glucose, hemoglobin, micro hematocrit, dipstick urinalysis, and rapid serologic tests for group A streptococcus.
   b. 3-lead monitoring and 12-lead diagnostic electrocardiography (ECG)
   c. Intradermal (PPD) tuberculosis screening
   d. Peak flow measurements

7. Correctly interpret findings/results on the following diagnostic tests when indicated and applicable to the chosen discipline:
   a. Complete blood count
   b. Peripheral blood smear
   c. Basic metabolic panel and Comprehensive metabolic panel
   d. Liver function test
   e. Renal function test
   f. Glycosylated hemoglobin
   g. Sedimentation rate
h. Lipid panel
i. Hepatitis panel
j. Cardiac biomarkers
k. PT/INR and PTT
l. Thyroid function test
m. C-reactive protein
n. Iron Studies
o. Microscopic urinalysis and urine culture
p. Carbon monoxide level
q. Blood culture
r. Sputum gram stain and culture
s. Monospot testing
t. Plain film radiographic images

**Diagnosis Formulation**
1. Integrate normal and abnormal findings from the medical history, physical examination and diagnostic studies to formulate an initial problem list and develop the list of differential diagnoses specific to the chosen discipline.
2. Demonstrate the continued development of clinical reasoning skills including the ability to compare and contrast critical differences of disease states that comprise the differential diagnosis for a given patient presentation.
3. Ascertain the need for and order/perform additional diagnostic assessments if indicated to adequately evaluate the differential diagnoses list.
4. Recognize personal limitations in knowledge base and/or abilities to establish a definitive diagnosis in certain situations and use the medical literature and evidence based medicine evaluative skills to answer critical diagnostic questions or determine the need for referral/consultation.
5. Establish a most likely diagnosis based upon historical information, physical examination findings, laboratory and diagnostic study findings and literature research when needed.

**Clinical Interventions**
1. Formulate an assessment and plan for patients with diagnoses specific to the specialty or subspecialty based upon consideration of concurrent treatments the patient is following for other medical problems, evidence based guidelines specific to the chosen discipline, and patient readiness and ability to comply.
2. Identify potential complications of specific clinical interventions and procedures.
3. Demonstrate an understanding of commonly used pharmacologic entities unique to the specialty or subspecialty.
4. Provide patient education about medication usage to include the reason for the taking medication, dosing schedule, expected outcomes, and potential adverse effects.
5. Identify appropriate monitoring for patients after interventions, including checking for compliance, adverse events and effectiveness.
6. Evaluate the severity of patient condition in terms of need for office procedure, medical and/or surgical referral, admission to the hospital or other appropriate setting.
7. Proficiently perform procedures used frequently in the chosen discipline.
8. Select non-pharmacologic modalities (e.g., physical therapy, surgery, counseling) to integrate into patient management plans when applicable to the chosen discipline.
9. Identify and direct patients to available community resources specific to the needs of individual patients specific to the chosen discipline.
10. For additional guidance, please refer to the Diagnostic and Technical Skills List and Benchmarks in the Clinical Manual

Health Maintenance
1. Assess patient health risks based upon data collected in the medical history, physical examination and results of diagnostic testing specific to the chosen discipline.
2. Recognize the impact of stress on health and the psychological manifestations of illness and injury.
3. Recognize the impact of environmental and occupational exposures on health.
4. Recognize common barriers to care.
5. Determine appropriate counseling, as well as patient and family education, related to preventable health problems including communicable and infectious diseases, healthy lifestyle and lifestyle modifications, immunization schedules and the relative value of common health screening tests/procedures specific to the chosen discipline.

Cross-Cultural Skills
1. Demonstrate awareness of personal biases and the socio-cultural factors that may affect their interpersonal communication, assessment, treatment, and clinical-decision making in caring for individuals from different cultural, ethnic, racial, socio-economic or other diversity backgrounds.
2. Effectively elicit and document the patient’s explanatory model and assess the patient’s spiritual values and practices during patient encounters.
3. Recognize need for and appropriately utilize informal and/or formally trained interpreters.
4. Utilize reflective practice techniques to evaluate cross cultural encounters to improve quality of personal practices and health care outcomes.
5. Respond to patient diversity, preferences, beliefs and cultural background in a nonjudgmental manner.

Interpersonal and Communication Skills
1. Document their performance of all patient assessment activities, management plans and patient education for acute and chronic health problems specific to the chosen discipline.
2. Demonstrate the ability to write organized, timely and accurate patient progress notes.
3. Demonstrate enhanced skills in precise case presentation and accurate written documentation.
4. Demonstrate interpersonal skills that will enhance communication with the patient and the patient’s caregiver and family specific to the chosen discipline.
5. Demonstrate the ability to counsel patients about signs and effects of harmful personal behavior and habits specific to the chosen discipline.

Professionalism
1. Recognize the importance of and have the ability to identify and direct patients to available community resources specific to the needs of individual patients within the chosen discipline.

2. Identify the roles of the following members of the health care team and how to implement their services appropriately specific to the chosen discipline.
   a. Specialty consults
   b. Nursing
   c. Physical therapy
   d. Occupational therapy
   e. Respiratory therapy
   f. Pharmacy
   g. Dietary services
   h. Home care
   i. Social work
   j. Laboratory services
   k. Medical Interpreters

3. Demonstrate appropriate professional demeanor and ethics, and respect for patient’s confidentiality.

Practice-based learning and improvement
1. Recognize their own personal biases, gaps in medical knowledge and physical limitations as well as those of others.
2. Review and expand their core knowledge by reading suggested, recommended textbooks.
3. Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.
4. Develop patient education tools based on evidence-based guidelines that can be utilized within the specific discipline to improve patient outcomes.
5. Perform practice protocol challenges, utilizing peer-reviewed articles, to determine the value of the current protocol and make recommendations for change if indicated.
6. Apply the principles of evidence-based medicine to answer a clinical question related to patients specific to the chosen discipline.

Systems based practice
1. Recognize the importance of cost effective health care, quality assurance and practice guidelines in today’s health care environment.
2. Identify cost-effective health care and resource allocation strategies that do not compromise quality of patient care.
3. Advocate for quality patient care and assist patients in dealing with system complexities.

Diagnostic and Therapeutic Technical Skills
Upon completion of the supervised clinical practice experiences, physician assistant students should be able to demonstrate/perform the following technical skills in which they have received prior instruction during the didactic phase of the program. Throughout the clinical phase of the program, students will have the opportunity to gain further instruction and continue practicing these skills and procedures in order to improve their technique.
Students are required to log performance of all procedures/skills performed during each rotation, via Typhon clinical tracking system. It is not expected that students will be exposed to all of the below listed procedures on all rotations. It is denoted below as to which clinical rotations students will most likely have the greatest opportunities for each skill/procedure. However, students are expected to proactively pursue any opportunity to participate in such procedures during their clinical rotations to increase their skills set and expand their personal clinical portfolios. Program faculty have set benchmarks (see table below) for logging of those procedures below in **bold** which represent the skills and procedures common to primary care for which students are expected to have entry-level competency in performing by completion of the program as outlined within the Program Learning Outcomes. Students must be prepared to demonstrate competency on any of the following skills that appear in **bold**, as they will be tested on **randomly selected skills/procedures** during End-of-Rotation OSCE’s as well as at the time of Summative evaluation.

1. **Vascular Access and General Skills**
   a. **Venipuncture (FM, IM, EM)**
   b. Arterial puncture (IM, EM)
   c. **Peripheral IV catheterization (FM, IM, EM, Peds)**
   d. Central venous catheterization (EM, IM, S)
   e. **Intramuscular, subcutaneous, intradermal and intravenous injections (FM, EM, Peds)**

2. **Laboratory and Diagnostic Imaging Skills**
   a. **Interpret peripheral blood smears (FM, Peds)**
   b. **Collection of specimens for aerobic and anaerobic cultures (FM, Peds, IM, EM, S)**
   c. Blood glucose testing (FM, Peds, IM, EM, WH)
   d. Fecal occult blood testing (FM, IM, ER)
   e. Hemoglobin and **microhematocrit testing (Peds, FM)**
   f. **Rapid Strep-A antigen testing (Peds, FM, EM)**
   g. **Dipstick urinalysis (FM, Peds, WH, BH)**
   h. Urine pregnancy (hCG) testing (FM, WH, Peds)
   i. Microscopic examination of urinary sediment (FM, WH)
   j. Microscopic examination of a KOH wet prep (FM, WH)
   k. Microscopic examination of skin scrapings and hair (FM, Peds)
   l. **Interpret plain film radiographic images (IM, EM, FM, Peds)**

3. **EENT Skills**
   a. Foreign body removal from skin, eyes, nose, and ears (FM, Peds, EM, S)
   b. Visual acuity and color vision screening (FM, Peds)
   c. Eye irrigation (FM, EM, Peds)
   d. Wood’s lamp corneal examination (w/ fluorescein staining) (FM, EM, Peds)
   e. Hearing acuity screening (FM, Peds)
   f. Tympanometry (FM, EM)
   g. Irrigation of the external auditory canal (FM, Peds, ER)
   h. Anterior nasal packing (FM, Peds, EM, S)

4. **Cardiovascular Skills**
   a. **Perform and interpret 3-lead (rhythm) and 12-lead electrocardiogram (ECG) (FM, IM, Peds, EM)**
   b. Identify the following heart sounds: S1, S2, gallops, and murmurs (FM, IM, Peds, S, EM)
c. Doppler assessment of peripheral or prenatal fetal pulses (FM, IM, WH, S, EM)

5. Respiratory Skills
   a. Peak flow testing (FM, IM, EM, Peds)
   b. **Pulmonary function testing (spirometry) (FM, Peds)**
   c. Pharyngeal suctioning (IM, EM)
   d. Tracheal and bronchial suctioning (IM, EM)
   e. Endotracheal intubation (EM, S, IM)
   f. Laryngeal mask airway (LMA) placement (EM, IM)
   g. Needle decompression of a pneumothorax (EM, S)
   h. Thoracentesis and chest tube placement (EM, S, IM)

6. GI/GU Skills
   a. Urinary bladder catheterization (IM, EM, S)
   b. Naso-/oro-gastric intubation and lavage (IM, S, EM)
   c. Digital rectal/prostate exam (FM, EM, IM)
   d. Anoscopy (FM, IM, EM)

7. Orthopedic Skills
   a. Splinting and casting (FM, EM, Peds)
   b. Arthrocentesis/intraarticular injection of the large joints (knee, shoulder, hip) (FM, EM)
   c. Bursa/joint aspirations and injections (FM, EM)

8. Neurology Skills
   a. Lumbar puncture (IM)
   b. Interpret EEG report

9. Reproductive Health Skills
   a. Vaginal newborn delivery (WH, EM)
   b. Pelvic exam for collection of urethral, vaginal and/or cervical specimens for STI testing (WH, FM, IM, EM, Peds)
   c. **Pelvic exam for collection of vaginal and cervical specimens for cytologic (PAP) examination (FM, WH)**
   d. Clinical breast exam (FM, WH, S)

10. Surgical Skills
    a. Aseptic technique (S, EM, IM, FM, Peds)
    b. Administration of local anesthesia and digital nerve blocks (S, EM, IM, FM, Peds)
    c. **Wound closure with sutures, liquid skin adhesive, steri-strips and staples (S, EM, IM, FM, Peds)**
    d. Superficial wound incision and drainage and packing (FM, EM, S, Peds)
    e. **Wound care, debridement, and dressing (FM, S, IM, EM)**
    f. Skin punch, excisional and shave biopsy procedures (FM, S)
    g. Toenail removal/wedge resection (EM, FM, S)
    h. Chemical and electrical cauterization (FM, EM, S, IM)
    i. Cryotherapy of skin lesions (FM, Peds, S)
    j. Electrodessication of skin lesions (FM, Peds, S)
    k. Subungual hematoma trephination (EM, FM, Peds)

11. Life Support Skills
    a. Basic life support (BLS) procedures (EM, IM, FM, S, Peds, WH, BH)
    b. Advance cardiac life support (ACLS) procedures (EM, IM, FM, S, WH, BH)
c. Pediatric advanced life support (PALS) procedures (Peds, FM, S, IM, EM, BH)

** FM = Family Medicine, Peds = Pediatrics, EM = Emergency Medicine, S = Surgery, IM = Inpatient Medicine, WH = Women's Health, BH = Behavioral Health **

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
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- 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

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.

http://medicine.yale.edu/intmed/Images/preceptor_handbook_tcm309-40876.pdf (See page 13)

– Adapted from Yale Medical School Ambulatory Clerkship Handbook

Integrating the Learner into the Busy Office Practice

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?”

http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm

Time-Efficient Preceptors in Ambulatory Care Settings

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


Appendix B

Evaluation and Teaching Strategies

Evaluation Using the GRADE Strategy

This easy-to-use tool provides five simple tips on how to effectively evaluate PA students.

http://www.stfm.org/fmhub/Fullpdf/march01/ftobt.pdf

The One-Minute Preceptor

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


Feedback and Reflection: Teaching Methods for Clinical Settings

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

http://www.uthscsa.edu/gme/documents/FeedbackandReflection.pdf

Characteristics of Effective Clinical Teachers

This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors. http://stfm.org/fmhub/fm2005/january/tamara30.pdf

Appendix C

Providing Effective Feedback

Getting Beyond “Good Job”: How to Give Effective Feedback

This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback. http://pediatrics.aappublications.org/cgi/reprint/127/2/205

Feedback in Clinical Medical Education

This article provides effective guidelines for giving feedback. http://jama.ama-assn.org/content/250/6/777.full.pdf+html

Feedback: An Educational Model for Community-Based Teachers

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. http://www.snhahec.org/feedback.cfm
Appendix D

Managing Difficult Learning Situations

Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers

These documents outline strategies for both preventing and managing difficult learning situations. [http://www.snhahec.org/diffman.cfm](http://www.snhahec.org/diffman.cfm)

Providing Difficult Feedback: TIPS for the Problem Learner

This article provides an easy-to-use “TIPS” strategy to address difficult learners or learning situations. [http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf](http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf)

Appendix E

Developing Expectations

Setting Expectations: An Educational Monograph for Community-Based Teachers

This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher. [http://www.snhahec.org/expectations.cfm](http://www.snhahec.org/expectations.cfm)

Appendix F

Conflict Resolution

Aspects of Conflict Resolution

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

Bibliography


17. Duke University Medical Center Community and Family Medicine. Characteristics of