

POLICIES AND REQUIREMENTS FOR STUDENTS IN THE CLINICAL YEAR 2021-2022

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***Clinical Year Rotation Calendar 2020-2021**

ROTATION SCHEDULE CLASS OF 2022

ROTATION SCHEDULE	End of Rotation Exam
Rotation # 1: January 3 – February 3, 2022	Friday, February 4, 2022
Rotation # 2: February 7 – March 10, 2022	Friday, March 11, 2022
Rotation # 3: March 14 – April 14, 2022	Friday, April 15, 2022
Rotation # 4: April 18 – May 19, 2022	Friday, May 20, 2022
Rotation # 5: May 23 – June 23, 2022	Friday, June 24, 2022
Rotation # 6: June 27 – July 28, 2022	Friday, July 29, 2022
Rotation # 7: August 21– September 1 2022	Friday, September 2, 2022
Rotation # 8 September 5 – October 6, 2022	Friday, October 7, 2022
Rotation # 9: October 10 – November 10, 2022	Friday, November 11 2022
Rotation #10 November 14 – December 15 2022	Friday, December 16, 2022

**All Dates are subject to change*

***Tentative Graduation date, subject to change*

Other Scheduled Activity Dates

- *NYSSPA 2022 – TBA*
- *PA's on the Plaza – TBA*
- *PA Professional Day -- TBA*
- *AAPA Conference – TBA*

TRANSITION TO THE CLINICAL YEAR

Congratulations on completing the didactic portion of the PA curriculum! Welcome to the clinical clerkship year! The entire faculty and staff are very pleased with this accomplishment as the class enters this new phase of training. This first section outlines some of the personal attributes that may contribute to success during the clinical clerkships.

Clinical Year Guidelines:

The Clinical Clerkship year consist of clinical training in Internal Medicine, Pediatrics, Psychiatry, Emergency Medicine, Primary Care, Surgery, Obstetrics/Gynecology, Geriatrics, Critical Care, and an elective. Clinical clerkships are arranged at various New York City Health and Hospitals Corporation facilities, neighborhood health care centers, voluntary hospitals, and private practices throughout the New York metropolitan area and Westchester County. Students at each site are assigned to a preceptor who may be an attending physician, graduate physician assistant, nurse practitioner or a resident/fellow. The preceptor coordinates instruction and monitors and evaluates student progress. Students are expected not only to follow the policies and regulations within this Handbook, but also with the PA Program Student Handbook, the hospital or office/clinic they are rotating through and the policies of City College. For more information, see: <https://www.ccny.cuny.edu/about/policies>

Making the Transition to Clinical Practice

The move from the relatively comfortable realm of the classroom, where goals and expectations are clearly delineated to the world of clinical clerkships where attaining goals and meeting expectations rely on self-motivation and self-assessment can be daunting. The faculty is confident that each student possesses the skills necessary to negotiate the challenges with which s/he will be faced. Please remember that the program staff is available should a situation arise in which help is needed.

While each clerkship will provide the opportunity to meet the program objectives, taking advantage of additional opportunities will yield added enrichment. Making the most of the clinical year depends upon being dedicated to the task of learning as much as possible. This will be especially true for the clerkships that are less enjoyable. Learning to navigate the clinical world in all circumstances is important to success in the clinical year. Here are some suggestions to assist with this task:

Personal Preparation for the Clerkship Year

- **Fund of Knowledge:** Prior to each rotation, identify gaps in knowledge and determine how best to meet these deficits. This will require an honest self-assessment and the discipline to schedule study time when not in the hospital or clinic. A frequent review of the learning objectives may prove very helpful.
- **Interpersonal Communication:** One key to a successful clinical year is the ability to get along with preceptors and the other employees at the site. Mastering “people skills” is a valuable and necessary part of the learning experience. Be respectful and courteous to all staff and patients. Sometimes tone of voice and body language may give an impression that a student has an attitude, even when s/he is unaware of this unintended signal.
- **Personal Preparation:** Some rotations require taking call, meaning staying at the site late into the evening or overnight. Others may require early morning or late evening

hours. Every site is different. Anticipate the need for baby-sitters, dog-walkers or the

care for others who rely on you. It is **NOT ACCEPTABLE** to be late, or to leave before the rest of the team. Attendance, in the case of the clinical year, extends to all of the scheduled time. Attending to personal matters ahead of time will ensure full participation each day. See attendance policy, Page 13.

- **Transportation:** Some rotations may be far from home. Please anticipate the time needed to reach each site and allow plenty of time each morning. It may be wise to take a dry run before the first day to see how long it will take. Remember, some rotations begin as early as 6:00 a.m.
- **Site Assignments:** Site assignments are **NOT NEGOTIABLE**.
- **Oral Presentations:** Oral presentations are required for every rotation, which consists of the student presenting the medical course of a patient to preceptors, fellow students, and physicians. Practice oral presentation at home, in front of a mirror or friends. Preparation for oral presentations beforehand helps student appear confident and well informed.
- **Feeling Inadequate:** Many students feel inadequate as they become aware of the responsibilities associated with the PA profession. Acknowledging this feeling without being crippled by it is the best strategy. Students are not expected to know everything, and most preceptors and staff will be sympathetic to nervousness. Most importantly, ask questions, listen and learn. Confidence will grow with time. The ability to realistically self-appraise and to seek help in overcoming knowledge deficits will boost confidence.
- **Getting Help:** The Clinical Coordinators, Clinical Site Manager and program staff can be relied on for support. Call as problems arise, rather than wait until a situation spirals out of control. Should issues concerning lack of supervision or any type of discrimination arise, a Clinical Coordinator or the Program Director should be contacted immediately.
- **Involvement in Clinical Setting:** Clinical rotations provide access to experiences that may never be available again. Therefore, expending the greatest effort will maximize the benefit and enjoyment of each clerkship experience. Spend as much time as possible at each site. Read about each medical condition seen each day. Volunteer for presentations. Staying late, after the team has left, may afford additional opportunities that would otherwise not be available.
- **Personal Goals and Objectives:** Familiarization with the goals and objectives for each rotation is extremely important. Discuss these goals with the preceptor and ask for ongoing feedback. In addition, develop an Individual Education Plan (IEP) for personal goals. Identify areas of weakness, lack in number of experiences or procedures, or skills needed for long-term career plans and determine how a given rotation can help meet these goals. Assess the IEP midway, see how many goals were met, and create a new plan to reflect the assessment.
- **First impressions count:** Preceptors form opinions of students early in the rotation. It is important that you not only pay attention to punctuality and appearance, but also to showing initiative and a desire to learn by asking questions. Demonstrate responsibility by following through on assignments, volunteering for extra activities, etc. Staying quiet can unintentionally give the impression that a student does not know the material. A preceptor can judge only what is seen. Speaking up will demonstrate your knowledge base and critical thinking skills.
- **Ambassador for the PA Profession:** During clinical clerkships, students may encounter a wide range of opinions among medical personnel regarding physician assistants. Some believe that there is no place for physician assistants within the practice of medicine. Others have embraced our profession and recognize our contributions to health care. Be prepared to discuss the PA profession, our history and our role within the health care

system. Patients will also be curious, skeptical and, in some cases, hostile to the idea of being cared for by a physician assistant student. Anticipate these responses and develop a way to reassure them. Continue to carry out your tasks without becoming personally offended. Also remember patients have the right to request a different provider if they chose.

- **Seek out teachers:** In addition to the preceptor, other staff (e.g. patient care technicians, nurses, social workers, radiologists, etc.) may be willing to teach. Seek them out. Learn whatever you can from whoever is willing to teach.
- **Be assertive:** Many sites will have other students (medical, other physician assistants, and nurse practitioners) and/or residents competing for attention, wanting to present cases on rounds, read EKG's or X-rays, and to do procedures. Without assertion, students may miss important learning opportunities. Fight the temptation to sit back and merely observe.
- **Learn through every interaction:** Keep notes on each patient seen. Later on, review the chart to determine if the findings are consistent with the first impression of the disorder. Ask the preceptor to explain the rationale for the diagnosis or intervention. Note questions as they occur for later exploration. Become familiar with the principles of evidence-based medicine and develop skills to enhance lifetime learning (see Sackett, D.L., Straus, S.E. Richardson, W.S. Rosenberg, W & Haynes, Rob. (2011) Evidence-based medicine: how to practice and teach EBM (4th edition). New York: Churchill Livingstone).
- **Expect Frustrations:** There are many situations that frustrate students during the clinical year. An example is when a patient changes the history when re-interviewed or re-examined by the preceptor. This may be due to a number of factors such as a jog in memory during a second interview, better patient rapport or better interviewing skills of the second provider. Do not be upset by this and don't reproach the patient for it. The preceptor may provide clues as to why the patient responded differently. Seek out ways to resolve and potentially avoid frustrating situation.
- **Read:** Continuous reading during the clinical year is the chief way to prepare for patient rounds or daily discussions with preceptors. Many sites afford the ability of accessing textbooks and articles on-line. Whether to review basic concepts or learn about rare or complex diseases states, it is important to read each evening.
- **Cellphones:** It is very tempting to refer to the Medical Apps on the cell phones during rounds, **DO NOT use your cell phone during rounds.** Attendings do not know what you are doing with the cell phone and it might be misinterpreted as texting, being on social media, etc.

Student and Preceptor Responsibilities:

The student is responsible:

1. To maintain professional behavior towards patients, their families, preceptors, staff, and their colleagues;
2. To report to the preceptor on the first day of the rotation;
3. To review rotation learning objectives;
4. To communicate with preceptors any information regarding the care, evaluation, management or documentation of all patients;
5. To understand the rules and regulations of the clinical site;
6. To meet the learning objectives as directed by preceptors and Program faculty. The preceptor and supervising clinicians will retain full responsibility for the care of patients

- and will maintain administrative and professional supervision of the student;
7. To ensure all orders, documentation and notes are countersigned by the preceptor prior to being carried out or accepted by the institutional staff. Some clinical sites will prohibit

a student from performing certain procedures, or from making entries in the patient record. It is the duty of the student to respect the parameters of their role in each clinical site.

The student, under the supervision of a licensed physician or PA preceptor, will be expected to:

1. Collect and record a complete database (detailed histories, and complete physical examination) on all patients, both inpatient and outpatient;
2. Write appropriate orders for diagnostic tests and studies;
3. Perform routine procedures (i.e. draw venous and arterial blood samples, begin intravenous therapy, perform lumbar punctures, insert and remove CVP catheters, nasogastric tubes and urinary catheters);
4. Assist the clinician in the performance of operative procedures (i.e. venous cut-downs, joint aspiration or injections, bone marrow aspiration or biopsy, and endotracheal intubation);
5. Observe and assist in surgery and deliveries;
6. Suture non-complicated lacerations;
7. Obtain informed consent;
8. Write orders of medications and indicated treatment modalities, as directed by the clinician and hospital protocol;
9. Make daily rounds to observe and document patient progress;
10. Participate in on-call activities and responsibilities;
11. Initiate appropriate resuscitative therapy for the patient in a life-threatening condition until the arrival of the clinician and other assistance;
12. Maintain appropriate BLS/ACLS certification for each rotation. Uncertified students will not be allowed onto a rotation site;
13. Participate in ALL Call Back day activities. Students **WILL NOT** be permitted to:
 - a) Initiate patient care that has not been outlined and supervised by the clinician;
See, treat, or dismiss a patient without review and discussion of the patient's problem with the clinician;
 - b) Dispense or write prescriptions for any medications without approval of the clinician, and his/her signature as co-signer;
 - c) Initiate disclosure of, or draw conclusions from, findings or treatment plans with the patient without prior discussion with the clinician;
 - d) Change standing orders without consultation and approval of the supervising clinician;
 - e) Initiate treatment for a patient that has not been seen or examined;
 - f) Participate in a treatment modality, diagnostic procedure, or other activity that is beyond their level of training or level of competence;
 - g) Discuss findings with a patient prior to conferring with the preceptor;
 - h) Discuss a patient by name with anyone except other members of the health care team, without the patient's consent;
 - i) Discuss a patient's condition with family members without the patient's consent;
 - j) Discuss a patient in a public place such as in the elevator or hallway;
 - k) Take pictures of a patient;
 - l) Check the Electronic Medical Record of any patient that is **NOT** part of their service;
 - m) Perform duties that do not achieve the purpose, goals, and objectives of the rotation, including personal requests from either patients or preceptors (should such requests be made, one of the Clinical Coordinators should be notified).

The Preceptor is responsible for:

1. Evaluating each student in the following areas: academic knowledge, content of documentation, professionalism, team work, communication skills, patient management skills, and clinical decision-making skills;
2. Orienting students at the onset of the rotation to the practice/site policies and procedures and review the expectations and objectives for the rotation;
3. Providing ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the Clinical Coordinator by submitting mid-rotation and end-of-rotation evaluations;
4. Increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise;
5. Observing and evaluating oral and written presentations;
6. Assigning and discussing readings concerning best practice;
7. Meeting with PA faculty during site visits to evaluate student progress;
8. Auditing and co-signing charts in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans;
9. Submitting student mid-rotation and final evaluations via the Typhon logging system;
10. Tracking student attendance and performance;
11. Promptly notifying the PA program of any circumstance that interferes with meeting the published objectives or diminish the overall training experience;
12. Modeling best practice and ethical, professional behavior;
13. Demonstrating cultural competency through interactions with patients and students;
14. Meeting with students on a regular basis and discussing progress and deficiencies;
15. Maintaining physical presence on-site for the length of clerkship;
16. Assuring a safe learning environment;
17. Assuming strict professional boundaries and not compromising the student by asking for non-clinical tasks;
18. Providing the student with opportunities to meet the objectives. At a minimum, preceptors should provide opportunities for interviewing and physical examinations, formulating primary and differential diagnosis, determining treatment and management plans, presenting patient cases, and performing or assisting in diagnostic and therapeutic procedures.

Cultural Issues

The range of clinical experiences will include working with patients of varied racial, ethnic, economic, geographic, sexual orientation, and cultural backgrounds. Students will be assigned to sites in various geographical areas or work with patient populations with which they may be unfamiliar.

Providing care to all populations is a central part of the mission of our profession, and of the mission of our program. Students are expected to rotate to all sites to which they are assigned, regardless of their geography or patient population.

Patients' Bill of Rights

Patients in a hospital in New York State have the right, consistent with law, to:

- (1) Understand and use these rights. If for any reason, you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
- (2) Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
- (3) Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
- (4) Receive emergency care if you need it.
- (5) Be informed of the name and position of the doctor/provider who will be in charge of your care in the hospital.
- (6) Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
- (7) A no smoking room.
- (8) Receive complete information about your diagnosis, treatment and prognosis.
- (9) Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
- (10) Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care — A Guide for Patients and Families."
- (11) Refuse treatment and be told what effect this may have on your health.
- (12) Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
- (13) Privacy while in the hospital and confidentiality of all information and records regarding your care.
- (14) Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
- (15) Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
- (16) Receive an itemized bill and explanation of all charges.
- (17) Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
- (18) Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
- (19) Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

Public Health Law (PHL) 2803 (1) (g) Patient's Rights, 10NYCRR, 405.7, 405.7(a) (1), 405.7(c)

POLICIES REGARDING CLINICAL ROTATIONS

Criminal Background Checks

Current laws generally permit a state licensing board or agency to deny a license to practice if the applicant has been convicted of a felony or other specified crime. Like many state licensing boards, the Office of the Professions of the New York State Education Department requires that a criminal background check be conducted prior to granting a license.

The City College of New York does not require a criminal background check for admission. Yet a number of hospitals or other off-campus clinical training sites require a student to undergo a criminal background check and a toxicology screening before the student can be placed for clinical training. The CSOM PA Program has arranged an account with Castle Branch where the students can have a background check and 'Chain of Custody' toxicology-screening document; both of these require a fee that students are responsible for.

A site may deny a student access to its facility based upon the results of a criminal background check even if the student has already begun the clerkship, regardless of the student's performance up until that point. Furthermore, a clinical site has the right to ask the student to pay the cost of the background check. Students frequently undergo more than one criminal background check during the clinical year.

Toxicology Screening

Some clinical rotation sites also require that students undergo a drug test as a condition of their access to the site. Students may be responsible for the cost of this testing. Testing positive or refusing drug testing may result in an inability to complete the clinical year, and to graduate. Please note that if a clinical training site determines that a student may not take part in its training program based on the results of a criminal background check or drug test (or due to refusal to submit to a drug test), s/he may be unable to complete the course requirements and to continue in the professional program.

Neither the Physician Assistant Program nor CCNY has the obligation to refund tuition or other fees or to otherwise accommodate a student in the event that course requirements cannot be completed based on the results of a criminal background check or drug screen, or if a license to practice is denied.

See: <https://www.ccny.cuny.edu/csom/criminal-background-checks-and-drug-testing>

Health Clearance

All students must provide the Program with evidence of physical fitness including non-contagion to infectious disease. The OHS (Occupational Health Service) of Harlem Hospital provides this service for free. Copies of ALL the medical clearance documents needed for rotations are to be brought to the PA office to be filed on the students record. Copies of all the medical clearance documents are to be uploaded into Typhon. For rotations out of Harlem Hospital students are required to keep a copy of their medical information and present it to the preceptor/administrative personnel **4 weeks prior to the rotation start day**. In addition, you must bring a copy to the site on the first day of rotation. Each site can request different protocols. **Failure to maintain an updated medical clearance can/will result in removal from rotation and graduation delay.**

Requirements for health clearance include:

1. Physical Examination

The physical examination is a part of the initial health clearance offered by Harlem Hospital OHS. Medical clearance by OHS must be renewed on or near the anniversary date for each year the student is enrolled in the Program.

2. Immunity from Infectious Disease

The titer for the following diseases must be obtained:

- Rubeola, Mumps, Rubella
- Diphtheria, Pertussis, Tetanus
- Varicella
- Hepatitis B

The word “Immune” submitted by a PCP will not suffice for this purpose. A childhood record of vaccination (MMR, DPT, Heb B) will similarly not suffice. A verified record of previous titers will be acceptable, however. If the titers are not available, serum titers must be obtained. If titers show insufficient immunity, re-vaccination will/might be necessary, according to CDC guidelines.

3. Tuberculosis

As there is no vaccine against tuberculosis, all students will receive either a PPD (Mantoux) or Quantiferon test as part of their physical exam. If the test is positive, or if previous prophylaxis or treatment for tuberculosis has occurred, a chest X-Ray will be required. Students who had a negative PPD or Quantiferon test in the past, and who subsequently test positive will be required to undergo prophylactic treatment, even if their chest x-ray is negative.

4. Influenza vaccination

Influenza vaccine is now a mandatory part of the health clearance, consistent with NYC department of Health criteria. Anyone possessing a Harlem Hospital identification badge will not be allowed access to the hospital without a sticker verifying receipt of the flu vaccine. To that end, all PA students must provide documentation of annual influenza vaccination by December 31, 2021. Similarly, clinical year students will not be able to attend clinical rotations until vaccination has been documented. Some sites are also requiring proof of COVID 19 vaccination, this will be updated as needed.

5. COVID vaccination

COVID vaccine is now mandatory as part of the health clearance in many hospitals and facilities. Some facilities are requiring proof of negative COVID test as well. Clinical year students will not be able to attend clinical rotations until proof of vaccination has been documented or proof of negative COVID test has been documented.

Preceptor Review and Countersignature

All patients evaluated by a PA student must be then examined by the supervising preceptor. The supervising preceptor must review and countersign all notes submitted by the student. The student must sign each note with their name and title (PA-student) and not the abbreviation “PA-S” to prevent confusion. The supervising preceptor must countersign the note immediately.

The student is not authorized to initiate any orders for a patient without the consultation and the signature of the supervising preceptor. Students are not permitted to sign any prescriptions.

Failure to adhere to these policies will result in a disciplinary hearing before the Committee on Course and Standing.

Identification

Students must display their CUNY School of Medicine and HHC photo identification or site photo ID if provided on their person in a clearly visible location while on clinical rotations. All students must identify themselves as “physician assistant student” to patients and medical staff. Under no circumstance should a student encourage or fail to correct the misconception that s/he is a physician or a medical student.

Attendance

The student is expected to meet with the preceptor to set his/her work schedule and hours, which may include on-call time. Students are required to be on-site for the same period of time as the others on the medical team, including students working with only one preceptor. Students take call with their preceptor or other team members.

Students are required to follow the schedule of their medical team, which may **NOT** include school or legal holidays. Students are expected **not** to leave before other team members.

Students are not permitted to take a “half-day” or to determine that there isn’t enough to do to warrant spending an entire day on the site. Consult a Clinical Coordinator for clarification of this policy. **THERE ARE NO DAYS OFF DURING THE CLINICAL YEAR.**

Any student who requires time off for personal or other reasons is obligated to request approval in writing from the Program **BEFOREHAND**. An e-mail request to one of the Clinical Coordinators and Clinical Sites Manager should be submitted at least one-week in advance. For emergencies, both the preceptor and the Program must be notified via e-mail by the time the student is due to report to the preceptor. **Absence the day before the end-of-rotation examination will not be permitted.** Only medical and/or government documentation will suffice as proof of need for an absence at this time. In the event a student is called to Jury Duty, they are to notify the program immediately to be provided with appropriate excuse documentation.

Any time missed during rotations, for any reason, must be made up. The preceptor will determine the nature of the made-up time, which must be communicated to the Clinical Coordinator. **Failure to report an absence, or to make up the time, may result in a failing grade for the rotation.** Misrepresentation of time spent at clinical rotations is a serious offense that could result in dismissal from the program, this is a professionalism issue and can result in dismissal from the program. Excessive absence may result in repeating an entire rotation.

Students are also responsible for attending all activities on Call Back days, which may include and are not limited to: lectures, presentations and clinical seminars and examinations. **ALL Call Back days are mandatory.** There will be no excused absences with the exception of a medical emergency and or Government Issue. Absence documentation from Call Back day is subject to the same conditions as absence during a clerkship.

Leave of Absence

A student may be granted a Leave of Absence only in the case of personal illness, family emergency or other circumstance beyond the student’s control. A request for leave must be made in writing to the program director. A leave taken without consent from the program

director may result in dismissal from the program. Students are granted only one Leave of Absence for the entire PA curriculum.

Pregnancy

Should a student become pregnant in the course of their studies, she should notify one of the Clinical Coordinators as soon as possible so that working in potentially hazardous environments could be avoided. The student should also inform the clinical preceptor of any special needs that might arise.

Delayed Rotations

In the event that a student is delayed in rotation(s) (i.e. due to delayed start, failure, and/or leave of absence) note that only one clinical rotation is advised to be completed during the research semester. The student will need to complete those rotations after completion of the research semester

Patient Rights and Confidentiality

All information regarding a patient's health is privileged information. All students must strictly adhere to each institution's policy governing patient rights and confidentiality and to all federal, state and local regulations. Students must not discuss any information regarding a patient in a manner or location that might reveal the identification of the patient to individuals not directly involved in that patient's care. Patients' chart, inclusive of progress notes or lab reports, must not be removed from the clinical site. If photocopies of a patient's record are needed for a site evaluation, all identifying information must be removed to protect patient confidentiality.

For more information, please see:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/summary/>

Universal Precautions

The principle of universal precautions has been adopted to protect clinicians from exposure to infectious diseases because any patient may harbor microorganisms that could cause infection if transmitted. Although blood-borne pathogens are of particular concern, all body fluids secretions and excretions are included in universal precautions. Since infected patients may be asymptomatic, it becomes necessary to use basic precautions with every patient. Observance of universal precautions will help to provide better protection for every staff member. Students should also familiarize themselves with the hospital/clinical sites specific policies regarding universal precautions. The material below reviews guidelines and preventative techniques.

1. Avoid direct contact with: blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions.
2. Avoid injuries from all sharp objects such as needles or scalpels.
3. Avoid direct contact with items, objects, and surfaces contaminated with blood, body fluids, secretions, and excretions.
4. Dispose of all sharp objects promptly in special puncture resistant containers.
5. Dispose of all contaminated articles and materials in a safe manner prescribed by law. In practice, using universal precautions also requires the following measures:
 - a) Wash hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.
 - b) Depending on job duties and risk of exposure, use appropriate barriers, which can include: gloves, gowns, aprons, caps, shoe covers, leggings, masks, goggles, face shields, and resuscitation devices. These barriers are to be used to protect:
 - i. Skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin).
 - ii. Mucous membranes, especially eyes, nose and mouth.

NOTE: *Protective apparel, including gloves, must be removed after each use and are to be PROPERLY disposed of, and not worn from one patient or activity to another.*

Exposure Policy and Incident Reporting

Should a student be exposed to the body fluid of a patient, s/he will immediately report the incident to the clinical preceptor and a Clinical Coordinator. A medical evaluation must occur shortly after the incident; therefore, the student must follow-up with the employee health office of the clinical site, or the Harlem Hospital OHS if the site has no such office. Prophylaxis against HIV should begin as soon as possible. Therefore, prompt evaluation is important. Please refer to the Incident Report form on page 103 of this document.

The student will follow the institutional infectious and environmental hazard policies, including completing all required documentation. Additionally, the student must contact the Clinical Coordinator or program director within 24 hours of the incident. Students are further required to provide documentation of Employee Health Office evaluation to one of the Clinical Coordinators within 48 hours of the incident. Health information of any kind concerning students, patients, or staff should not be included when filling out the exposure form.

Student Safety and Notification in suspected exposure to Ebola Virus Disease (EVD)

The primary purpose of this protocol is to ensure the safety of our students during clinical training and to ensure that the proper notifications are handled in a timely manner. All staff and

faculty who have responsibility for students must be aware of this protocol and are expected to follow it in cases where potential exposure to Ebola is suspected.

- 1. All students must be notified that they are prohibited from participating in any aspect of clinical care activities for patients suspected of or with EVD.**
2. All students must be familiar and comply with the entire physician assistant program, CUNY School of Medicine, university and assigned clinical affiliate policies.
3. Students are expected to maintain current levels of training and preparation related to EBV that is provided by the CUNY School of Medicine and clinical affiliates.
4. Preceptors, clinical instructors and supervisors must be made aware of this protocol.
5. Students are to reconfirm the contact information for the Clinical Coordinator, Clinical Director and Program Director of their respective clinical program to include both telephone and email contacts.
6. Preceptors are to reconfirm the contact information for the Clinical Coordinator, Clinical Director and Program Director of their respective clinical program to include both telephone and email contacts.
7. Students are to immediately notify the PA program of any situation where potential exposure is suspected and/or a possibility at the earliest time possible.
8. Preceptors are to immediately notify the PA Program at Harlem Hospital Center through the designated contacts of any potential situation where exposure is suspected and/or a possibility at the earliest possible time.
9. Students are to follow instruction from the preceptor, the PA program as applicable and comply with Health Department and institutional requirement until the situation is resolved.

Staff and Faculty

1. Staff and faculty are to reconfirm official contact information to students and preceptors for the Clinical Coordinator, Clinical Director and Program Director of the program to include both official telephone and email contacts.
2. Upon receipt of a notification, the staff member or faculty member who receives the information is to collect as much information about the situation as possible. The information should include:
 - a. Site address
 - b. Nature of the possible exposure
 - c. Current situation with the student
 - d. Whether this is an ongoing or fully resolved situation
 - e. Clarification of whether the student is under quarantine
 - f. What entity is managing the quarantine decisions
 - g. Establish an ongoing line of communication for contact with the student until the situation is resolved
3. The staff or faculty member is to complete a report in an email that details all of the above information excluding the student's name. If the situation has been resolved and exposure ruled out completely, the report is to be filed with the Program Director. The Program Director is to arrange an interview with the student to debrief the event and to learn how the event transpired and what we may learn for the future.
4. The staff or faculty member is to complete a report in an email that details all of the

above information excluding the student's name. If the situation is ongoing and not resolved, the report is to be filed with the Program Director, Program Medical Director and the Dean of The CUNY School of Medicine.

5. The staff or faculty member is to ensure that an ongoing line of communication is established to provide support for the student until the situation has been resolved.
6. The staff and faculty are not authorized to discuss the matter with other parties. The student's name should not be divulged to anyone outside of the communication channel.
7. The leadership in The CUNY School of Medicine and the University will follow established protocols for elevating the communication to the wider CCNY community.

Student Safety and Notification in suspected exposure to COVID 19.

The primary purpose of this protocol is to ensure the safety of our students during clinical training and to ensure that the proper notifications are handled in a timely manner. All staff and faculty who have responsibility for students must be aware of this protocol and are expected to follow it in cases where potential exposure to COVID19 is suspected.

1. **Students are to immediately notify the PA program of any situation where potential exposure is suspected and/or a possibility at the earliest time possible.**
2. Preceptors are to immediately notify the PA Program at Harlem Hospital Center through the designated contacts of any potential situation where exposure is suspected and/or a possibility at the earliest possible time.
3. Students are to follow instruction from the preceptor, the PA program as applicable and comply with Health Department and institutional requirement until the situation is resolved.

Staff and Faculty

4. Staff and faculty are to reconfirm official contact information to students and preceptors for the Clinical Coordinator, Clinical Director and Program Director of the program to include both official telephone and email contacts.
5. Upon receipt of a notification, the staff member or faculty member who receives the information is to collect as much information about the situation as possible. The information should include:
 - a. Site address
 - b. Nature of the possible exposure
 - c. Current situation with the student
 - d. Whether this is an ongoing or fully resolved situation
 - e. Clarification of whether the student is under quarantine
 - f. What entity is managing the quarantine decisions
 - g. Establish an ongoing line of communication for contact with the student until the situation is resolved
6. The staff or faculty member is to complete a report in an email that details all of the above information excluding the student's name. If the situation has been resolved and exposure ruled out completely, the report is to be filed with the Program Director.
7. The staff and faculty are not authorized to discuss the matter with other parties. The student's name should not be divulged to anyone outside of the communication channel.

Professionalism during the Clinical Rotations

Students must adhere to standards of professional behavior at **ALL** times. These standards are

the ethical foundation of medical practice and of our integrity as physician assistants. Lapses in professional behavior are brought before the Committee on Course and Standing (CCS). Should the CCS find that a student has behaved unprofessionally, s/he can be issued a warning, placed on probation, or be dismissed from the program. Unprofessional behavior, failure to comply with program rules and regulations, including but not limited to:

1. Attendance;
2. Punctuality;
3. Preparedness;
4. Conduct;
5. Performance in the classroom and clinical setting;
6. More than one unexcused absence during the clinical year;
7. Excessive excused absences during the clinical year;
8. Excessive lateness during the clinical year;
9. Unauthorized departure from the clinical setting;
10. Failure to perform all or part of assigned tasks and responsibilities;
11. Failure to follow protocol, or directions from the attending, the physician assistant preceptor or supervising physician, physician assistant or program faculty;
12. Immature demeanor;
13. Unacceptable dress in the clinical arena;
14. Academic or personal dishonesty;
15. Failure to accept constructive criticism;
16. Performing unauthorized procedures or administering services not permitted by the supervisor, the facility, or the physician assistant program;
17. Violation of the Health Insurance Portability and Accountability Act (HIPAA);
18. Failure to identify oneself as a physician assistant student, especially after being addressed as “Doctor”;
19. Failure to report all observed unethical conduct by other members of the health profession, including other students;
20. Insensitivity to patients; lack of respect for the rights of patients to competent, confidential service;
21. Endangering the health and welfare of any patient;
22. Failure to submit an incident report both to the program and the clinical site.

Dress Guidelines

Dress requirements must be strictly adhered to in the clinical year. One reason is safety – dress can increase or decrease the potential for injury. The second is that clinical year students represent both the physician assistant profession and The CUNY School of Medicine PA Program. Therefore, students must look professional while interacting with patients and health professionals on clinical sites and follow these guidelines:

1. Both men and women should wear business attire;
2. Both men and women must wear a short white uniform jacket at all times;
3. Men should wear a dress shirt with tie;
4. Shoes must be closed toed and closed heel; socks or stockings must be worn;

5. Each student should wear a watch with a second hand;
6. Hair must be pulled back away from the face if it is longer than shoulder length;
7. Fingernails must be less than ¼” long;
8. Only post earrings are permitted;
9. All tattoos should be concealed.
10. Unacceptable clothing includes:
 - a) Low cut, revealing blouses for women;
 - b) Sandals;
 - c) Short skirts;
 - d) Stirrup pants or leggings;
 - e) T-shirts, sweatshirts or sweatpants;
 - f) Any clothing made of denim;
 - g) Clothing that exposes the mid-abdomen;
 - h) Bracelets or other dangling jewelry;
 - i) Insignia, buttons or decals of a political nature or clothing with inappropriate language;
 - j) Clothing that is soiled, in poor repair, or not well maintained;
 - k) Artificial nails, wraps, multi-colored or designer nail polish or nail paintings;
 - l) Perfume or other fragrance;
 - m) Visible piercing other than the earlobe.

Students may wear scrubs only while in the operating room, emergency room or in the delivery room. Students may wear sneakers only while wearing scrubs. Students may not wear scrubs while outside the hospital, or while traveling to or from the hospital. All students are required to follow any additional policy of each facility’s designated scrub policy.

Any student found in violation of any of these policies will be subject to action by the Committee on Course and Standing (CCS).

Policy on Drug and Alcohol Use

The CUNY School of Medicine Policy on Drug and Alcohol states that the consumption of alcoholic beverages is not permitted on campus property except in areas or at functions approved by the Dean of Students or designee. For more information, please see:

Policy on Drugs and alcohol at

<https://www.ccny.cuny.edu/sites/default/files/CUNY%20Policy%20Drugs%20%26%20Alcohol%20and%20Information%20on%20risks%20and%20consequences%20of%20drug%20and%20alcohol.pdf>

This policy applies to students on clinical rotations as well. Therefore, students are absolutely forbidden from using any type of recreational drug or alcohol while on clinical rotations. Being under the influence of recreational drugs or alcohol while on rotation is grounds for immediate dismissal from the PA Program. Students are also subject to CUNY School of Medicine penalties such as suspension or expulsion from the College.

Sexual Harassment

The policies of both CUNY School of Medicine and the PA Program promote an environment where respect for all students, faculty and staff exists. Sexual harassment is inconsistent with this objective and illegal under federal, state and city laws. Any member of the college community engaging in sexual harassment or retaliating against anyone raising an allegation of sexual

harassment, filing a complaint alleging sexual harassment, or participating in any proceeding to determine if sexual harassment has occurred will not be tolerated. This policy extends to all aspects of the program, including clinical rotations. For more information, please see:

<https://www.ccnycuny.edu/affirmativeaction/harassment>

Definition

For purposes of this policy, sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other oral or written communications or physical conduct of a sexual nature when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of any individual's employment or academic standing;
2. Submission to or rejection of such conduct by an individual is used as a basis for employment or academic decisions affecting such individual;
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile or abusive work or academic environment.

Examples of sexual harassment include, but are not limited to the following:

1. Requesting or demanding favors in exchange for employment or academic opportunities (such as hiring, promotions, grades or recommendations);
2. Submitting unfair or inaccurate job or academic evaluations or grades, or denying training, or academic opportunity, because sexual advances have been rejected;
3. Sexual comments, teasing or jokes;
4. Sexual slurs, demeaning epithets, derogatory statements, or other verbal abuse;
5. Graphic or sexually suggestive comments about an individual's attire or body;
6. Inquiries or discussions about sexual activities;
7. Pressure to accept social invitations, to meet privately, to date, or to have sexual relations;
8. Sexually suggestive letters or other written materials;
9. Sexual touching, brushing up against another in a sexual manner, graphic or sexually suggestive gestures, cornering, pinching, grabbing, kissing or fondling;
10. Coerced sexual intercourse or sexual assault.

Sexual Misconduct

Sexual relations between a PA student and a patient are unethical, regardless of who initiated the relationship. Reasonable proof of a sexual relationship between a student and patient will result in dismissal from the program. Sexual relations between a PA student and clinical staff at a site are similarly unacceptable. Sexual harassment of a physician assistant student by a preceptor or other rotation site employee is a serious matter and must be reported to the Clinical Coordinator immediately. All good faith reports of inappropriate behavior will be supported. Students should not attempt to handle this problem alone, as sexual harassment involves issues of unequal power. Should a student feel s/he has been sexually harassed; assistance from the program faculty must be sought immediately.

Social Media Policy

It is strictly prohibited to take photographs of patients, including in the operating room, even if

the patient is not identified. Similarly, the accessing of diagnostic images or any form of patient data for the purpose of transmission on a social media platform including but not limited to YouTube, Face Book, Instagram, iTunes, LinkedIn, Twitter and B/Vlogs is strictly prohibited. Violation of this policy will result in being called before the Course and Standing Committee and possible dismissal from the program. Witnessing any violation of this policy should be immediately reported to the Clinical Coordinator or Program Director.

E-mail

E-mail is the preferred mode of communication between the Program faculty/staff and students. All clinical year students are required to use their **citymail account**, which must be reviewed on a daily basis. **Failure to check an e-mail account and junk mail folder is not an allowable excuse for missing a Program event or notification.**

Working as a Physician Assistant Student

The program strongly discourages any type of outside employment during the course of studies in the program. Program responsibilities are not negotiable and will not be altered due to student work obligations. Furthermore, working has been the chief cause for academic difficulty in past years.

Students who choose to volunteer or be paid employees during the course of their physician assistant training cannot use their affiliation with the program in any aspect of that employment. Any activity undertaken by the student, independent of the program, is **NOT** covered by the liability insurance offered for clinical work associated with physician assistant training. Furthermore, students may not be required to perform clerical or administrative work for the Program. **Students may not substitute for regular clinical or administrative staff during the clinical year.** Should such a request be made of a student, it should be reported to the program director immediately.

Medical Records

Some rotations will allow students access to the electronic medical record and some will not. When a student can enter data, the preceptor **must countersign** all entries, as all medical records are legal documents. Only Joint Commission approved abbreviations can be used. For more information, please see: http://www.jointcommission.org/assets/1/18/dnu_list.pdf

If access to the EMR is not available, hand-written notes should be submitted to the preceptor. Type or write legibly and use only black ink. Errors must have a single line drawn through them and must be initialed. Never erase, white out, or cross out as to make the entry illegible. These notes should be signed, with the: Name, "PA Student" clearly printed below the signature. All notes must be dated.

Student Evaluation of Rotations

Each student is required to complete a rotation evaluation upon completion of the rotation. These evaluations help the faculty make decisions regarding the clinical year for future classes. Therefore, thoughtful input, suggestions and constructive criticisms help the continual assessment and improvement of the program. Students are NOT to contact a clinical site once that clinical site rotation has been completed. If a student does not agree with a preceptor evaluation, the students is to communicate with the Clinical Coordinators, Clinical Site Manager or Assistant Dean and Program Director.

TYPHON TRACKING SYSTEM

Students are required to maintain a procedure and patient log for all rotations via the Typhon Group Physician Assistant Tracking System, an electronic tracking system. This system serves as a vehicle for compiling information regarding clinical clerkship experiences. Students are required to log information regarding each patient seen on a daily basis. Failure to log patient encounters on time will result in a three (3) point deduction from the overall rotation grade. Each additional submission failure will result in an additional three (3) point deduction and referral to the Course and Standing Committee.

The Typhon System defines a logging week as Sunday to Saturday. At the end of a logging week, the system will close. Edits cannot be made after this time. The Clinical Coordinators will spot check these logs. Students will be contacted if inadequate patient care experiences or omissions in documentation are found. It is the student's responsibility to review all comments and make corrections when indicated in their Typhon logging systems. Students must keep copies of Typhon logs for personal records. The program will not provide copies of rotation documents.

While the Clinical Coordinator will discuss ways to maximize clinical opportunities for the remaining time in the clerkship, it is the student's responsibility to find opportunities to meet the procedure requirements. Difficulty in meeting these requirements should be brought to the attention of the Clinical Coordinator. **Failure to complete any procedure requirement by the end of the year will result in referral to the Course and Standing Committee and a delay in graduation.**

Rotation Specific Logging Requirements

Students must log each patient encounter during the clinical year. In addition, medical notes and clinical procedures must be logged in the following numbers:

Clerkship

Surgery

Medical Note Requirement

5 per week/25 per rotation + 2/10 per rotation
virtual patients

*There should be at least 5 Pre-Op, 5 Intra OP
and 5 Post-Op in the 25 total notes*

Pediatrics

5 per week/25 per rotation + 2/10 per rotation
virtual patients

Primary Care

5 per week/25 per rotation + 2/10 per rotation
virtual patients

Internal Medicine

5 per week/25 per rotation + 2/10 per rotation
virtual patients

Psychiatry

5 per week/25 per rotation + 2/10 per rotation
virtual patients

OB/GYN

5 per week/25 per rotation + 2/10 per rotation
virtual patients

Emergency Medicine.

5 per week/25 per rotation + 2/10 per rotation
virtual patients

Critical Care

5 per week/25 per rotation + 2/10 per rotation
virtual patients

Geriatrics

5 per week/25 per rotation + 2/10 per rotation
virtual patients

Elective

5 per week/25 per rotation + 2/10 per rotation
virtual patients

Surgery

5 per week/25 per rotation

Pre-op

5 per rotation

Intra-op

5 per rotation

Post-op

5 per rotation

Pediatrics

5 per week/25 per rotation

Primary Care

5 per week/25 per rotation

Internal Medicine

5 per week/25 per rotation

Psychiatry

5 per week/25 per rotation

Ob/GYN

5 per week/25 per rotation

Prenatal Care

5 per rotation

Gynecologic Care

5 per rotation

Emergency Medicine

5 per week/25 per rotation

Required Clinical Year Procedures/Examinations

PROCEDURE	REQUIRED MINIMUM NUMBER
ABG	3
Abscess I&D	3
Blood Culture	3
Cardiopulmonary Resuscitation	3
Foley Catheter Placement	3
IM/SC/ID-injections	3
IV Placement	3
NG Tube Placement	3
Splinting	3
Suturing	3
Venipuncture	3 (adult) 3 (pediatric)
Assist in Operating Room	10
Wound Care/Debridement	3
Breast Examination	3
Pap Smear	3
Pelvic exam	3
Prostate exam	3
Testicular exam	3

HIGHLY Recommended Clinical Year Procedures/Examinations

Delivery	3(vaginal) 3(Cesarean)
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Professional Portfolio

The Typhon system has a feature to create a professional portfolio. Beginning a professional portfolio challenges students to think critically about their patient care experiences by engaging in reflective practice. It also teaches students to set goals for achieving professional milestones for career advancement by documenting seminal events in clinical, professional, and personal growth as they occur. The information logged on the professional portfolio can be easily transferred to a CV, blog, web page or other media.

Utilizing the Typhon Group Healthcare Solutions Physician Assistant Student Tracking System (PAST), students will create an online portfolio consisting of six components:

- **Home Page** (Introductory Page), which consist of name, picture, address, CCNY e-mail, and an introduction.
- **Reflections:** Five (5) entries at different points of the clinical year, each two or more paragraphs, that describe the academic, clinical, professional and personal journey during your time in the PA Program:
 - The first will describe your entry into Physician Assistant Program
 - The second will describe your transition from the didactic to the clinical year
 - The third, fourth, and fifth will describe growth experiences at various points in the clinical year.
- **Interesting Patient:** These three (3) additional reflections center on a patient care experience that highlight the benefits of health care services, health policy and education aimed at disease prevention and health maintenance. These reflections might also address how to encounter impacts clinical thinking and future practice. Each submission is from

two paragraphs to one page in length.

- **Clinical Year:** This page includes links to Rotation and Dates; Preceptor Evaluations; Typhon Logs; Medical Notes; BCLS and ACLS certification documents.
- **Research Paper**
- **CV**

This portfolio will be active for five years from the first day of the Program. Maximal use of this system verifies clinical education experiences, which will be useful to future employers.

CLINICAL YEAR ACADEMIC PERFORMANCE

Clerkship Components

The grade for each clerkship is based on three types of evaluations: The preceptor evaluations, the end-of-rotation examination, and the Clinical Coordinator evaluation.

1. **Preceptor Evaluation:** Each student is evaluated by the preceptor twice, once mid-rotation and at the end of rotation. For clerkships (internal medicine, family medicine, pediatrics, OB/GYN, surgery, emergency medicine, psychiatry, critical care) these occur at week two and week five. The week 2 evaluation gives the student the opportunity to address areas of weakness or deficiency prior to completing the rotation. Week two evaluations and Week 5 evaluations will be averaged in the computation of the **FINAL** preceptor evaluation grade. Preceptor evaluations are submitted via the Typhon logging system. **IT IS THE STUDENTS' RESPONSIBILITY TO FOLLOW UP WITH THE PRECEPTOR OF RECORD TO ENSURE THAT THE EVALUATIONS ARE SUBMITTED.**

2. End of Rotation Examination:

The End of Rotation exam (EORE) consists of 120 multiple-choice questions. 100 of these questions are scored, and the other 20 questions are unscored pre-test items which are used to gather statistics. The exam is divided into two sections of 60 questions each. Each exam incorporates current, relevant test questions that follow rotation-specific content, the corresponding PAEA Blueprint and corresponding Topic Lists. The exams focus on assessing the relevant knowledge gained during specific clinical practice experiences. The exam content is reflective of the specific Blueprints and Topic Lists identified for that clinical practice experience or rotation. Questions are typically presented in vignette format so that the exam can better assess students' capacity for problem solving and critical thinking.

Time - Students have 60 minutes to complete each of the two sections. Time may not be carried over from the first section. Once a section is completed students cannot go back to any questions in that section.

<http://www.endofrotation.org/exams/exam-format/>

3. **Clinical Coordinator Evaluations:** These evaluations have several components. **The first component is the site visit.** The Clinical Coordinator and/or Clinical Site Manager will visit each student during any of the three clinical semesters. The

progress and site will be discussed with the student as well as the preceptor/s. The medical notes entered in Typhon will also be evaluated.

Case Presentations: Rotations without end of rotation examinations (Geriatrics, Critical Care, and Elective rotations) will require a PowerPoint Presentation as well as a Paper on a challenging case with at least 3 Peer Review study references. The case MUST BE an atypical presentation or a complicated case. Presentations/Paper must be submitted by **12 midnight** the day before scheduled Callback. The use of the Call Back day for these presentations is up to the Clinical Director and it is subject to change.

- Evaluation of presentations will be based on the following six criteria:
 1. Complexity of subject choice. The student is expected to choose a challenging case for this presentation.
 2. Content, including mastery of the topic and the ability to respond to inquiries;
 3. Creativity;
 4. Time management;
 5. PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
 6. Case Presentation and Peer Review Paper consist of 40% of the grade for the rotation.

The second component is the evaluation of medical notes. Medical notes submitted in Typhon are evaluated as part of this grade. Five (5) notes are due in each week of real patients and 2 notes are due each week from virtual patients in Aquifer. These notes are uploaded in the “patient clinical notes” area of the Typhon System. In addition, one (1) full H&P is uploaded to Typhon in the patient log, clinical note area, every rotation and block. Failure to log any of these notes on time will result in one-point deduction from the final grade for each missed note. These notes will be graded at random.

The third component is the evaluation of professional behavior. The Clinical Coordinator evaluates each student once each semester. Please see the evaluation instruments used for this part of the grade at the “form” section of this Handbook.

Rotation Grades

The grade is made up in the following proportions: Internal Medicine, Emergency Medicine, Surgery, Pediatrics, OB/GYN, Primary Care and Psychiatry, Geriatrics, Electives and Critical Care.

Preceptor Evaluation Average: (Week 2+Week 5) = 30%

Clinical Coordinator Evaluation: Week 5 = 30%

End of Rotation Exam/PPP and Paper: Week 5 =40%

Failure to meet the designated grade in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on the final clinical preceptor evaluation
- A grade of 70% or better on the End of the Rotation exam.
- A grade of 70% or better on the Clinical Coordinator evaluation.
- A grade of 70% or better on the Clinical Coordinator or preceptor assessment

of the following areas: Overall Improvement & Growth/ Self-Assessment & Self-Directed Learning, Attendance & Punctuality and /or Professional Behavior

End-of-Rotation Exam Composition

Clinical year students will take an online comprehensive rotation-specific examination at the end of each rotation. The examinations consist of 120 multiple choice questions derived from the clerkship learning objectives. Students are expected to read throughout the clerkship, concentrating on the signs, symptoms, pathophysiology, physical findings, diagnostic tests and management of the disease states found in the learning objectives. End-of-rotation examinations have the same format as the PANCE exam, as they are case-based; clinical reasoning is emphasized over recalling esoteric clinical facts. The eight tasks 1) History Taking & Performing Physical Examination, 2) Using Diagnostic and Laboratory Studies, 3) Formulating Most Likely Diagnosis, 4) Health Maintenance, Patient Education, and Preventive Measures 5) Clinical Intervention 6) Pharmaceutical Therapeutics 7) Applying Basic Science Concepts, and 8) Professional Practice serves as a conceptual frame for End of Rotation Examinations. In order to pass the examinations, a student must earn a grade of no less than 70%. While End of Rotation examinations cannot be reviewed question by question, students receive feedback in the form of content deficits within the seven tasks. This analysis will afford students the opportunity to identify and rectify deficits in content knowledge. **No student is permitted to take the day off before a Call Back day in order to study or complete assignments.**

If the Clinical Coordinator is informed that such an absence occurred, the student will receive ten (10) points off final grade for the rotation.

End-of-Rotation Examination Failure

Students that fail an End of Rotation Examination with grades of 50-69% will be given the opportunity to Remediate. A Remediation plan will be implemented by a faculty member and will be tailored on an individual basis. This Remediation plan will be determined by the faculty and will be due 2 weeks later. Students who complete this remediation will receive a grade of 70% for this component.

Failure to complete the remediation on the date scheduled will result in a grade of zero.

Students are permitted to remediate no more than twice (2) during the clinical year.

Failing a third end-of-rotation exam will result in appearance before the Committee on Course and Standing and failure.

Clerkship Failure

Should a student fail a rotation, the student will appear before the Committee on Course and Standing. The student will be required to repeat the clerkship at the end of the curriculum, resulting in a delay of graduation. All financial cost associated with repeating a clerkship will be the responsibility of the student. **Only two clerkships can be failed. A third clerkship failure will result in dismissal from the Program.**

Professional Causes for Dismissal during the Clinical Year

Besides academic performance, there are professional reasons for dismissal during the clinical year. These include:

1. Violation of the standard of conduct at clinical sites: Each clinical site has its own policies and procedures to which students must adhere. Failure to adhere to these policies and procedures may result in the student's dismissal from the Program.
2. False Reports: Submitting data regarding a patient's history or physical examination that was not personally elicited, including reporting a finding as normal when unsure of the finding may be cause for dismissal from the Program. Falsely representing the involvement of a physician or other preceptor in the assessment or management of a patient may also result in dismissal.
3. Sexual harassment or misconduct including dating a patient, or communicating derogatory statements regarding the racial, ethnic, sexual orientation, disability, or any physical characteristic of a patient or colleague may be cause for dismissal from the Program.
4. Violations of HIPAA: any violation of privacy and confidentiality of a patient may result in dismissal.
5. Cheating on any test or assignment.

Call Back day activities

Every last Friday of rotation, students will return to campus for Call Back day activities. These activities typically introduce new information relevant to the clinical year, or review basic material commonly seen in clinical clerkships, such as reviewing pharmacology, review of systems, reviewing EKGs, preparing for life after graduation, etc. **Students are, therefore, expected to attend each Call Back day, arrive at class on time, and be in attendance for the full day.**

Self-Assessment with Clinical Exams: MOCK EOR Exams in ExamSoft & Pre and Post Rotation Exams in Knowledge Plus NEJM

To refine medical knowledge and test-taking skills, students will be assigned a MOCK End of Rotation Exam of 100 questions at week 2 of the specific Clinical Rotation during their clinical year to identify areas of strengths and weaknesses. Students are required to complete 50 questions each week from Kaplan and 50 questions each week from Knowledge+ NEJM. Students are required to take the Pre-Rotation Exam prior to the start of their clinical rotation at NEJM Knowledge Plus as well as the NEJM Resident 360 Prepared Quiz if assigned to that rotation (these vary in questions 75-100 questions combined) and are to take the Post Rotation exam the weekend before the PAEA EOR exam. Students are required to do practice questions from areas of weakness identified in the Pre-Rotation exam within Knowledge+ NEJM. Virtual Clerkships at Aquifer will be available for students to complete clinical cases in their particular rotation as well as real patient cases in their clerkships. Resources utilized during the clinical year are subject to change at the program's discretion.

If these requirements are not met, the Course and Standing Committee will decide if remediation, resulting in a delay of graduation, will occur. There will be a Summative OSCE, as well as an End of Curriculum multiple-choice exam within 4 months of graduation.

Absences during the clinical year

All absences, whether from a rotation site or Call Back day, must be documented

by a medical provider's note or other secondary verification. Any unexcused absence in excess of three (3) during the clinical year will result in appearing before the Committee on Course and Standing. All absences, including verified absences, from a clerkship site may be required to be made up at the discretion of the preceptor. –

END OF CURRICULUM EXAMINATIONS

There are three examinations that are taken throughout the clinical year:

1. **The End of Curriculum Exam** – a 300 question comprehensive multiple-choice examination given at the end of the Clinical Year. This exam is meant to highlight areas of weakness and a remediation plan will be personalized to the student. The Summative exam must be passed with a grade of 70%. Any student who does not achieve a 70% or greater on the End of Curriculum exam will be required complete a comprehensive individualized remediation plan under the supervision on their advisor. They will need to achieve a grade of greater than on the reassessment of the End of Curriculum Exam prior to graduation.
2. **Summative OSCE**– a comprehensive, simulated complex patient case. This is to include a full history and physical, assessment and plan, including clinical documentation and a grade of 70% or greater should be achieve to pass this component. This test is developed by the faculty and based on the NCCPA Blueprint. Like the clinical exams, students not meeting the benchmark will meet with their advisor to develop a correction plan.
3. **PACKRAT**– a standardized exam developed by PAEA, modeled on the PANCE is given once or twice a year. This exam is also based on the NCCPA Blueprint. Results are reported both by organ system (cardiology, pulmonology, etc.) and by critical thinking area (history taking skills, therapeutics, management, etc.). Students will be required to meet with their advisor to discuss their strengths and weaknesses performance and improvement. Students not achieving the benchmark will meet with their advisors.

PA 6011 Emergency Medicine Rotation

CREDIT HOURS: 3

COURSE COORDINATORS: Olga M. Waters MS, PA-C Gloria Mabry DrPH, PA

COURSE DESCRIPTION:

The purpose of the 5-week clerkship in emergency medicine is to provide the student with clinical experience in the recognition, diagnosis, management, and treatment of medical and surgical problems commonly encountered in the emergency setting. This clerkship requires students to develop and demonstrate a variety of skills under the supervision clinician practicing emergency medicine.

GOALS:

Upon completion of the Emergency Medicine rotation, the student shall:

1. Understand a wide range of clinical conditions common to emergency medicine.
2. Develop written and oral skills to communicate effectively with patients, medical colleagues and other medical team members.
3. Perform competent interviewing, physical examination, data collection and clinical problem-solving skills.
4. Perform in a professional manner.
5. Provide strategies for health promotion and disease and injury prevention.
6. Learn the triage and stabilization of emergency patients.

Specifically, the minimum skills each student will develop include:

- Perform basic emergency procedures and other hospital tasks considered appropriate to the setting by the preceptor.
- Identify and respond to true medical and surgical emergencies.
- Participate in the evaluation and stabilization of acutely ill patients.
- Demonstrate basic cardiac life support skills.
- Diagnose and manage (under proper supervision) emergencies in areas such as domestic violence, child abuse, sexual abuse and substance abuse.
- Demonstrate the ability to gather clinical information through obtaining pertinent patient histories and performing problem-focused physical examinations.
- Develop written and oral skills to communicate effectively with patients, medical colleagues and other medical team members.
- Provide referral to community, social services and mental health resources.

- Participate in rounds, lectures and other teaching activities.
- Demonstrate the ability to formulate accurate problem lists, differential diagnoses, and tentative diagnosis.
- Demonstrate the ability to determine appropriate diagnostic tests and know the indications, limitations and consequence of diagnostic procedures.
- Demonstrate the ability to properly interpret common diagnostic tests.
- Demonstrate the ability to determine therapeutic, referral, and patient education plans; and implement plans under the direction of a preceptor.

Method:

During this 5-week rotation, the student will work with a clinician in an emergency department. Students are required to work an assigned number of hours to be determined by the rotation site and can anticipate working some overnight and weekend shifts. Under the guidance of the preceptor the student will examine selected patients and will present their examination findings to the preceptor, describe the nature of the clinical problem, and suggest a plan for confirming a diagnosis and a plan for initiating treatment. The student will also perform clinical procedures under the guidance of the preceptor.

It is strongly recommended that students augment their knowledge through independent study and research using assigned or suggested texts, journals, and Internet resources.

Required Texts

Cline, D. et. al. 2019. Tintinalli's Emergency Medicine Manual 9th ed. McGraw Hill ISBN-1260019934

Kaplan

Aquifer

WiseMD/Wise OnCall

The Physician Assistant Student's Guide, Emergency Medicine Springer

Publishing Company ISBN: 978-0-8261-9527-2

EVALUATION OF STUDENT PERFORMANCE

The grade for this clerkship is based on the following components:

- **Preceptor Evaluation:** Each student is evaluated by the preceptor twice; Once mid-rotation (at the end of week two) and at the end of rotation (week five). The mid-rotation evaluation gives the student the opportunity to address areas of weakness or deficiency prior to completing the rotation. Mid-rotation evaluations and Final evaluations will be averaged in the computation of the **FINAL** preceptor evaluation grade. Preceptor evaluations are submitted via the Typhon logging system. It is the students' responsibility to follow-up with the preceptor of record to ensure that the evaluation is submitted.
- **End of Rotation Examination:** Assessment of competency and evaluation of learning will be conducted in multiple-choice exams. Clinical year students will take an online final comprehensive rotation-specific examination at the end of each rotation. Students

are expected to read throughout the clerkship, concentrating on the signs, symptoms, pathophysiology, physical findings, diagnostic tests and management of the disease states found in the learning objectives. End-of-rotation examinations have the same format as the PANCE exam, as they are case-based; clinical reasoning is emphasized over recalling esoteric clinical facts. The eight tasks 1) History Taking & Performing Physical Examination, 2) Using Diagnostic and Laboratory Studies, 3) Formulating Most Likely Diagnosis, 4) Health Maintenance, Patient Education, and Preventive Measures 5) Clinical Intervention 6) Pharmaceutical Therapeutics 7) Applying Basic Science Concepts, and 8) Professional Practice, serve as a conceptual frame for End of Rotation Examinations. Each End of Rotation exam consists of 120 multiple-choice questions. 100 of these questions are scored, and the other 20 questions are unscored pre-test items, which are used to gather statistics. The exam is divided into two sections of 60 questions each. Students have 60 minutes to complete each of the two sections. Time may not be carried over from the first section. **Once a section is completed students cannot go back to any questions in that section.**

<http://www.endofrotation.org/exams/sample-exam/>

- **Clinical Coordinator Evaluations:** These evaluations have several components. These can include site visits, tests and assign cases and readings. The Clinical Coordinators or Clinical Sites Manager can visit each student during each of the three clinical semesters.
- **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Five (5) SOAP notes are due in each week + 2 virtual patients from Aquifer per week. These notes are uploaded in the “patient log notes” area of the Typhon System. In addition, two (2) full H&Ps are uploaded to Typhon as external documents at the end of weeks 2 and 5. Failure to log any of these notes on time will result in one-point deduction from the final grade for each missed note.
- **The third component is evaluation of professional behavior.** The Clinical Coordinator evaluates each student once each semester.

Rotation Grades

The grade is made up in the following proportions:

Final preceptor evaluation: 30%

Clinical Coordinator Evaluation: 30%

End of Rotation Exam: 40%

Failure to meet the designated criteria in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on the final clinical preceptor evaluation.
- A grade of 65% or better on the end of the rotation exam.
- A grade of 70% or better on the Clinical Coordinator evaluation.
- A grade of 70% or better on the Clinical Coordinator or preceptor assessment in the following areas: Overall Improvement & Growth/ Self-Assessment & Self-Directed

Learning, Attendance & Punctuality and /or Professional Behavior.

Specific Learning Objectives:

Emergency medical conditions, which students **must** recognize, stabilize, and initiate management:

Cardiovascular Emergencies:

- Angina
- Cardiac arrhythmias
- Congestive heart failure
- Myocardial infarction
- CPR guidelines
- Aortic aneurysm/Dissection
- Cerebral Vascular Accident
- Hyper/Hypo/Tension
- Cardiac Arrest
- Esophageal Varices
- Coronary Artery Disease
- Hyperlipidemia
- Conduction Disorders
- Peripheral Vascular Disease
- Ischemic Heart Disease
- Vascular Diseases
- Valvular Diseases
- Cardiomyopathy
- Pericarditis
- Endocarditis
- Rheumatic Heart Diseases
- Arrhythmias

Dermatologic Emergencies:

- Burns
- Stevens-Johnson syndrome
- Urticaria

Endocrine Emergencies:

- Dehydration
- Diabetic ketoacidosis
- Hyperosmolar states
- Electrolyte imbalances
- Thyroid Storm

Gastrointestinal Emergencies:

- Acute abdomen
- Acute Cholecystitis
- Toxic Chemical Ingestion
- Upper/lower Bleeding
- Poison
- Pancreatitis

- Intussusception
- Perforated Viscus
- Intestinal Strangulation or Ischemia
- Perforated Peptic Ulcer

Genitourinary Emergencies:

- Phimosis
- Testicular torsion
- Urinary retention\infections
- Priapism
- Sexually Transmitted Infection (STI)

Hematological Emergencies:

- Sick cell crisis
- Allergic reaction/anaphylactic shock

Nephrotic Emergencies:

- Pyelonephritis
- Renal Colic
- Acute Renal Failure

Neurologic Emergencies:

- Altered mental states/coma
- Epidural Hemorrhage
- Seizure Disorder
- Subarachnoid Hemorrhage
- Subdural Hemorrhage
- Syncope
- Stroke
- Transient ischemic attack
- Overdose
- Guillain-Barre

OB/GYN Emergencies:

- Abnormal vaginal bleeding
- Eclampsia
- Ectopic pregnancy
- Hyperemesis
- Ovarian Torsion

Ophthalmic Emergencies:

- Evaluation of the “red eye”
- Acute loss of vision
- Corneal abrasion

Orthopedic Emergencies:

- Compartment syndrome
- Fractures – all major bones
- Common Musculoskeletal Strains and Sprains (e.g. ankles, back)
- Disorder of the Shoulder, Forearm, Hand, Wrist, Hip, Knee, and Ankle

Psychiatric Emergencies:

- Acute drug and alcohol intoxication\withdrawal
- Attempted suicide

- Overdose
- Suicidal Patient
- Psychotic Crisis

Respiratory Emergencies:

- Airway obstruction
- Bronchitis
- Pneumonia
- Pneumothorax
- Respiratory failure
- Status Asthmaticus
- Drowning
- Hemothorax
- Pulmonary Hypertension
- Pulmonary Embolism

Traumatic Emergencies:

- Foreign Body Aspiration
- Gun Shot Wounds
- Hemorrhage
- Laceration
- Motor vehicle accidents
- Wound management
- Abdominal blunt trauma
- Evaluation of C-spine injuries
- Domestic violence
- Child abuse
- Hyperthermia\Hypothermia
- Foreign body aspiration
- Shock – Cardiogenic, Volume Depletion, Neurogenic, and Specific
- Traumatic amputation
- Bites

Infectious Emergencies:

- Osteomyelitis
- Vaccinations
- Fever of Unknown Origin
- HIV/AIDS
- Meningitis
- Tuberculosis
- Septic Arthritis

Rheumatologic:

- Gout
- Temporal arteritis
- Ankylosing Spondylitis
- Giant Cell Arteritis

Students are **required** to be able to perform the following procedures:

- Blood cultures
- Fluorescein stain of the eyes

- Foley catheterization
- Gram stain & interpretation
- Intradermal injections
- Intramuscular injections
- Intravenous Cannulation
- Micro-Hematocrit
- Nasogastric tube placement
- Occult blood testing
- Suturing of simply lacerations
- Slit lamp examination of the eyes
- Subcutaneous Injections
- Superficial foreign body removal
- Phlebotomy
- Urinalysis including microscopic exam
- Local anesthesia administration (infiltration, field block, nerve blocks)
- Splinting

Students **should** perform (under direct supervision) or assist in the following procedures if possible:

- Arterial puncture
- Intubation Endotracheal and Nasotracheal
- Joint aspiration or injection
- Setting minor fractures

PA 6021 Internal Medicine Rotation

CREDIT HOURS: 3

COURSE COORDINATORS: Olga M. Waters MS, PA-C Gloria Mabry DrPH, PA

COURSE DESCRIPTION:

The purpose of the Internal Medicine clerkship is to provide the physician assistant student with a 5-week clinical experience in the diagnosis and treatment of adult patients with medical problems, in either an inpatient or outpatient setting. This clerkship requires students to develop and demonstrate a variety of skills under the supervision of an experienced internal medicine practitioner.

GOAL:

Upon completion of the Internal Medicine rotation, the student shall:

1. Understand a wide range of clinical conditions common to inpatient medicine.
2. Develop written and oral skills to communicate effectively with patients, medical colleagues and other members of the health care team.
3. Demonstrate competent interviewing, physical examination, data collection and clinical problem-solving skills.
4. Perform in a professional manner.
5. Provide strategies for health promotion and disease and injury prevention.

Specifically, the minimum skills each student will develop include:

- Obtain pertinent medical histories.
- Perform appropriate physical examinations.
- Determine case appropriate diagnostic tests.
- List differential diagnoses for a presenting problem.
- Formulate a tentative diagnosis given a patient problem.
- Determine therapeutic, referral and patient education plans.
- Assist in the implementation of therapeutic plans under the direction of the clinical preceptor.
- Revise patient medical management appropriately.
- Record findings in the appropriate medical record as permitted by the institution/clinic.
- Write comprehensive admission histories and physicals, progress notes, orders, and initiate appropriate specialty consultation requests as permitted by each hospital.
- Participate in discharge planning with the medical and social services staff

and write appropriate discharge summaries.

- Perform basic inpatient procedures and other surgical tasks considered appropriate to the setting as designated by the preceptor.
- Present cases to preceptor prior to initiating any form of treatment.
- Participate in rounds, lectures and other teaching activities.

Methods:

During this 5-week rotation students will work with an experienced internal medicine clinician. After obtaining a patient history and performing a physical exam, the student will present the case to the preceptor along with a primary and differential diagnosis, a plan to confirm the diagnosis and a treatment or management plan. Students will also learn to perform and evaluate diagnostic and therapeutic procedures under the supervision of the preceptor.

It is strongly recommended that students augment their knowledge through independent study and research using assigned or suggested texts, journals, and Internet resources.

Required Texts

Longo, D. et al. 2016. Harrison's Principles of Internal Medicine, 19th edition. McGraw Hill
ISBN-13: 978-0071802154

Kaplan

Aquifer

WiseMD/WiseOnCall

The Physician Assistant Student's Guide, Internal Medicine Springer Publishing Company
ISBN: 978-0-8261-9523-4

Gomella, L.G. 2015. Clinician's Pocket Reference, 12th edition. McGraw Hill
ISBN-13: 9780071602822

EVALUATION OF STUDENT PERFORMANCE

The grade for this clerkship is based on the following components:

1. **Preceptor Evaluation:** Each student is evaluated by the preceptor twice; Once mid-rotation (at week two) and at the end of rotation (week five). The mid-rotation evaluation gives the student the opportunity to address areas of weakness or deficiency prior to completing the rotation. Mid-rotation evaluations and Final evaluations will be averaged in the computation of the **FINAL** preceptor evaluation grade. Preceptor evaluations are submitted via the Typhon logging system. It is the students' responsibility to follow-up with the preceptor of record to ensure that the evaluation is submitted.
2. **End of Rotation Examination:** Assessment of competency and evaluation of learning will be conducted in multiple-choice exams. Clinical year students will take an online final comprehensive rotation-specific examination at the end of each rotation. Students are expected to read throughout the clerkship, concentrating on the signs, symptoms, pathophysiology, physical findings, diagnostic tests and management of the disease

states found in the learning objectives. End-of-rotation examinations have the same format as the PANCE exam, as they are case-based; clinical reasoning is emphasized over recalling esoteric clinical facts. The eight tasks 1) History Taking & Performing Physical Examination, 2) Using Diagnostic and Laboratory Studies, 3) Formulating Most Likely Diagnosis, 4) Health Maintenance, Patient Education, and Preventive Measures 5) Clinical Intervention 6) Pharmaceutical Therapeutics 7) Applying Basic Science Concepts, and 8) Professional Practice, serve as a conceptual frame for End of Rotation Examinations. Each End of Rotation exam consists of 120 multiple-choice questions. 100 of these questions are scored, and the other 20 questions are unscored pre-test items, which are used to gather statistics. The exam is divided into two sections of 60 questions each. Students have 60 minutes to complete each of the two sections. Time may not be carried over from the first section. Once a section is completed students cannot go back to any questions in that section.

<http://www.endofrotation.org/exams/sample-exam/>

3. **Clinical Coordinator Evaluations:** These evaluations have several components. These can include site visits, tests and assign cases and readings. The Clinical Coordinators or Clinical Sites Manager can visit each student during each of the three clinical semesters.
4. **The evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Five (5) SOAP notes are due each week+ 2 virtual patients from Aquifer per week. These notes are uploaded in the “patient log notes” area if the Typhon System. In addition, two (2) full H&Ps are uploaded to Typhon as external documents at the end of weeks 2 and 5. Failure to log any of these notes on time will result in one point deduction from the final grade for each missed note.
5. **The evaluation of professional behavior.** The Clinical Coordinator evaluates each student once each semester.

Rotation Grades

The grade is made up in the following proportions:

Final preceptor evaluation: 30%

Clinical Coordinator Evaluation: 30%

End of Rotation Exam: 40%

Failure to meet the designated criteria in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on the final clinical preceptor evaluation
- A grade of 65% or better on the end of the rotation exam.
- A grade of 70% or better on the Clinical Coordinator evaluation.
- A grade of 70% or better on the Clinical Coordinator or preceptor assessment the following areas: Overall Improvement & Growth/ Self-Assessment & Self-Directed Learning, Attendance & Punctuality and /or Professional Behavior.

Specific Learning Objectives

Medical conditions which students **must** be able to discuss in detail including etiology, pathophysiology, and clinical course, presenting signs and symptoms, diagnostic work-up and management:

Cardiovascular:

- Congestive heart failure
- Peripheral vascular disease
- Vascular diseases
- Coronary artery disease
- Myocardial infarction
- Valvular diseases
- Hyperlipidemia
- Hypertension\Hypotension
- Conduction Disorders
- Ischemic Heart Disease
- Cardiomyopathy
- Endocarditis
- Pericarditis
- Rheumatic heart diseases
- Valvular heart disease
- Arrhythmias

Endocrine:

- Hyper/hypothyroidism
- Graves' disease
- Lipid Disorders
- Parathyroidism
- Cushing's disease
- Diseases of the Pituitary Gland
- Addison's disease
- Diabetes mellitus (I, II)/Hypoglycemia

Gastrointestinal:

- Acute gastroenteritis
- Stomach cancer
- Cholecystitis
- Pancreatitis
- Cirrhosis
- Pancreatic cancer
- Colon cancer
- Hepatitis
- Varices
- Diverticular disease
- Crohn's disease
- Appendicitis
- Infectious Diarrhea
- Metabolic Disorders
- Peptic Ulcer Disease

- Inflammatory bowel disease
- Nutritional Deficiencies
- Upper/lower GI Bleeding

Genitourinary:

- Benign prostatic hypertrophy
- Sexually transmitted disease
- Glomerulonephritis
- Prostate cancer
- Urinary tract infections
- Nephrotic syndrome
- Polycystic kidney disease
- Electrolyte and Acid/Base Disorders

Hematology/Oncology:

- Anemia
- Myeloproliferative disease
- Coagulation disorders
- Leukemia
- Thrombocytopenia
- Idiopathic thrombocytopenic purpura

Infectious Diseases:

- Fever of unknown origin
- Meningitis
- HIV/AIDS
- Tuberculosis
- Septic Arthritis
- Vaccinations

Neurologic:

- Cerebrovascular accident
- Transient ischemic attack\Cerebral aneurysm\Stroke
- Diseases of Peripheral Nerves
- Movement Disorders
- Headache
- Seizure disorder
- Parkinson's disease
- Encephalitis/ Meningitis
- Coma
- Multiple sclerosis
- Myasthenia gravis
- Psychiatric:
- Alcoholism
- Suicidal patient
- Dementia

Respiratory\Pulmonary:

- Asthma
- Pneumonia
- Pneumothorax

- Bronchitis
- Lung cancer
- Restrictive Pulmonary Disease
- Chronic obstructive lung disease
- Emphysema
- Atelectasis
- Adult respiratory distress syndrome
- Pulmonary embolism
- Community acquired pneumonia
- Pleural effusion
- Hospital acquired pneumonia

Rheumatology:

- Rheumatoid arthritis
- Osteoarthritis
- Osteoporosis
- Bone Neoplastic Disease
- Ankylosing spondylitis
- Giant cell arteritis
- Systemic Lupus Erythematosus

Renal:

- Acute renal failure
- Chronic renal failure

Students are **required to** describe the differential diagnosis and work-up of the following signs and symptoms:

- Abdominal pain
- Back pain
- Bladder incontinence
- Bowel incontinence
- Chest pain
- Constipation
- Cough
- Dependent edema
- Diarrhea
- Dyspnea
- Dysuria
- Dysphasia
- Fatigue
- Hematemesis
- Hematuria
- Jaundice
- Joint pain
- Melena
- Night sweats
- Palpitations
- Steatorrhea
- Syncope

- Tinnitus
- Tremor
- Urinary retention
- Vertigo
- Vomiting
- Weight loss

Students are **required** to perform the following procedures:

- Nasogastric tube placement
- Foley catheterization
- Intravenous cannulation
- Phlebotomy
- Pulse oximetry
- Arterial blood gas sampling
- Oxygen administration
- IM, subcutaneous, and intradermal injections
- Use of local anesthesia

Students **may** perform the following procedures with the supervision, as appropriate:

- TPN administration
- Lumbar puncture
- Joint aspiration or injection
- Bone marrow aspiration
- Endotracheal tube insertion
- Arterial line insertion
- Central venous catheter insertion
- Thoracentesis

PA 6061: Obstetrics & Gynecology

CREDIT HOURS: 3

COURSE COORDINATORS: Olga Waters MS, PA-C Gloria Mabry DrPH, PA

COURSE DESCRIPTION:

The purpose of this 5-week clerkship is to provide the student with clinical experience in the recognition, diagnosis, management, and treatment of medical and surgical problems commonly encountered in the care of conditions related to maternal-fetal well-being and women's health. This clerkship requires students to develop and demonstrate a variety of skills under the supervision of an experienced clinician practicing obstetrics and gynecology.

GOALS:

Upon completion of the Obstetrics & Gynecology rotation, the student shall:

1. Understand a wide range of clinical conditions associated with obstetrics and gynecology.
2. Develop written and oral skills to communicate effectively with patients, medical colleagues and other medical team members.
3. Perform competent interviewing, physical examination, data collection and clinical problem-solving skills.
4. Perform in a professional manner.
5. Provide strategies for prenatal/perinatal care and women's health promotion and disease prevention.

Specifically, the minimum skills each student will develop include:

- Obtain pertinent medical and obstetrical histories.
- Perform complete physical examinations.
- Perform fetal development assessments and monitor fundal height.
- Perform bimanual vaginal examinations and PAP smear.
- Determine appropriate diagnostic tests.
- Perform specific tests to detect/date pregnancy.
- Perform wet mount examinations.
- List differential diagnosis given a patient problem.
- Determine therapeutic, referral and patient education plans.
- Assist in the implementation of therapeutic plans under the direction of the preceptor.

- Revise patient medical management appropriately.
- Record findings in the appropriate medical records as permitted by each hospital site.
- Write complete admission notes and orders, daily progress notes and orders, and initiate appropriate specialty consultation request including follow up as permitted by each hospital site.
- Participate in discharge planning with the medical and social services staff and write discharge summaries.
- Perform vaginal deliveries under the supervision of the preceptor.
- Assist in Cesarean deliveries.
- Perform basic inpatient procedures and other surgical tasks considered appropriate to the setting by the preceptor.
- Present cases to preceptor at any time deemed appropriate.
- Participate in rounds, lectures and other teaching activities.

Methods:

During this 5-week rotation, each student will work with an experienced OB/GYN clinical preceptor. After obtaining a patient history and performing a physical exam, the student will present the case to the preceptor along with a primary and differential diagnosis, a plan to confirm the diagnosis and a treatment or management plan. Students will also learn to perform and evaluate diagnostic and therapeutic procedures under the supervision of the preceptor.

It is strongly recommended that students augment their knowledge through independent study and research using assigned or suggested texts, journals, and Internet resources.

Required Texts:

Beckmann, CRB, et al. 2013. Obstetrics and Gynecology. 7th Ed. Lippincott, Williams & Wilkins ISBN-13: 978-1451144314

Kaplan

Aquifer

Wise MD/WiseOnCall

The Physician Assistant Student's Guide, OB/GYN Medicine Springer Publishing Company ISBN: 978-0-8261-9526-5

EVALUATION OF STUDENT PERFORMANCE

The grade for this clerkship is based on three types of evaluations: The preceptor evaluation, the end-of-rotation examination, and the Clinical Coordinator evaluation.

1. **Preceptor Evaluation:** Each student is evaluated by the preceptor twice; Once mid- rotation (at week two) and at the end of rotation (week five). The mid-rotation evaluation gives the student the opportunity to address areas of weakness or deficiency prior to completing the rotation. Mid-rotation evaluations and Final evaluations will be averaged in the computation of the FINAL preceptor

evaluation grade. Preceptor evaluations are submitted via the Typhon logging system. It is the students' responsibility to follow-up with the preceptor of record to ensure that the evaluation is submitted.

2. **End of Rotation Examination:** Assessment of competency and evaluation of learning will be conducted in multiple-choice exams. Clinical year students will take an online final comprehensive rotation-specific examination at the end of each rotation. Students are expected to read throughout the clerkship, concentrating on the signs, symptoms, pathophysiology, physical findings, diagnostic tests and management of the disease states found in the learning objectives. End-of-rotation examinations have the same format as the PANCE exam, as they are case-based; clinical reasoning is emphasized over recalling esoteric clinical facts. The eight tasks 1) History Taking & Performing Physical Examination, 2) Using Diagnostic and Laboratory Studies, 3) Formulating Most Likely Diagnosis, 4) Health Maintenance, Patient Education, and Preventive Measures 5) Clinical Intervention 6) Pharmaceutical Therapeutics 7) Applying Basic Science Concepts, and 8) Professional Practice, serve as a conceptual frame for End of Rotation Examinations. Each End of Rotation exam consists of 120 multiple-choice questions. 100 of these questions are scored, and the other 20 questions are unscored pre-test items, which are used to gather statistics. The exam is divided into two sections of 60 questions each. Students have 60 minutes to complete each of the two sections. Time may not be carried over from the first section. Once a section is completed students cannot go back to any questions in that section.

<http://www.endofrotation.org/exams/sample-exam/>

- 3 **Clinical Coordinator Evaluations:** These evaluations have several components. These can include site visits, tests and assign cases and readings. The Clinical Coordinators or Clinical Site Manager can visit each student during each of the three clinical semesters.
4. **The evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Five (5) SOAP notes are due in each week+ 2 virtual patients from Aquifer per week. These notes are uploaded in the "patient log notes" area if the Typhon System. In addition, two (2) full H&Ps are uploaded to Typhon as external documents at the end of weeks 2 and 5. Failure to log any of these notes on time will result in one-point deduction from the final grade for each missed note.
- **The evaluation of professional behavior.** The Clinical Coordinator evaluates each student once each semester.
Rotation Grades
The grade is made up in the following proportions:
Final Preceptor Evaluation: 30%
Clinical Preceptor Evaluation: 30%
End of Rotation Exam: 40%

Failure to meet the designated criteria in any of these areas will result in failure

regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on the final clinical preceptor evaluation.
- A grade of 65% or better on the end of the rotation exam.
- A grade of 70% or better on the Clinical Coordinator evaluation.
- A grade of 70% or better on the Clinical Coordinator or preceptor assessment in the following areas: Overall Improvement & Growth/ Self-Assessment & Self-Directed Learning, Attendance & Punctuality and /or Professional Behavior.

Specific Learning Objectives

Gynecologic conditions which students **must** be able to discuss in detail including, etiology, pathophysiology, and clinical course, presenting signs and symptoms, diagnostic work-up and management:

- Abnormal PAP smear
- Amenorrhea
- Cervical dysplasia
- Cervical neoplasm
- Cervicitis
- Changes of puberty
- Complications of menopause
- Contraception
- Dysmenorrhea
- Endometriosis
- Family planning
- Laxity of the pelvic floor
- Menopause
- Normal menstrual physiology
- Normal physiology changes of menopause
- Postmenopausal bleeding
- Ovarian cysts
- Ovarian neoplasm
- Pelvic inflammatory disease
- Premature menopause
- Premenstrual syndrome
- Uterine anomalies
- Uterine leiomyoma
- Uterine neoplasm
- Vaginal neoplasm
- Vaginitis
- Vulvovaginitis
- STDs

Obstetrical conditions which students **should** be able to discuss in detail including etiology, pathophysiology, and clinical course, presenting signs and symptoms, diagnostic work-up and management:

- Abruptio Placenta

- Adolescent pregnancy
- Cesarean section
- Complications of the puerperium
- Ectopic pregnancy
- Eclampsia
- Fetal CNS malformation and monitoring
- Gestational diabetes
- Incompetent cervix
- Induced abortion
- Instrument assisted delivery
- Mastitis
- Multiple gestation pregnancy
- Normal labor and delivery
- Normal puerperium
- Perinatal and antepartum care
- Perinatal infection
- Placenta Previa
- Postpartum infection
- Pre-eclampsia
- Premature labor
- Premature rupture of membranes
- Prolonged labor
- Prolonged pregnancy
- RH incompatibilities
- Routine assessment of maternal well being
- Spontaneous abortion
- Fetal well being
- Vaccination
- Molar pregnancy

Obstetrics and gynecological conditions which students **should** be able to discuss the etiology, clinical presentation and management include:

- Abnormal labor patterns
- Dystocia complications
- Fetal malpresentation
- Infertility
- Intrauterine fetal demise
- Sexual assault
- Uterine rupture
- Uterine inversion

Students **should** perform the following procedures with supervision, as appropriate:

- Uncomplicated vaginal delivery
- Assist in cesarean sections
- PAP smear
- Vaginal secretion wet mount

- Pregnancy testing
 - Microscopic evaluation for cervical discharge
 - Fitting for diaphragm
 - Ferning
- Cervical, urethral, rectal and pharyngeal cultures

PA 6031 Pediatrics**CREDIT HOURS: 3****COURSE COORDINATORS: Olga M. Waters MS, PA-C Gloria Mabry DrPH, PA****COURSE DESCRIPTION:**

The purpose of the pediatric medicine clerkship is to provide the physician assistant student with a 5-week clinical experience in the diagnosis and treatment of patients ranging from neonates to age 18. This clerkship requires students to develop and demonstrate a variety of skills under the supervision of experienced pediatric practitioners.

GOALS:

Upon completion of the Pediatric Medicine rotation, the student shall:

1. Assess the normal growth and development of children, including cognitive, motor, social and psychological factors.
2. Understand a wide range of clinical conditions common to both inpatient and outpatient pediatrics.
3. Develop written and oral skills to communicate effectively with children, parents, medical colleagues and other medical team skills.
4. Demonstrate competent age-appropriate interviewing, physical examination, data collection and clinical problem-solving skills.
5. Perform in a professional manner.
6. Provide strategies for age-appropriate health promotion and injury prevention.
7. Integrate the influence of the family and community on the health of the child.

Specifically, the minimum skills each student will develop include:

- Obtain pertinent, age appropriate medical histories.
- Perform complete physical examinations.
- Determine appropriate diagnostic tests.
- List differential diagnosis to a presenting problem.
- Formulate a tentative diagnosis given a patient problem.
- Determine therapeutic, referral and patient education plans.
- Assist in the implementation of therapeutic plans under the direction of the preceptor.
- Revise patient medical management appropriately.
- Record findings in the appropriate medical record as permitted by each hospital site.
- Write complete admission/progress notes, orders, and initiate appropriate specialty consultation requests including follow up as permitted by each site.

- Participate in discharge planning with the medical and social work staff and write discharge summaries.
- Perform basic inpatient procedures and other surgical tasks appropriate to the setting as directed by the preceptor.
- Present cases to preceptor prior to initiating any treatment.
- Participate in rounds, lectures and other teaching activities.

Methods:

During this 5-week rotation, each student will work with an experienced pediatric clinician. After obtaining a patient history and performing a physical exam, the student will present the case to the preceptor along with a primary and differential diagnosis, a plan to confirm the diagnosis and a treatment or management plan. Students will also learn to perform and evaluate diagnostic and therapeutic procedures under the supervision of the preceptor.

It is strongly recommended that students augment their knowledge through independent study and research using assigned or suggested texts, journals, and Internet resources.

Required Texts

Kliegman, RM et al. 2016. Nelson Textbook of Pediatrics: Expert Consult Premium Edition - Enhanced Online Features and Print, 21th edition. Elsevier, Saunders.

ISBN-13: 978-1455775668.

Kaplan

Aquifer

WiseMD/WiseOnCall

The Physician Assistant Student's Guide, Internal Medicine Springer Publishing Company

ISBN: 978-0-8261-9525-8

Gunn, VL; Nechyloa, C. 2012. The Harriet Lane Handbook of Pediatrics: A Manual for Pediatric House Officers, 20th ed. Elsevier Moby.

ISBN-13: 978-0323399555

EVALUATION OF STUDENT PERFORMANCE

The grade for this clerkship is based on the following components:

- 1. Preceptor Evaluation:** Each student is evaluated by the preceptor twice; Once mid-rotation (at week two) and at the end of rotation (week five). The mid-rotation evaluation gives the student the opportunity to address areas of weakness or deficiency prior to completing the rotation. Mid-rotation evaluations and Final evaluations will be averaged in the computation of the **FINAL** preceptor evaluation grade. Preceptor evaluations are submitted via the Typhon logging system. It is the students' responsibility to follow-up with the preceptor of record to ensure that the evaluation is submitted.
- 2. End of Rotation Examination:** Assessment of competency and evaluation of learning will be conducted in multiple-choice exams. Clinical year students will take an online final comprehensive rotation-specific examination at the end of each rotation. Students are

expected to read throughout the clerkship, concentrating on the signs, symptoms, pathophysiology, physical findings, diagnostic tests and management of the disease states found in the learning objectives. End-of-rotation examinations have the same format as the PANCE exam, as they are case-based; clinical reasoning is emphasized over recalling esoteric clinical facts. The eight tasks 1) History Taking & Performing Physical Examination, 2) Using Diagnostic and Laboratory Studies, 3) Formulating Most Likely Diagnosis, 4) Health Maintenance, Patient Education, and Preventive Measures 5) Clinical Intervention 6) Pharmaceutical Therapeutics 7) Applying Basic Science Concepts, and 8) Professional Practice, serve as a conceptual frame for End of Rotation Examinations. Each End of Rotation exam consists of 120 multiple-choice questions. 100 of these questions are scored, and the other 20 questions are unscored pre-test items, which are used to gather statistics. The exam is divided into two sections of 60 questions each. Students have 60 minutes to complete each of the two sections. Time may not be carried over from the first section. Once a section is completed students cannot go back to any questions in that section.

<http://www.endofrotation.org/exams/sample-exam>

3. **Clinical Coordinator Evaluations:** These evaluations have several components. **The first is the site visit.** These can include site visits, tests and assign cases and readings. The Clinical Coordinators or Clinical Sites Manager can visit each student during each of the three semesters.
4. **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Five (5) SOAP notes are due in each week + 2 virtual patients from Aquifer per week. These notes are uploaded in the “patient log notes” area of the Typhon System. In addition, two (2) full H&Ps are uploaded to Typhon as external documents at the end of weeks 2 and 5. Failure to log any of these notes on time will result in one point deduction from the final grade for each missed note.
5. **The third component is evaluation of professional behavior.** The Clinical Coordinator evaluates each student once each semester.

Rotation Grades

The grade is made up in the following proportions:

Final preceptor evaluation: 30%

Clinical Coordinator Evaluation: 30%

End of Rotation exam: 40%

Failure to meet the designated criteria any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on the final clinical preceptor evaluation.
- A grade of 65% or better on the end of the rotation exam.
- A grade of 70% or better on the Clinical Coordinator evaluation.
- A grade of 70% or better on the Clinical Coordinator or preceptor assessment the following areas: Overall Improvement & Growth/ Self-Assessment & Self-Directed Learning, Attendance & Punctuality and

/or Professional Behavior.

Specific Learning Objectives

Pediatric conditions which students **must** discuss in detail including etiology, pathophysiology, clinical course, presenting signs and symptoms, diagnostic work-up and management:

Cardiac:

- Atrial septal defect
- Innocent murmurs
- Patent ductus arteriosus
- Rheumatic heart disease
- Ventricular septal defect
- Hypertension

Dermatology:

- Acne
- Atopic dermatitis
- Candidiasis
- Cellulitis
- Contact dermatitis
- Impetigo
- Seborrheic dermatitis
- Tinea

ENT/Respiratory:

- Allergic rhinitis
- Asthma
- Bronchiolitis
- Croup
- Epiglottitis
- Epistaxis
- Laryngotracheobronchitis
- Otitis media
- Pneumonia
- Streptococcal pharyngitis

Endocrine:

- Hypothyroidism
- Juvenile diabetes mellitus
- Menstrual disorders
- Precocious puberty/delayed puberty

Gastrointestinal:

- Appendicitis
- Constipation
- Diarrhea, infectious acute

- Dehydration
- Malabsorption syndrome

Genetic Syndromes:

- Cystic fibrosis
- Trisomy 21
- Turner's syndrome

Genitourinary:

- Cryptorchidism
- Epispadias
- Glomerulonephritis
- Hematuria
- Hydrocele
- Hypospadias
- Incarcerated hernia
- UTI
- Nephrotic syndrome
- Phimosi
- Proteinuria
- Testicular torsion

Hematology/Oncology:

- Acute Lymphocytic Leukemia
- Acute Myelogenous Leukemia
- Anemia
- Coagulation disorders
- Hemoglobinopathies
- Hodgkin's lymphoma
- Leukemia
- Sickle cell anemia

Infections:

- Bacteremia
- Varicella
- Fever in the infant
- Fever of unknown origin
- Impetigo
- Meningitis
- Mononucleosis
- Mumps
- Roseola infantum
- Rubella
- Rubeola
- Scabies

Neurological:

- Cerebral palsy
- Headache
- Hydrocephalus
- Learning disability

- Seizures
- Lead poisoning

Orthopedic:

- Congenital hip dysplasia
- Pes planus
- Genu varum
- Genu valgum
- Internal tibia torsion
- Scoliosis
- Salter-Harris Classification

Psychosocial Conditions:

- Attention deficit disorder
- Child abuse
- Depression
- Eating disorders
- Encopresis
- Enuresis
- Failure to thrive
- Obesity
- Sexual abuse
- Substance abuse
- Suicide
- Temper tantrums
- Thumb sucking
- Autism

Screening and Counseling:

- Alcohol use
- Car safety
- Childhood accidents
- Contraception
- Dating/Dental caries
- Vaccination
- Discipline issues
- Drug use
- Gun use
- Poisoning prevention
- Self-exam of breasts, testicles
- Sexuality, sexual activity
- Speech and language development
- TD prevention

Pediatric conditions which students should be able to discuss including etiology:

- Coarctation of aorta
- Congenital adrenal hyperplasia
- G6PD deficiency

- Gynecomastia
- Hemangioma
- Henoch-Schonlein purpura
- Herpes gingivostomatitis
- Hirschsprung's disease
- HIV disease
- intussusception
- Legg-Calve-Perthes disease
- Meckel's diverticulum
- Neurofibromatosis
- Non-Hodgkin's lymphomas
- Osgood Schlatter disease
- Osteomyelitis
- Pityriasis rosea
- Tetralogy of Fallot
- Tracheal esophageal fistula
- Transposition of great vessels
- Tuberculosis
- Urticaria
- Volvulus
- Wilm's tumor

PA 6051 Family Medicine/Primary Care

CREDIT HOURS: 3

COURSE COORDINATORS: Olga M. Waters MS, PA-C Gloria Mabry DrPH, PA

COURSE DESCRIPTION:

This five (5)-week clinical experience gives students the opportunity to work with board-certified family physicians or general internists to evaluate patients in all age groups with a wide variety of illness in the outpatient setting. Emphasis is placed on health promotion, preventive medicine and familiarity with the patient-centered medical home model.

GOALS:

The skills each student will develop include (but are not limited to): interviewing and examining patients, developing differential diagnoses, planning a course of investigation through laboratory and other diagnostic tests, developing treatment plans, as well as patient/family education and counseling. Students will also gain experience in effectively communicating clinical information in both written and verbal formats to fellow clinicians and the patient. Students will develop a comprehensive team approach to patient care. They will learn when to seek consultation or transfer care to medical specialists in a timely manner.

Upon completion of the Primary Care rotation, the student shall:

1. Perform a complete history and physical
2. Communicate clinical information effectively via oral case presentation and progress notes
3. Formulate patient problem lists and differential diagnosis
4. Develop investigative plans including laboratory and other diagnostic tests
5. Interpret laboratory and diagnostic tests
6. Formulate appropriate treatment plans
7. Perform assigned medical procedures
8. Conduct themselves in a professional manner as a member of a health care team
9. Recognize their own limitations and demonstrate a willingness to seek advice and receive constructive criticism from preceptors.
10. Provide patient counseling, health promotion, health maintenance advice, and patient education.
11. Demonstrate basic office gynecology, assessment, and management skills.
12. Understand psychosocial dynamics of patient compliance and successful treatment of medical conditions.
13. Describe the principles of the patient-centered medical home.

Methods:

During this 5-week rotation each student will work with an experienced family medicine or general internist clinician. After obtaining a patient history and performing a physical exam, the student will present the case to the preceptor along with a primary and differential diagnosis, a plan to confirm the diagnosis and a treatment or management plan. Students will also learn to perform and evaluate diagnostic and therapeutic procedures under the supervision of the preceptor.

It is strongly recommended that students familiarizing themselves with the goals listed above and the specific learning objectives listed below. They may serve as a study guide to the topics that may be covered in the End of Rotation Exam. Students should also augment their knowledge through independent study and research using assigned or suggested texts, journals, and Internet resources.

Required Texts

Rakel & Rakel, 2011. Textbook of Family Medicine, 9th edition. Elsevier. ISBN-13: 978-0323239905

Kaplan

Aquifer

WiseMD/WiseOnCall

The Physician Assistant Student's Guide, Family Medicine Springer Publishing
Company ISBN: 978-0-8261-9522-7

Goroll, A. H., & Mulley A. G., 2014. Primary Care Medicine: Office Evaluation & Management of the Adult Patient 7th edition. Lippincott Williams & Wilkins.
ISBN-13: 978-1451151497.

EVALUATION OF STUDENT PERFORMANCE

The grade for this clerkship is based on the following components:

- 1. Preceptor Evaluation:** Each student is evaluated by the preceptor twice; Once mid-rotation (at week two) and at the end of rotation (week five). The mid-rotation evaluation gives the student the opportunity to address areas of weakness or deficiency prior to completing the rotation. Mid-rotation evaluations and Final evaluations will be averaged in the computation of the **FINAL** preceptor evaluation grade. Preceptor evaluations are submitted via the Typhon logging system. It is the students' responsibility to follow-up with the preceptor of record to ensure that the evaluation is submitted.
- 2. End of Rotation Examination:** Assessment of competency and evaluation of learning will be conducted in multiple-choice exams. Clinical year students will take an online final comprehensive rotation-specific examination at the end of each rotation. Students are expected to read throughout the clerkship, concentrating on the signs, symptoms, pathophysiology, physical findings, diagnostic tests and management of the disease states found in the learning objectives. End-of-rotation examinations have the same format as the PANCE exam, as they are case-based; clinical reasoning is emphasized over recalling esoteric clinical facts. The eight tasks 1) History Taking & Performing Physical Examination, 2) Using Diagnostic and Laboratory Studies, 3) Formulating Most

Likely Diagnosis, 4) Health Maintenance, Patient Education, and Preventive Measures 5) Clinical Intervention 6) Pharmaceutical Therapeutics 7) Applying Basic Science Concepts, and 8) Professional Practice, serve as a conceptual frame for End of Rotation Examinations. Each End of Rotation exam consists of 120 multiple-choice questions. 100 of these questions are scored, and the other 20 questions are unscored pre-test items, which are used to gather statistics. The exam is divided into two sections of 60 questions each. Students have 60 minutes to complete each of the two sections. Time may not be carried over from the first section. Once a section is completed students cannot go back to any questions in that section.

<http://www.endofrotation.org/exams/sample-exam/>

3. **Clinical Coordinator Evaluations:** These evaluations have several components. **These can include sites visits, tests and assign cases and readings. The Clinical Coordinators and/or Clinical Site Manager can visit each student during each of the three clinical semesters.**
4. **The evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Five (5) SOAP notes are due in each week + 2 virtual patients from Aquifer per week. These notes are uploaded in the “patient log notes” area if the Typhon System. In addition, two (2) full H&Ps are uploaded to Typhon as external documents at the end of weeks 2 and 5. Failure to log any of these notes on time will result in one point deduction from the final grade for each missed note.
5. **The evaluation of professional behavior.** The Clinical Coordinator evaluates each student once each semester.

Rotation Grades

The grade is made up in the following proportions:

Final Preceptor Evaluation: 30%

Clinical Coordinator Evaluation: 30%

End of Rotation Exam: 40%

Failure to meet the designated criteria in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on the final preceptor evaluation.
- A grade of 65% or better on the end of the rotation exam.
- A grade of 70% or better on the Clinical Coordinator evaluation.
- A grade of 70% or better on the Clinical Coordinator or preceptor assessment in the following areas: Overall Improvement & Growth/ Self-Assessment & Self-Directed Learning, Attendance & Punctuality and /or Professional Behavior.

Specific Learning Objectives:

Family medicine conditions which students **must** discuss in detail including etiology, pathophysiology, clinical course, presenting signs and symptoms, diagnostic work-up and

management.

Cardiovascular:

- Atrial septal defect
- Chest Pain/Ischemia/MI
- Deep Vein Thrombosis
- Varicose veins
- Innocent murmurs
- Palpitations
- Rheumatic heart disease
- CHF

Dermatology:

- Abscess/cellulitis
- Acne
- Alopecia
- Atopic dermatitis
- Burns
- Cellulitis
- Contact dermatitis
- Urticaria
- Decubitus ulcer
- Impetigo
- Ingrown nail
- Lipoma
- Scabies
- Sebaceous cyst
- Seborrheic dermatitis
- Skin cancer
- Tinea\Fungal Infections
- Warts

Endocrine:

- Addison's disease
- Cushing's disease
- Hyperthyroidism
- Hypothyroidism
- Thyroid nodule
- Diabetes mellitus, Type 1 & Type 2
- Diabetes insipidus
- Metabolic Syndrome
- ENT/Respiratory:
- Allergic rhinitis
- Epistaxis
- Impacted cerumen
- Otitis media
- Pharyngitis

- Pneumonia/Bronchitis
- Sinusitis
- Upper respiratory infection
- Wheezing patient
- Asthma/COPD
- Malignancy
- TB

Gastrointestinal:

- Acute abdomen
- Vitamin Deficiencies
- Anal fissure/abscess
- Appendicitis
- Benign neoplasm of GI system
- Cholecystitis
- Cholelithiasis
- Gastro-esophageal Reflux Disease (GERD)
- Congenital Anomaly of GI system
- Constipation
- Dehydration
- Diarrhea, infectious acute
- Diverticulitis
- Diverticulosis
- Duodenal ulcer
- Malignant neoplasm
- Gallstones
- Gastritis/Duodenitis
- Achalasia
- Hemorrhoids/Pilonidal cysts
- Hepatitis*/Cirrhosis
- Peptic Ulcer Disease (PUD)
- Ischemic bowel disease
- Jaundiced patient
- Malignant neoplasm of colon
- Malignant neoplasm of rectum
- Irritable bowel syndrome/Inflammatory Bowel Disease
- Enteric infections (e.g. giardia, amebiasis)

Genitourinary:

- Chlamydia
- Gonorrhea
- Hydrocele
- Incarcerated hernia
- UTI

Hematology/Oncology:

- Anemia
- Coagulation disorders
- Hemoglobinopathies

- Leukemia, Lymphoma
- Lymphadenitis
- Polycythemia
- Breast Disease

Infectious:

- Bacteremia
- Candidiasis
- Fever of unknown origin
- Vaccination
- Impetigo
- Meningitis
- Mononucleosis
- Mumps
- Outpatient care of the patient with HIV
- Parasites: lice, pinworm
- Patient with cough
- Lyme disease
- Rubeola/Rubella
- Scabies

Nephrology/Urinary Tract:

- Acute renal failure
- Acute renal insufficiency
- Benign prostatic hypertrophy
- Chronic renal failure
- Cystitis
- Enuresis
- Hematuria
- Neoplasms of the prostate
- Nephritis
- Nephritis
- Nephrolithiasis
- Nephrotic syndrome
- Urinary tract infections
- Proteinuria
- Neurological:
- Dementia
- CVA/TIA
- Dyslexia
- Headache
- Hydrocephalus
- Seizures
- Ataxia
- Back pain
- Vertigo/Syncope
- Parkinson Disease
- Tinnitus

OB/GYN:

- Abnormal Pap smear
- Contraception
- Menopause
- Menstrual disorders
- PID
- Vaginitis
- Ovarian Cyst
- Myomatous uterus

Ophthalmology:

- Cataract
- Chalazion
- Conjunctivitis
- Glaucoma
- Papilledema
- Pterygium
- Retinal detachment
- Hordeolum

Orthopedic:

- Basic fracture care
- Carpal tunnel
- Low back pain
- Osteoarthritis
- Osteoporosis
- Poly- and mono-articular pain
- Scoliosis
- Sprains- ankle, knee
- Tendonitis
- Paget's Disease
- Psychosocial Conditions:
- Depression
- Eating disorders
- Obesity
- Substance abuse
- Sexual abuse

Rheumatology:

- Osteoarthritis
- Rheumatoid arthritis
- Systemic lupus erythematosus
- Temporal arteritis

Screening and Counseling:

- Alcohol Safety
- Hearing Screening
- Car safety
- Childhood accidents
- Contraception

- Dental caries
- Discipline issues
- Drug use
- Gun use
- Immunization schedule
- Poisoning prevention
- Scoliosis
- Self-exam of breast, testicles
- Sexuality, sexual activity
- Speech and language development/hearing
- STD prevention
- Vision Screening
- Nutrition
- Parent/Child relationship

PA 6071 Psychiatry

CREDIT HOURS: 3

COURSE COORDINATORS: Olga M. Waters MS, PA-C Gloria Mabry DrPH, PA

COURSE DESCRIPTION:

The Psychiatry clerkship will provide the physician assistant student with a 5-week clinical experience in which to learn about the diagnosis and management of patients with mental health problems. This clerkship requires students develop and demonstrate a variety of skills under the supervision and guidance of an experienced psychiatric practitioner.

GOALS:

Upon completion of the Psychiatry rotation, the student shall:

1. Understand a wide range of clinical conditions common to individuals with mental illness and develop awareness of how psychiatric problems manifest over the life cycle.
2. Become familiar with the psychiatric interview and clinical classification system of the Diagnostic and Statistical Manual of Mental Disorders Current Edition (DSM-V).
3. Demonstrate written and oral skills to communicate effectively with patients, medical colleagues and other medical team members.
4. Demonstrate competent interviewing, physical examination, data collection and clinical problem-solving skills.
5. Perform in a professional manner.
6. Understand the common theories and clinical modalities used in caring for the mentally ill.
7. Provide strategies for health promotion, disease and injury prevention especially in areas where social systems impact on the care of individuals such as smoking cessation, domestic violence and issues of body image.

Specifically, the minimum skills each student will develop include:

- Obtain a pertinent medical and psychiatric history.
- Perform complete physical examinations as appropriate to the setting.
- Determine appropriate diagnostic tests.
- Generate pertinent differential diagnoses and working diagnosis based on the patient's presenting problem.
- Determine therapeutic, referral and patient education plans.
- Assist in the implementation of therapeutic plans under the direction of the assigned preceptor.

- Manage the patient's psychiatric condition appropriately.
- Record findings in the appropriate section of the medical record as permitted by each clinical site.
- Write complete admission/progress notes, orders, and initiate appropriate specialty consultation request including follow up as permitted by each clinical site.
- Participate in discharge planning with the medical and social services staff and to ensure access to community follow up.
- Learn to write appropriate discharge summaries.
- Perform basic inpatient procedures as considered appropriate to the setting by the preceptor.
- Present cases to preceptor at appropriate times.
- Participate in rounds, lectures and other teaching activities.

Methods:

During this 5-week rotation, each student will work with an experienced clinician in psychiatric medicine. After obtaining a patient history and performing a physical exam, the student will present the case to the preceptor along with a primary and differential diagnosis, a plan to confirm the diagnosis and a treatment or management plan. Students will also learn to perform and evaluate diagnostic and therapeutic procedures under the supervision of the preceptor.

Required Texts

Sadock, Virginia. 2014. Kaplan and Sadock's, Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th Edition. Lippincott, Williams, & Wilkins
ISBN-13: 978-1609139711

Kaplan

Aquifer

WiseMD/WiseOnCall

The Physician Assistant Student's Guide, Behavioral Health Springer Publishing
Company ISBN: 978-0-8261-9528-9

Suggested Texts

Sadock, Benjamin. 2011. Kaplan and Sadock's, Study Guide and Self-Examination Review in Psychiatry. Lippincott, Williams, & Wilkins.
ISBN: 1451100000

EVALUATION OF STUDENT PERFORMANCE

The grade for this clerkship is based on the following components:

1. **Preceptor Evaluation:** Each student is evaluated by the preceptor twice; Once mid-rotation (at week two) and at the end of rotation (week five). The mid-rotation evaluation gives the student the opportunity to address areas of weakness or deficiency prior to completing the rotation. Mid-rotation evaluations and Final evaluations will be averaged in the computation of the **FINAL** preceptor evaluation grade. Preceptor evaluations are submitted via the Typhon logging system. It is the students'

responsibility to follow-up with the preceptor of record to ensure that the evaluation is submitted.

2. **End of Rotation Examination:** Assessment of competency and evaluation of learning will be conducted in multiple-choice exams. Clinical year students will take an online final comprehensive rotation-specific examination at the end of each rotation. Students are expected to read throughout the clerkship, concentrating on the signs, symptoms, pathophysiology, physical findings, diagnostic tests and management of the disease states found in the learning objectives. End-of-rotation examinations have the same format as the PANCE exam, as they are case-based; clinical reasoning is emphasized over recalling esoteric clinical facts. The eight tasks 1) History Taking & Performing Physical Examination, 2) Using Diagnostic and Laboratory Studies, 3) Formulating Most Likely Diagnosis, 4) Health Maintenance, Patient Education, and Preventive Measures 5) Clinical Intervention 6) Pharmaceutical Therapeutics 7) Applying Basic Science Concepts, and 8) Professional Practice, serve as a conceptual frame for End of Rotation Examinations. Each End of Rotation exam consists of 120 multiple-choice questions. 100 of these questions are scored, and the other 20 questions are unscored pre-test items which are used to gather statistics. The exam is divided into two sections of 60 questions each. Students have 60 minutes to complete each of the two sections. Time may not be carried over from the first section. Once a section is completed students cannot go back to any questions in that section.

<http://www.endofrotation.org/exams/sample-exam/>

3. **Clinical Coordinator Evaluations:** These evaluations have several components. **These evaluations have several components. These can include site visits, tests and assigned cases and readings. The Clinical Coordinators or Clinical Site Manager can visit each student during the three clinical semesters.**
4. **The evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Five (5) SOAP notes are due in each week + 2 virtual patients from Aquifer per week. These notes are uploaded in the “patient log notes” area if the Typhon System. In addition, two (2) full H&Ps are uploaded to Typhon as external documents at the end of weeks 2 and 5. Failure to log any of these notes on time will result in one point deduction from the final grade for each missed note.
5. **The evaluation of professional behavior.** The Clinical Coordinator evaluates each student once each semester.

Rotation Grades

The grade is made up in the following proportions:

Final preceptor evaluation: 30%

Clinical Coordinator Evaluation: 30%

End of Rotation exam: 40%

Failure to meet the designated criteria in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met

- A grade of 70% or better on the final clinical preceptor evaluation.
- A grade of 65% or better on the end of the rotation exam.
- A grade of 70% or better on the Clinical Coordinator evaluation.
- A grade of 70% or better on the Clinical Coordinator or preceptor assessment in the

following areas: Overall Improvement & Growth/ Self-Assessment & Self-Directed Learning, Attendance & Punctuality and /or Professional Behavior.

Specific Learning Objectives

Students **must** understand the etiology, pathophysiology, clinical course, presenting signs and symptoms, diagnostic work-up and management of the following mental health conditions:

Psychological development through the life cycle:

- Normal child development
- Attention-deficit/hyperactivity disorder, conduct disorder, and oppositional defiant disorder
- Pervasive development disorders
- Aging
- Psychopathology in the elderly
- Death and bereavement

Patterns of Abuse and Neglect:

- Sexual abuse of children
- Physical abuse of children
- Physical abuse and neglect of the elderly
- Physical and sexual abuse of domestic partners
- Sexual abuse of adults: rape and related crimes

Sleep Disorders:

- Insomnia
- Breathing-related sleep disorder (sleep apnea)

Cognitive Disorders:

- Delirium
- Dementia

Substance Related Disorders:

- Substance abuse, tolerance, and dependence
- Alcohol abuse

Psychotic Disorders:

- Schizophrenia

Disorders of Mood:

- Mood Disorders
- Major depressive disorder
- Bipolar disorder
- Suicidal Patient

Anxiety Disorders:

- Panic disorder and Phobias
- Obsessive-compulsive disorder
- Generalized anxiety disorder
- Posttraumatic stress disorder

Somatoform Disorders, Factitious Disorder, and Malingering:

- Somatoform disorders
- Factitious disorder (Munchausen's syndrome) and factitious disorder by proxy

Dissociative Disorders:

- Amnesia
- Dissociative Fugue

Impulse-Control Disorders:

- Kleptomania
- Intermittent explosive disorder
- Pyromania

Adjustment Disorders:

- Post-Traumatic Stress Disorder
- Adjustment Disorder

Personality Disorders:

- Paranoid
- Schizophrenia
- Histrionic
- Narcissistic

PA6041 General Surgery

CREDIT HOURS: 3

COURSE COORDINATORS: Olga M. Waters, MS, PA-C Gloria Mabry DrPH, PA

COURSE DESCRIPTION:

The purpose of the surgical clerkship will provide the physician assistant student with a 5-week clinical experience in the diagnosis and treatment of medical and surgical conditions for hospitalized and ambulatory surgical patients. This clerkship requires students to develop and demonstrate a variety of skills under the supervision of an experienced surgical practitioner.

GOALS:

Upon completion of the General Surgery rotation, the student shall be able to:

1. Understand a wide range of clinical conditions common to inpatient and ambulatory surgery.
2. Develop written and oral skills to communicate effectively with patients, medical colleagues and other medical team members.
3. Perform competent interviewing, physical examination, data collection and clinical problem solving skills.
4. Effectively assist in the operating room and ambulatory surgical procedures.
5. Provide strategies for injury prevention.
6. Perform in a professional manner.
7. Develop pre- and post-operative patient evaluations and management skills.

Specifically, the minimum skills each student will develop include:

- Perform complete pre- and post-operative physical examinations.
- Determine appropriate pre- and post-operative diagnostic tests.
- List differential diagnoses to assess presenting problems.
- Formulate a tentative diagnosis and treatment plan given patient's problem.
- Discuss how patient co-morbidity may impact on surgical management.
- Determine therapeutic, referral and patient education plans.
- Assist in the implementation of therapeutic plans under the direction of the preceptor.
- Revise patient medical management appropriately.
- Record findings in the appropriate medical record as permitted by each clinical site.

- Write complete admission notes and orders, daily progress notes and orders, and initiate appropriate specialty consultation requests including follow up as permitted by each hospital site.
- Participate in discharge planning with the clinical staff and social services and write discharge summaries.
- Perform basic inpatient procedures and other surgical tasks.
- Present cases to preceptor at any time deemed appropriate.
- Participate in rounds, lectures and other teaching activities.
- Develop sterile technique.

Methods:

During this 5-week rotation each student will be assigned to work with an experienced surgical clinician. After obtaining a patient history and performing a physical exam, the student will present the case to the preceptor along with a primary and differential diagnosis, a plan to confirm the diagnosis and a treatment or management plan. Students will also learn to perform and evaluate diagnostic and therapeutic procedures under the supervision of the preceptor.

It is strongly recommended that students augment their knowledge through independent study and research using assigned or suggested texts, journals, and Internet resources.

Required Texts

Brunicaudi, F., et al. 2015. Schwartz's Principles of Surgery, 10th edition McGraw
ISBN-13: 978-0071796750

Kaplan

Aquifer

WiseMD/WiseOnCall

The Physician Assistant Student's Guide, Surgery Springer Publishing Company
ISBN: 978-0-8261-9524-1

Gomella, L.G. 2016. Clinician's Pocket Reference, 11th edition. McGraw Hill
ISBN: 0071454285.

EVALUATION OF STUDENT PERFORMANCE

The grade for this clerkship is based on the following components:

1. Preceptor Evaluation: Each student is evaluated by the preceptor twice; Once mid-rotation (at week two) and at the end of rotation (week five). The mid-rotation evaluation gives the student the opportunity to address areas of weakness or deficiency prior to completing the rotation. Mid-rotation evaluations and Final evaluations will be averaged in the computation of the **FINAL** preceptor evaluation grade. Preceptor evaluations are submitted via the Typhon logging system. It is the students' responsibility to follow-up with the preceptor of record to ensure that the evaluation is submitted.

2. End of Rotation Examination: Assessment of competency and evaluation of learning will be conducted in multiple-choice exams. Clinical year students will take an online final comprehensive rotation-specific examination at the end of each rotation. Students are expected to read throughout the clerkship, concentrating on the signs, symptoms, pathophysiology, physical findings, diagnostic tests and management of the disease states found in the learning objectives. End-of-rotation examinations have the same format as the PANCE exam, as they are case-based; clinical reasoning is emphasized over recalling esoteric clinical facts. The eight tasks 1) History Taking & Performing Physical Examination, 2) Using Diagnostic and Laboratory Studies, 3) Formulating Most Likely Diagnosis, 4) Health Maintenance, Patient Education, and Preventive Measures 5) Clinical Intervention 6) Pharmaceutical Therapeutics 7) Applying Basic Science Concepts, and 8) Professional Practice, serve as a conceptual frame for End of Rotation Examinations. Each End of Rotation exam consists of 120 multiple-choice questions. 100 of these questions are scored, and the other 20 questions are unscored pre-test items which are used to gather statistics. The exam is divided into two sections of 60 questions each. Students have 60 minutes to complete each of the two sections. Time may not be carried over from the first section. **Once a section is completed students cannot go back to any questions in that section.**

<http://www.endofrotation.org/exams/sample-exam/>

6. **Clinical Coordinator Evaluations:** These evaluations have several components. These evaluations have several components. These can include site visits, tests and assign cases and readings. The Clinical Coordinators or Clinical Site Manager can visit each student during each of the three clinical semesters.
7. **The evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Five (5) SOAP notes are due in each week + 2 virtual patients from Aquifer per week. These notes are uploaded in the “patient log notes” area of the Typhon System. In addition, two (2) full H&Ps are uploaded to Typhon as external documents at the end of weeks 2 and 6. Failure to log any of these notes on time will result in one point deduction from the final grade for each missed note.
8. **The evaluation of professional behavior.** The Clinical Coordinator evaluates each student once each semester.

Rotation Grades

The grade is made up in the following proportions:

Final preceptor evaluation: 30%

Clinical Coordinator Evaluation: 30%

End of Rotation exam: 40%

Failure to meet the designated criteria in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on the final clinical preceptor evaluation.
- A grade of 65% or better on the end of the rotation exam.
- A grade of 70% or better on the Clinical Coordinator evaluation.
- A grade of 70% or better on the Clinical Coordinator or preceptor assessment in

the following areas: Overall Improvement & Growth/ Self-Assessment & Self-Directed Learning, Attendance & Punctuality and /or Professional Behavior.

Specific Learning Objectives

Surgical conditions which students **must** be able to discuss in detail including etiology, pathophysiology, and clinical course, presenting signs and symptoms, diagnostic work-up and management:

- Acute compartment syndrome
- Anal fissure
- Anal fistula
- Appendicitis
- Aortic aneurysm
- Avascular necrosis
- Basal cell carcinoma
- Bone tumors
- Breast cancer
- Cardiac atherosclerotic disease
- Cholecystitis
- Colon cancer
- Cryptorchidism
- Degenerative joint disease-replacement
- Diverticulitis
- Esophageal varices
- Open fracture repair
- Gunshot wound
- Hemorrhoids
- Hernia, inguinal and abdominal wall
- Hyperparathyroidism
- Intestinal obstruction
- Intestinal polyps
- Lung abscess
- Lung cancer
- Melanoma
- Osteotomy creation
- Pancreatic pseudocyst
- Pheochromocytoma
- Pneumothorax
- Prostate cancer
- Renal calculi
- Renal carcinoma
- Squamous cell carcinoma
- Subdural hematoma
- Superficial laceration
- Testicular mass
- Testicular torsion

- Thyroid cancer
- Thyroid nodule
- Urethral stricture
- Burns

Students **are required** to be able to describe the differential and work-up of the following signs and symptoms:

- Abdominal pain
- Altered mental status
- Anorectal pain
- Anorectal mass
- Anorectal itching
- Breast mass
- Breast or nipple discharge
- Calf pain
- Chest pain
- Constipation
- Diarrhea
- Flank pain
- Hematemesis
- Syncope
- Hemoptysis
- Hoarseness
- Jaundice
- Nausea and vomiting
- Neck mass
- Peripheral edema
- Pigmented skin lesion
- Scrotal mass
- Shock
- Shortness of breath

Students **are required** to be able to identify and evaluate the following post-operative complications:

- Abdominal ileus
- Arrhythmias
- Atelectasis
- Constipation
- Fever
- Hematuria
- Pneumonia
- Pneumothorax
- Pulmonary embolus
- Rectal bleeding

- Thrombophlebitis
- Urinary retention
- Urinary tract infection
- Wound evisceration
- Wound infection
- Vaccinations

Students **are expected** to perform the following procedures (as conditions allow):

- Administer intramuscular, intradermal or subcutaneous injections
- Administer oxygen
- Arterial blood gas
- Foley catheterization
- Incision and drainage
- Intravenous cannulation
- Nasogastric tube placement
- Phlebotomy
- Sterile surgical technique
- Suturing
- Wound care
- Wound debridement

PA 6091 Critical Care

CREDIT HOURS: 3

COURSE COORDINATORS: Olga M. Waters MS, PA-C Gloria Mabry DrPH, PA

COURSE DESCRIPTION:

The purpose of the surgical intensive care clerkship is to provide the physician assistant student with a 5-week clinical experience in the diagnosis and treatment of critically ill surgical patients. This clerkship requires students to develop and demonstrate a variety of skills under the supervision of an experienced surgical critical care practitioner.

GOALS:

Upon completion of the Critical Care rotation, the student shall be able to:

1. Understand a wide range of clinical conditions common to the critically ill surgical patient.
2. Develop written and oral skills to communicate effectively with patients, medical colleagues and other medical team members.
3. Assist in critical care procedures.
4. Provide life-saving interventions in the Critical Care.
5. Develop evaluation and management skills of the critically ill patient.

During this 5-week rotation, the student will work with a surgical intensive care team. The student will review the patient chart to understand the cause for admission. The student will participate in the daily care of the patient and participate in daily rounds. The student will anticipate discharge plans, including follow-up for ancillary care, home health care and counseling. Students will participate in communication with family members and participate in family meetings. Students will also learn to perform and evaluate clinical procedures under the supervision of the preceptor.

It is strongly recommended that students augment their knowledge through independent study and research using assigned or suggested texts, journals, and Internet resources.

Required Texts

Burchard, KW. 2012. The Clinical Handbook for Surgical Critical Care, 2nd edition. CRC Press.

ISBN-10: 1841849227

Kaplan

Aquifer

WiseMD/WiseOnCall

EVALUATION OF STUDENT PERFORMANCE

The grade for this clerkship is based on the following components:

1. **Preceptor Evaluation:** Each student is evaluated by the preceptor twice; Once mid- rotation (at week two) and at the end of rotation (week five). The mid-rotation evaluation gives the student the opportunity to address areas of weakness or deficiency prior to completing the rotation. Mid-rotation evaluations and Final evaluations will be averaged in the computation of the FINAL preceptor evaluation grade. Preceptor evaluations are submitted via the Typhon logging system. It is the students' responsibility to follow-up with the preceptor of record to ensure that the evaluation is submitted.
2. **Clinical Coordinator Evaluation:** This evaluation is made up of three components. These can include site visits, assign cases and readings. The Clinical Coordinator and Clinical Site Manager can visit each student during each of the three clinical semesters. There can also be cases presentations and a peer review paper from a topic approved by the faculty in Critical Care.
3. **Presentation:** Presentations will be 10 minutes in length, followed by a question and answer period of 3 minutes. Students must use Power Point for their presentations. Students will be randomly selected to present. Presentations must be submitted no later than 1 week prior to the end of rotation to allow for faculty to select those who will present.
4. These evaluations have several components. These can include site visits, tests and assign cases and readings. The Clinical Coordinators or Clinical Site Manager can visit each student during each of the three clinical semesters.

Evaluation of presentations will be based on the following six criteria:

- a) Content, including mastery of the topic and the ability to respond to inquires;
 - b) Presentation skills including eye contact, body language, and professional attire;
 - c) Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
 - d) Creativity;
 - e) Time management;
 - f) Power Point presentation including clarity of slides, presentation format and comprehensiveness.
5. **The evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Five (5) SOAP notes are due in each week + 2 virtual patients from Aquifer per week. These notes are uploaded in the "patient log notes" area if the Typhon System. In addition, two (2) full H&Ps are uploaded to

Typhon as external documents at the end of weeks 2 and 5. Failure to log any of these notes on time will result in one-point deduction from the final grade for each missed note.

6. **The evaluation of professional behavior.** The Clinical Coordinator evaluates each student once each semester. Failure to log any of these notes on time will result in one-point deduction from the final grade for each missed note.

Rotation Grades

The grade is made up in the following proportions:

Final preceptor evaluation: 30%

Clinical Coordinator Evaluation: 30%

Oral Presentation: 40%

Failure to meet the designated criteria in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 0% or better on Presentation.
- A grade of 70% or better on the final clinical preceptor evaluation.
- A grade of 70% or better on the Clinical Coordinator evaluation.
- A grade of 70% or better on the Clinical Coordinator or preceptor assessment in the following areas: Overall Improvement & Growth/ Self-Assessment & Self-Directed Learning, Attendance & Punctuality and /or Professional Behavior.

Specific Learning Objectives

Specifically, the minimum skills each student will develop include:

1. Assess and manage critically ill or injured patients and understand the rationale behind physiologic goals:
 - Cardiovascular support
 - Pulmonary support
 - Maintenance of other vital organ function: liver, kidney, GI tract
 - Prevention of multi-system organ failure
 - Metabolic control: blood sugar
 - Hormonal imbalance: adrenal, thyroid function
 - Early nutritional support: enteral feeds
 - Antibiotic use
 - Hematologic support
 - Dialysis management
2. Discuss issues regarding life support and withdrawal
3. Perform early recognition and treatment of shock: Septic, Hypovolemic, Hemorrhagic, Neurogenic, and Cardiogenic.
4. Learn the pharmacokinetics of common ICU drugs
5. Identify and evaluate high risk surgical patients, prepare them for surgery and provide intra- and postoperative treatment

Students are expected to perform the following procedures (as conditions allow):

- Administer oxygen
- Arterial blood gas
- Foley catheterization
- Intravenous cannulation
- Nasogastric tube placement
- Phlebotomy
- Suturing
- Wound care
- DNR\Advance directives

PA 6081 Geriatrics**CREDIT HOURS: 3****COURSE COORDINATORS: Olga M. Waters MS, PA-C Gloria Mabry DrPH, PA****COURSE DESCRIPTION:**

This 5-week clerkship will provide the student with clinical experience in the recognition, diagnosis, management, and treatment of medical and surgical problems commonly encountered in the care of the elderly. This clerkship requires students to develop and demonstrate a variety of skills under the supervision of clinicians practicing geriatrics.

GOALS:

The skills each student will develop include (but are not limited to): interviewing patients, examining patients, developing primary and differential diagnoses, planning a course of investigation through laboratory and other diagnostic tests, developing treatment plans, as well as patient/family education and counseling. Students will also gain experience in effectively communicating clinical information in both written and verbal formats to fellow clinicians and the patient.

Upon completion of the Geriatrics rotation, the student shall:

1. Understand a wide range of clinical conditions and their specific consequence relative to the elderly.
2. Develop written and oral skills to communicate effectively with patients, medical colleagues and other medical team members.
3. Perform competent interviewing, physical examination, data collection and clinical problem-solving skills.
4. Provide strategies for health promotion and disease and injury prevention.

Specifically, students are expected to:

- Participate in rounds, lectures and other teaching activities.
- Obtain pertinent medical histories.
- Perform complete physical examinations. Recognize physical exam changes throughout the life cycle.
- Determine appropriate diagnostic tests.
- List age-appropriate differential diagnoses
- Formulate a tentative diagnosis given a patient problem.
- Determine therapeutic, referral and patient education plans.
- Recognize the impact physiologic changes associated with aging have on medication pharmacokinetics and adjust dosing appropriately.
- Assist in the implementation of therapeutic plans under the direction of a preceptor.

- Revise patient medical management appropriately.
- Record findings in the appropriate medical record as permitted by each hospital site.
- Write complete admission notes and orders, daily progress notes and orders, and initiate appropriate specialty consultations request including follow up as permitted by each hospital site.
- Participate in discharge planning with medical and social services staff and write discharge summaries.
- Perform basic inpatient procedures and other tasks considered appropriate to the setting by the preceptor.
- Present cases to preceptor at any time deemed appropriate.
- Distinguish normal aging from pathological processes.
- Identify communication barriers associated with aging and develop appropriate coping strategies.
- Assist in restoring and/or maintaining independence in the elderly.
- Utilizing the philosophy of nursing home care, formulate long-term care plans.
- Utilizing the philosophy of hospice care, formulate care plans for the terminally ill.
- Integrate knowledge of medical ethics and end-of-life issues into geriatric patient care.

Methods:

During this 5-week rotation, each student will work with a clinician experienced in geriatrics. After obtaining a patient history and performing a physical exam, the student will present the case to the preceptor along with a primary and differential diagnosis, a plan to confirm the diagnosis and a treatment or management plan. Students will also learn to perform and evaluate diagnostic and therapeutic procedures under the supervision of the preceptor. It is strongly recommended that students augment their knowledge through independent study and research during their rotation.

Required Texts

Kane, R. et al. 2013. Essentials of Clinical Geriatrics 7th edition. McGraw Hill.
 ISBN-10: 007179218X
 Kaplan
 Aquifer
 WiseMD/WiseOnCall

EVALUATION OF STUDENT PERFORMANCE

The grade for this clerkship is based on the following components:

1. **Preceptor Evaluation:** Each student is evaluated by the preceptor twice; Once mid- rotation (at week two) and at the end of rotation (week five). The mid-rotation evaluation gives the student the opportunity to address areas of weakness or deficiency prior to completing the rotation. Mid-rotation evaluations and Final evaluations will be averaged in the computation of the FINAL preceptor evaluation grade. Preceptor evaluations are submitted via the Typhon logging system. It is the students' responsibility to follow-up with the preceptor of record to ensure that the evaluation is submitted.

2. **Clinical Coordinator Evaluation:** This evaluation is made up of three components. This evaluation is made up of three components. These can include site visits, assign cases and readings. The Clinical Coordinator and Clinical Site Manager can visit each student during each of the three clinical semesters. There can also be cases presentations and a peer review paper from a topic approved by the faculty in Geriatrics.
3. **Presentation:** Presentations will be 10 minutes in length, followed by a question and answer period of 3 minutes. Students must use Power Point for their presentations. Students will be randomly selected to present. Presentations must be submitted no later than 1 week prior to the end of rotation to allow for faculty to select those who will present.
4. **These evaluations have several components.** These can include site visits, tests and assign cases and readings. The Clinical Coordinators or Clinical Site Manager can visit each student during each of the three clinical semesters.

Evaluation of presentations will be based on the following six criteria:

- g) Content, including mastery of the topic and the ability to respond to inquiries;
 - h) Presentation skills including eye contact, body language, and professional attire;
 - i) Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
 - j) Creativity;
 - k) Time management;
 - l) Power Point presentation including clarity of slides, presentation format and comprehensiveness.
5. **The evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Five (5) SOAP are due in each week + 2 virtual patient from Aquifer per week. These notes are uploaded in the “patient log notes” area of the Typhon System. In addition, two (2) full H&Ps are uploaded to Typhon as external documents at the end of weeks 2 and 5. Failure to log any of these notes on time will result in one point deduction from the final grade for each missed note.
 6. **The evaluation of professional behavior.** The Clinical Coordinator evaluates each student once each semester. Failure to log any of these notes on time will result in one-point deduction from the final grade for each missed note.

Rotation Grades

The grade is made up in the following proportions:

Final preceptor evaluation: 30%

Clinical Coordinator Evaluation: 30%

Power Point Case Presentation: 40%

Failure to meet the designated criteria in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on Presentation.
- A grade of 70% or better on the final clinical preceptor evaluation.
- A grade of 70% or better on the Clinical Coordinator evaluation.
- A grade of 70% or better on the Clinical Coordinator or preceptor assessment in the following areas: Overall Improvement & Growth/ Self-Assessment & Self-Directed Learning, Attendance & Punctuality and /or Professional Behavior.

Specific Learning Objectives

Medical conditions which students **must** be able to discuss in detail including etiology, pathophysiology, and clinical course, presenting signs and symptoms, diagnostic work-up and management:

1. Acoustic neuroma
2. Actinic keratosis
3. Acute renal failure
4. Alzheimer's disease
5. Angina
6. Aortic aneurysm
7. Aspiration pneumonia
8. B-12 anemia, IDA
9. Benign prostate hypertrophy
10. Cardiac arrhythmias
11. Cataracts
12. Catheter sepsis
13. Cerebrovascular accident
14. Cerumen impaction
15. Chronic obstructive lung disease
16. Chronic renal failure
17. Colon Cancer
18. Congestive heart failure
19. Constipation
20. Decubitus ulcers
21. Dementia
22. Depression
23. Diabetes mellitus
24. Diverticular disease
25. Dyspepsia
26. Dysphagia
27. Elder abuse
28. Emphysema
29. Estrogen replacement therapy
30. Falls in the elderly
31. Foot care
32. Glaucoma
33. Hip fracture
34. Hyperlipidemia
35. Hypertension
36. Hyperthyroidism
37. Hypothyroidism
38. Incontinence
39. Iron deficiency anemia

- 40. Fractures of the femur and vertebra
- 41. Vaccinations

Medical conditions which students **should** be able to discuss in detail including etiology, pathophysiology, and clinical course, presenting signs and symptoms, diagnostic work-up and management:

- 42. Leukemia
- 43. Lung Cancer
- 44. Myocardial infarction
- 45. Nephrotic syndrome
- 46. Normal changes in blood pressure
- 47. Osteoarthritis
- 48. Osteopenia
- 49. Pacemaker management
- 50. Paget's fractures
- 51. Parkinson's disease
- 52. Pathologic fractures
- 53. Peripheral vascular disease
- 54. Pernicious anemia
- 55. Pneumonia
- 56. Presbyopia
- 57. Prostate cancer
- 58. Pulmonary embolism
- 59. Rheumatoid arthritis
- 60. Seizure disorder
- 61. Skin cancer
- 62. Spinal stenosis
- 63. Spondylosis
- 64. Syncope
- 65. Transient ischemic attacks
- 66. Urinary tract infection
- 67. Vertigo

Students **should** be able to describe the differential diagnosis and work-up of the following signs and symptoms:

- 68. Abdominal pain
- 69. Anorexia
- 70. Back pain
- 71. Bladder incontinence
- 72. Blurred vision
- 73. Bowel incontinence
- 74. Chest pain
- 75. Chorea
- 76. Constipation

- Cough
- Decreased hearing
- Tinnitus
- Dependent edema
- Diarrhea
- Dyspnea
- Dysuria
- Dysphasia
- Fatigue
- Hematemesis
- Hematuria
- Hoarseness
- Impotence
- Insomnia
- Jaundice
- Joint pain
- Jugular venous distention
- Melena
- Memory loss
- Palpitations
- Paresthesia
- Shortness of breath
- Steatorrhea
- Syncope
- Vertigo
- Tremor
- Urinary retention
- Vomiting
- Weight loss

PA 6101 Elective Rotation**Credit Hours: 3****COURSE COORDINATORS: Olga M. Waters MS, PA-C Gloria Mabry DrPH,****PA-C****COURSE DESCRIPTION:**

Purpose: The purpose of the elective clerkship is to provide the physician assistant student with a 5-week opportunity to explore a clinical discipline of particular interest. The goals, objectives and methods of the elective rotation will mirror those of medicine, surgery, pediatrics, or the discipline appropriate to the elective. Students are responsible to enhance their understanding of this discipline through by self-motivation. Students will develop a list of personal objectives for the elective, and work with the preceptor to meet them.

EVALUATION OF STUDENT PERFORMANCE

The grade for this clerkship is based on the following components:

1. **Preceptor Evaluation:** Each student is evaluated by the preceptor twice; Once mid- rotation (at week two) and at the end of rotation (week five). The mid-rotation evaluation gives the student the opportunity to address areas of weakness or deficiency prior to completing the rotation. Mid-rotation evaluations and Final evaluations will be averaged in the computation of the FINAL preceptor evaluation grade. Preceptor evaluations are submitted via the Typhon logging system. It is the students' responsibility to follow-up with the preceptor of record to ensure that the evaluation is submitted.
2. **Clinical Coordinator Evaluation:** This evaluation is made up of three components. This evaluation is made up of three components. These can include site visits, assign cases and readings. The Clinical Coordinator and Clinical Site Manager can visit each student during each of the three clinical semesters. There can also be cases presentations and a peer review paper from a topic approved by the faculty in their Elective Clerkship.
3. **Presentation:** Presentations will be 10 minutes in length, followed by a question and answer period of 3 minutes. Students must use Power Point for their presentations. Students will be randomly selected to present. Presentations must be submitted no later than 1 week prior to the end of rotation to allow for faculty to select those who will present.

4. **These evaluations have several components.** These can include site visits, tests and assign cases and readings. The Clinical Coordinators or Clinical Site Manager can visit each student during each of the three clinical semesters.

Evaluation of presentations will be based on the following six criteria:

- a) Content, including mastery of the topic and the ability to respond to inquiries;
 - b) Presentation skills including eye contact, body language, and professional attire;
 - c) Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
 - d) Creativity;
 - e) Time management;
 - f) Power Point presentation including clarity of slides, presentation format and comprehensiveness.
5. **The evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Five (5) SOAP are due in each week + 2 virtual patient from Aquifer per week. These notes are uploaded in the “patient log notes” area of the Typhon System. In addition, two (2) full H&Ps are uploaded to Typhon as external documents at the end of weeks 2 and 5. Failure to log any of these notes on time will result in one point deduction from the final grade for each missed note.
 6. **The evaluation of professional behavior.** The Clinical Coordinator evaluates each student once each semester. Failure to log any of these notes on time will result in one-point deduction from the final grade for each missed note.

Rotation Grades

The grade is made up in the following proportions:

Final preceptor evaluation: 30%

Clinical Coordinator Evaluation: 30%

Power Point Case Presentation: 40%

Failure to meet the designated criteria in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on Presentation.
- A grade of 70% or better on the final clinical preceptor evaluation
- A grade of 70% or better on the Clinical Coordinator evaluation.
- A grade of 70% or better on the Clinical Coordinator or preceptor assessment in the following areas: Overall Improvement & Growth/ Self-Assessment & Self-Directed Learning, Attendance & Punctuality and /or Professional Behavior.

STUDENT CLINICAL HANDBOOK AGREEMENT

I have received and read a copy of the Student Clinical Handbook on Academic Policies and Procedures of the CUNY School of Medicine Physician Assistant Program. I understand that as a student of the Physician Assistant Program that I am also bound by the academic policies and regulations of the CUNY School of Medicine and The City College of New York.

My signature attests that I agree to abide by all rules and regulations governing my matriculation in the Physician Assistant Program.

Print name

Signature

Date

OUTLINE FOR ORAL CASE PRESENTATIONS

I. Opening Statement

- a. Patient profile, reason for visit or admission, and duration of problem or complaint.**

II. Body of Report

- a. Description of present problem(s)**
 - i. Use one or more of the following organizational formats for this section: symptom, characterization, chronological report, or problem solving.**
- b. Relevant PMH, SH, FH, ROS**
- c. Relevant PE**
- d. Relevant diagnostic tests and procedures (lab, x-ray etc)**
- e. Assessment**
- f. Plan**
 - 1. Diagnostic**
 - 2. Treatment**
 - 3. Patient Education**

III. Summary

Sample – Oral Case Presentation

I. Opening statement

a. Patient profile and chief complaint

Martin Adams is a 48-year-old Caucasian female patient who presents to the clinic with a lesion on the back of her right hand, which she first notices one month ago.

II. Body of Report

b. Description of present problem

Mrs. Adams presents to the clinic with a skin lesion on the back of her right hand, which she notice one month ago. The lesion initially came to her attention when it bled after a minor scrape. Two weeks ago she tried hydrocortisone cream applied topically to the lesion daily for several days with no response. She has not history of similar skin lesions, but has noticed a tendency to develop dry skin, particularly in the winter months and uses moisturizing creams as needed. There has been no change in other skin care product use.

c. Relevant PMH, SH, FH and ROS

Mrs. Adams is involved in many outdoor activities with significant sun exposure over the years, and she admits that she rarely uses sunscreens. She otherwise is in good health, and is on no medications. There is no family history of skin conditions or malignancy.

d. Relevant PE

Vitals: BP = 134/80, P = 64, weight = 118 lbs., Height = 64 in.

Skin: Dry skin areas forehead and backs of both hands, clusters of freckles to the forehead, nose, back of hands and upper and lower extremities. Solitary, firm, erythematous, non-tender nodule with a keratotic scaly surface mid-dorsal surface of the right hand 6 mm in diameter. No lymph node enlargement noted in any area.

e. Relevant diagnostic tests and procedures.

None.

f. Assessment

The lesion location on the patient's right hand on sun-exposed area, its nodular, keratotic scaly appearance, firmness to palpation and erythematous color indicate suspicion for a squamous cell carcinoma. The patient's freckled complexion and history of unprotected sun exposure put her at high risk for cutaneous malignancies. "Differential diagnosis includes keratocanthoma, basal cell carcinoma, common wart (verruca vulgaris), and Bowen's disease.

g. Plan

1. Diagnostic: Histologic examination of lesion post-surgical excision.
2. Therapeutic: Surgical excision of solitary lesion dorsal surface right hand.
3. Patient Education and Follow-up:

The patient was informed of the possibility that the lesion on her right hand could be squamous cell carcinoma. She was informed that this tumor does not normally spread into the body but can spread superficially on the skin. She was advised that removal of the lesion is almost 100% curative, but that periodic exams will be necessary to check for re-growth. She was also told that a scar will likely result from this treatment.

The patient agreed to surgical excision and was therefore instructed in general wound care and suture removal. Surgical risks including reactions to local anesthetics, bleeding and infection were explained to the patient and questions were answered. The histological examination and its significance were reviewed with the patient. The patient was told that follow-up visits would be necessary at one week and four months' post-op, then every six months for a year, and yearly for a total of five years.

The patient was informed on the importance of protecting her skin from further sun exposure with clothing and sunscreens. She was also instructed in skin self-examination to be performed monthly. She understood and was willing to comply with these instructions.

Site Evaluation Form

Date: _____ Week _____ Site/Rotation _____

Student: _____ Preceptor _____

STUDENT EVALUATION	Excellent	Good	Fair	Poor	NOT APPLICABLE
ATTENDANCE & PUNCTUALITY					
PHYSICAL EXAMINATION & HISTORY					
MEDICAL KNOWLEDGE					
CHARTING/DOCUMENTATION & WRITTEN SKILLS					
CLINICAL INTERVENTION & DX					
LABS & DIAGNOSTIC STUDIES					
CLINICAL THERAPEUTICS					
DIFFERENTIAL DIAGNOSIS					
PRESENTATION OF DATA & CASE DISCUSSION/COMMUNICATION SKILLS					
INTERACTION WITH STAFF AND HEALTHCARE TEAM					
PROFESSIONALISM					
PATIENT EDUCATION & COUNSELING					
SITE EVALUATION					
ADEQUACY & EFFECTIVENESS OF STUDENT CLINICAL EXPERIENCE					
AVAILABILITY OF PRECEPTORS					
STUDENT PARTICIPATION IN INSTITUTION EDUCATIONAL ACTIVITIES					

CURRICULUM/PROGRAM SUGGESTIONS:

COMMENTS:

CONTACT TYPE

EMAIL	PHONE CALL	SITE VISIT
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Clinical Coordinator: _____

PROFESSIONAL DEVELOPMENT EVALUATION FORM

This assessment tool is designed to aid students evaluate their professional development in becoming a Physician Assistant. The student is to critically assess his/her performance in the classroom, laboratory, and any other clinical and professional situation. The following rating is scale is to be used by both the student and their faculty advisor:

0= Unsatisfactory: *The student does not yet demonstrate the required level of professional skill. The student's behavior is predicted to interfere with his/her ability to establish satisfactory therapeutic relationships with patients and/or effective working relationships with co-workers*

1= Needs Improvement: *The student is beginning to demonstrate the required level of professional skill, but needs improvement in quality of professionalism*

2= Satisfactory: *The student demonstrates the required level of professional skill.*

STUDENT FIRST NAME: _____

LAST NAME: _____ CLASS OF: _____

	<u>STUDENT</u>			<u>FACULTY</u>		
	0	1	2	0	1	2
<u>HONESTY/INTEGRITY</u>						
<i>Behavior Descriptors</i>	COMMENTS			COMMENTS		
<ul style="list-style-type: none"> Adheres to code of academic ethics Able to admit and correct mistakes Maintains confidentiality of others Represents self appropriately 						
<u>RESPONSE TO INSTRUCTOR SUPERVISION</u>						
<i>Behavior Descriptors</i>	COMMENTS			COMMENTS		
<ul style="list-style-type: none"> Respectful to instructors Identifies problems and offers solutions in an appropriate manner Accepts feedback in a positive manner Appropriately modifies performance in response to feedback 						
<u>COMMUNICATION</u>						
<i>Behavior Descriptors</i>	COMMENTS			COMMENTS		
<ul style="list-style-type: none"> Actively participates in discussions Asks thoughtful and relevant questions Verbal and written communications are clear and concise Communicates in a respectful, confident manner Recognizes impact of non-verbal communication 						
<u>SELF DIRECTEDNESS</u>						
<i>Behavior Descriptors</i>	COMMENTS			COMMENTS		
<ul style="list-style-type: none"> Independently initiates learning experiences Takes initiative to direct own learning Assumes responsibility for learning Uses adequate and appropriate resources to achieve learning objectives Demonstrates appropriate level of confidence and self-assurance 						

DEPENDABILITY/ RESPONSIBILITY

Behavior Descriptors

- *Attends all scheduled sessions*
 - *Is on time for all classes and scheduled meetings*
 - *Hands in assignments and papers on time*
 - *Complies with program and course expectations*
 - *Fulfills commitments and responsibilities*
 - *Maintains a safe environment in class and lab*

0 1 2
COMMENTS

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0 1 2
COMMENTS

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JUDGEMENT/ CLINICAL REASONING

Behavior Descriptors

- *Uses an inquiring approach towards learning*
- *Analyzes all options prior to making a judgment*
- *Develops rationale to support choices*
- *Demonstrates awareness of personal biases*
- *Makes decisions based on factual information*
- *Generates alternative hypotheses and solutions to problems*

0 1 2
COMMENTS

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0 1 2
COMMENTS

--

ORGANIZATIONAL ABILITY

Behavior Descriptors

- *Is prepared for class and discussions*
- *Budgets resources to meet Program requirements*
- *Prioritizes multiple commitments*
- *Assists organizing group assignments & projects*

0 1 2
COMMENTS

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0 1 2
COMMENTS

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PROFESSIONAL PRESENTATION

Behavior Descriptors

- *Dresses neatly and in clean clothing*
- *Appearance is appropriate to setting*
- *Image is professional to peers, clients, and supervisors*
- *Displays a positive attitude toward becoming a professional*

0 1 2
COMMENTS

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0 1 2
COMMENTS

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Additional comments:

Plan of Action:

Student's signature

Faculty signature

Date

Pre-Rotation Student Objective Reflection

ROTATION # _____

DATE _____

STUDENT NAME: _____

ROTATION NAME & SITE: _____

Professional Objectives

Personal Objectives

POST ROTATION REFLECTION FORM

ROTATION # _____ DATE _____

STUDENT NAME: _____

ROTATION NAME & SITE: _____

Professional Objectives

Achievements:

Challenges:

Personal Objectives

Achievements:

Challenges:

Incident Report Form

Use this form to report accidents, injuries, medical situations, or student behavior incidents. (Incidents involving a crime or traffic incident should be reported directly to the Campus Public Safety office.) If possible, the report should be completed within 24 hours of the event. Submit completed forms to the President's Office.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT			
Full Name			
Home Address			
Student	Employee	Visitor	Vendor
Phone Numbers	Home	Cell	Work
INFORMATION ABOUT THE INCIDENT			
Date of Incident	Time	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Incident			
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary)			
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach separate sheet with names, addresses, and phone numbers.			
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).			
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided: <input type="checkbox"/> on site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other			
REPORTER INFORMATION			
Individual Submitting Report (print name)			
Signature			
Date Report Completed			
FOR OFFICE USE ONLY			
Report Received by _____ Date _____			
FOR OFFICE USE ONLY			
Document any follow-up action taken after receipt of the incident report.			
Date	Action Taken	By Whom	

