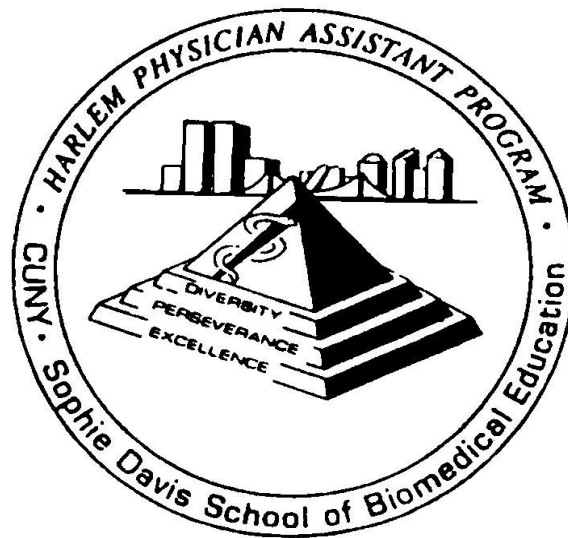


**THE CITY COLLEGE OF NEW YORK  
SOPHIE DAVIS SCHOOL OF BIOMEDICAL  
EDUCATION  
PHYSICIAN ASSISTANT PROGRAM**



**POLICIES AND REQUIREMENTS FOR  
STUDENTS IN THE CLINICAL YEAR**

**2016-2017**

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## Contact Information

**Ms. Theresa Horvath, M.P.H., P.A.-C.,** Assistant Dean, Program  
Director

Email address: [THorvath@med.cuny.edu](mailto:THorvath@med.cuny.edu), phone # 212-650-6863

**Ms. Emilia Medina-Colon, PA.-C.,** Director of Academic Coordination

Email address: [medcolon@ccny.cuny.edu](mailto:medcolon@ccny.cuny.edu) phone # 212-650-8826

**Mr. Paul Foster, M.P.A., P.A.-C.,** Clinical Coordinator

Email address: [PFoster@ccny.cuny.edu](mailto:PFoster@ccny.cuny.edu), phone # 212-650-7939

**Ms. Tracy Jackson, M.A., P.A.-C.,** Clinical Coordinator

Email address: [Tjackson@ccny.cuny.edu](mailto:Tjackson@ccny.cuny.edu) phone # 212-650-7038

**Ms. Fabiola Lopez, C.O.A.**

Email address: [Flopez@med.cuny.edu](mailto:Flopez@med.cuny.edu) phone # 212-650-8863

## Clinical Year Rotation Calendar 2016 – 2017

		<b>End of Rotation Exam</b>
Rotation #1:	January 19, 2016 – February 19, 2016	February 19, 2016
Rotation #2:	February 22, 2016 – April 1, 2016	April 1, 2016
Rotation #3:	April 4, 2016 – May 13, 2016	May 13, 2016
Rotation #4:	May 16, 2016 – June 24, 2016	June 24, 2016
Rotation #5:	June 27, 2016 – August 5, 2016	August 5, 2016
Rotation #6:	August 8, 2016 – September 16, 2016	September 16, 2016
Rotation #7:	September 19, 2016 – October 28, 2016	October 28, 2016
Rotation #8:	October 31, 2016 – December 9, 2016	December 9, 2016
Rotation #9:	December 12, 2016 – January 20, 2017	January 20, 2017

### **BLOCK SCHEDULE**

<b>Block #1:</b>	<b>February 22, 2016 – May 13, 2016</b> 2/22/16 – 3/18/16 3/23/16 – 4/15/16 4/18/16 – 5/13/16
<b>Block #2:</b>	<b>May 16, 2016 – August 5, 2016</b> 5/16/16 – 6/10/16 6/13/16 – 7/8/16 7/11/16 – 8/5/16
<b>Block #3:</b>	<b>August 8, 2016 – October 28, 2016</b> 8/8/16 – 9/2/16 9/5/16 – 9/30/16 10/3/16 – 10/28/16
<b>Block #4:</b>	<b>October 31, 2016 – January 20, 2017</b> 10/31/16 – 11/25/16 11/28/16 – 12/23/16 12/26/16 – 1/20/17

## **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 final 12.5 months of the Program 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. Students at each site are assigned to a preceptor who may be an attending physician, graduate physician assistant, or a resident. 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, and the policies of City College. For more information, see: <http://www.cuny.edu/about/policies.cfm>.

### **Making the Transition to Clinical Practice**

The move from the relatively comfortable realm of the classroom, where goals and expectations are clearly stated 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 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 than the others. 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 unacceptable 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 12.

- **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 nearly 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 coordinator 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 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. 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 us 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. radiologists, nurses, social workers 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, physician assistant, and nurse practitioner) 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 (4<sup>th</sup> 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.

### **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 evaluation, care, 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 for 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 BCLS/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:

1. Initiate patient care that has not been outlined and supervised by the clinician;
2. See, treat, or dismiss a patient without review and discussion of the patient's problem with the clinician;
3. Dispense or write prescriptions for any medications without approval of the clinician, and his/her signature as co-signer;
4. Initiate disclosure of, or draw conclusions from, findings or treatment plans with the patient without prior discussion with the clinician;
5. Change standing orders without consultation and approval of the supervising clinician;
6. Initiate treatment for a patient that has not seen or examined;
7. Participate in a treatment modality, diagnostic procedure, or other activity that is beyond their level of training or level of competence;
8. Discuss findings with a patient prior to conferring with the preceptor;
9. Discuss a patient by name with anyone except other members of the health care team, without the patient's consent;
10. Discuss a patient's condition with family members without the patient's consent;
11. Discuss a patient in a public place such as in the elevator or hallway;
12. 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, 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 comprising 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 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 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 before the student can be placed for clinical training.

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: <http://www.ccny.cuny.edu/sophiedavis/criminal-background-checks-and-drug-testing.cfm>.

### **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. For rotations outside of Harlem Hospital, students are required to keep a copy of their medical information and present it to the preceptor at the beginning of the clinical clerkship. 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 be necessary.

### 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 November 30. Similarly, clinical year students will not be able to attend clinical rotation until vaccination 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 SDSBE/Harlem Hospital Center photo identification 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.

Any student who requires time off for personal or other reasons is obligated to request approval in writing from the Program. An e-mail request to one of the clinical coordinators 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 documentation will suffice as proof of need for an absence at this time.

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. 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. Absence 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 can be avoided. The student should also inform the clinical preceptor of any special needs that might arise.

### **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 disease 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:

1. Wash hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.
2. 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:
  - a. Skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin).
  - b. 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.

The student will follow the institutional infectious and environmental hazard policy, 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 insure 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, SDSBE, university and assigned clinical affiliate policies.
3. Students are expected to maintain current levels of training and preparation related to EBV that are provided by the SDSBE 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 Sophie Davis School of Biomedical Studies.
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 SDSBE and the University will follow established protocols for elevating the communication to the wider CCNY community.

### **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 absences 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 of 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 Sophie Davis-Harlem Hospital 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.

Unacceptable clothing includes:

- Low cut, revealing blouses for women;
- Sandals;
- Short skirts;
- Stirrup pants or leggings;
- T-shirts, sweatshirts or sweatpants;
- Any clothing made of denim;
- Clothing that exposes the mid-abdomen;
- Bracelets or other dangling jewelry;
- Insignia, buttons or decals of a political nature or clothing with inappropriate language;
- Clothing that is soiled, in poor repair, or not well maintained;
- Artificial nails, wraps, multi-colored or designer nail polish or nail paintings;
- Perfume or other fragrance;
- 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 facilities 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 CCNY 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:

<http://www1.ccnycuny.edu/facultystaff/hr/upload/CUNY-Policy-on-Drug-and-Alcohol.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 CCNY penalties such as suspension or expulsion from the College.

## **Sexual Harassment**

The policies of both City College 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:

<http://www.ccnycuny.edu/academicaffairs/upload/CUNY-Policy-Against-Sexual-Harassment.pdf>.

## **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, iTunes, LinkedIn, Twitter and Blogs 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 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/Do\\_Not\\_Use\\_List.pdf](http://www.jointcommission.org/assets/1/18/Do_Not_Use_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.

### **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**

#### **Medical Note Requirement**

<b>Surgery</b>	10 per week/60 per rotation
Pre-op	10 per rotation
Intra-op	10 per rotation
Post-op	10 per rotation
<b>Pediatrics</b>	10 per week/60 per rotation
<b>Primary Care</b>	10 per week/60 per rotation
<b>Internal Medicine</b>	10 per week/60 per rotation
<b>Psychiatry</b>	10 per week/60 per rotation
<b>Ob/GYN</b>	10 per week/60 per rotation
Prenatal Care	10 per rotation
Gynecologic Care	10 per rotation
<b>Emergency Medicine</b>	10 per week/60 per rotation
<b>SICU</b>	8 per week/32 per rotation

**Elective**  
**Geriatrics**

8 per week/32 per rotation  
8 per week/32 per rotation

**Required Clinical Year Procedures/Examinations**

<b>PROCEDURE</b>	<b>REQUIRED MINIMUM NUMBER</b>
ABG	4
Abscess I&D	2
Blood Culture	2
Cardiopulmonary Resuscitation	2
Foley Catheter Placement	4
IM/SC/ID-injections	10
IV Placement	10
NG Tube Placement	2
Splinting	5
Suturing	5
Venipuncture	10 (adult) 5 (pediatric)
Assist in Operating Room	10
Wound Care/Debridement	10
Breast Examination	10
Pap Smear	10
Pelvic exam	10
Delivery	5 (vaginal) 2 (Cesarean)
Prostate exam	5
Testicular exam	10
PPD Placement	5 (adult) 5 (pediatric)

**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.
- **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 the 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. Therefore, for students who graduate in 28.5 months, the portfolio will be available for approximately three years afterward. 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 evaluation: 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 and at the end of rotation. For core clerkships (internal medicine, family medicine, pediatrics, OB/GYN, surgery, emergency medicine, and psychiatry) these occur at three and six weeks. For the block clerkships (SICU/Critical Care, Geriatrics and Elective) evaluations occur at two weeks and at four weeks. 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: A comprehensive examination covering topics included in the rotation syllabus is administered on the last day of the rotation. Topics chosen for these examinations are drawn from disease lists contained in the course objectives, the NCCPA blue print, the medical letter, handouts, clinical seminar lectures and the senior bulletin board postings (i.e. updates/cases).
3. Clinical Coordinator Evaluations: These evaluations have several components. **The first is the site visit.** The clinical coordinator visits each student during each of the three clinical semesters. During the visit, the student presents a patient while at bedside (if possible), and performs and is graded on the appropriate history, physical examination, assessment and plan.

If a site visit does not occur, the student will present a patient to the entire class and some faculty. Presentations follow the following format:

- Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.

- Students must use PowerPoint for their presentation.
- Evaluation of presentations will be based on the following six criteria:
  1. Content, including mastery of the topic and the ability to respond to inquiries;
  2. Presentation skills including eye contact, body language, and professional attire;
  3. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
  4. Creativity;
  5. Time management;
  6. PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
- **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Ten (10) Notes are due in each week. 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.
- **The third component is 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:

Final preceptor evaluation: **25%** (6 week), or **40%** (4 week)

Clinical Coordinator Evaluation: **35%** (6 week), or **60%** (4 week)

End of rotation exam: **40%** (6 week)

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 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 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 seven tasks of 1) history taking & performance, 2) laboratory and diagnostic studies, 3) formulating most likely diagnosis, 4) health



maintenance, 5) clinical intervention 6) pharmaceutical therapeutics and 7) application of basic science concepts, serve 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 65%. 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 holes in content knowledge.

No student is permitted to take the day off before 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 60-64% will be given the opportunity to take a reassessment exam. This reassessment examination will be given on the successive clinical call back day, two weeks later. Students who pass this exam with a grade of 65% or better will earn a grade of “C” for the rotation, regardless of the grade earned on the reassessment exam. **Failure to take the make-up end-of-rotation exam on the scheduled date will result in a grade of zero for the exam portion of the grade.**

Should a student fail the reassessment exam, s/he will be referred to the Committee on Course and Standing, and most likely be required to repeat the clerkship at the end of the curriculum, resulting in a delay of graduation.

Students are permitted to take no more than two (2) make-up exams for the entire clinical year. Failing a third end-of-rotation exam will result in appearance before the Committee on Course and Standing and probable dismissal from the Program.

### **Clerkship Failure**

Should a student fail a rotation, the student will appear before the Committee on Course and Standing. The student will receive a grade of “F” for the clerkship and 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.

## **CLINICAL YEAR COURSES**

### **Clinical Seminar I, II, III**

Students register for one course each semester during the three-semester clinical year called (respectively) Clinical Seminar I, II & III. These courses are comprised of the following four components:

#### **I. Medical Spanish**

This three-semester component provides the background to communicate with Spanish-speaking patients. The component is largely composed of instruction in the structure and grammar of the Spanish language, as well as oral language skills, and medical vocabulary. The course material is divided into lessons. Each lesson begins with a dialogue, and presents the grammar and vocabulary necessary for a specific medical situation. Lectures are presented with the expectation that each student has read the assigned textbook material pertaining to the subject before entering the lecture. **See syllabus for course requirements and guidelines.**

#### **II. Research Project**

This component teaches the principles of evidence-based medicine, formulating research questions, preparing a literature search and constructing and critiquing meta-analyses. This component will culminate in a formal scientific paper and an oral presentation presented to a panel of faculty reviewers in the fall semester.

**See syllabus for course requirements and guidelines.**

#### **III. Call back day activities**

Every other week, 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, suturing, or reading EKGs. Students are, therefore, expected to attend each call back day, arrive at class on time, and be in attendance for the full day.

#### **IV. Self-Assessment with Clinical Exams**

To refine medical knowledge and test-taking skills, students are to complete 4500 questions in the Exam Master Test Bank. One hundred questions will be completed each week in two ways.

- a. A 50 question timed-exam of questions chosen by the faculty. The window of time when the test will be available will be announced by the faculty.
- b. Fifty questions chosen by the student. These questions should reflect areas of weakness or relevance to the current clinical rotation. Only items found in the “Test” mode will count for this requirement. Items found in the “Review” mode are not acceptable.

A grade of 65% (cumulative for the whole year) must be achieved on the weekly test. All Exam Master questions must be completed on time. If these two requirements are not met, the Course

and Standing Committee will decide if remediation, resulting in a delay of graduation, will occur.

**Exam Master website: <http://www.exammaster2.com/wdsentry/harlem-pa.htm>**

### **Grading Rubric for the Clinical Seminars**

<b>CLINICAL SEMINAR I,II,III</b>	<b>MINIMUM PASSING GRADE</b>	<b>%</b>
Clinical Test	65%	20%
Call back day Lecture/activities/assign	70%	20%
Exam Master	65%	20%
Medical Spanish	70%	20%
Research Project	80%	20%
<b>TOTAL</b>		<b>100%</b>

#### **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 will result in appearing before the Committee on Course and Standing. Absences in excess of three (3) during the clinical year, with documentation, will similarly be referred to the Committee on Course and Standing. All absences, including verified absences, from a clerkship site must be made up.

### **END OF CURRICULUM EXAMINATIONS**

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

1. **Clinical Exams**: comprehensive, 200- question multiple-choice examinations are given without notice on some call backs. These exams are meant to highlight areas of weakness so that the student can direct studying toward these areas. A benchmark grade will be set by the faculty. Should students not meet the benchmark; a meeting with the advisor will result.
2. **Pre-PANCE examination** – a comprehensive, six-hour, 360- question multiple choice examination given once or twice a year. 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.
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.). A national mean is set as the benchmark. Students not achieving the benchmark will meet with their advisors.

The **summative exam** is a graded, final assessment of basic competence in the following areas:

1. **Medical Knowledge**: Demonstrate knowledge of etiology, risk factors, signs and symptoms of a medical condition.
2. **Affective skills**: Demonstrate effective communication to elicit and provide information; Demonstrate compassionate and respectful behavior when interacting with patients.

3. Oral and written communication: Accurately and adequately document information regarding care; Orally present a patient encounter with precision and poise.
4. Critical thinking: Demonstrate the ability to conduct a complaint-focused interview and physical exam; Develop an accurate and detailed differential diagnosis.
5. Patient care: Obtain essential and accurate information; Counsel and educate patients and their families; Provide education aimed at disease prevention and health maintenance; Develop and implement patient management plans.

The format of the summative examination is clinical simulation using standardized patients. Students are given a chief complaint and perform a focused history and physical examination on the standardized patient. The student then orders laboratory tests for which results will be given. Interpretation of the tests is integrated into a SOAP note, which includes a differential diagnosis and plan. The final phase is oral presentation of the patient to a faculty member.

This examination is pass/fail. In the event of failure, students will be given the opportunity to retake the examination. Should a student fail a second time, s/he will appear before the Committee on Course and Standing, and may be asked to delay graduation for six weeks in order to remediate deficiencies.

## **Physician Assistant Program at Harlem Hospital Center**

### **PA 41500 Emergency Medicine Rotation**

**CREDIT HOURS: 3**

**COURSE COORDINATORS: Tracy Jackson, MS, PA-C, Paul Foster, MPA, PA-C**

#### **COURSE DESCRIPTION:**

The purpose of the 6-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 6-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. 2012. Tintinalli's Emergency Medicine Manuel 7<sup>th</sup> ed. McGraw Hill  
ISBN-13: 9780071770064

## **EVALUATION OF STUDENT PERFORMANCE**

The grade for this clerkship is based on three types of evaluation: 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 three) and at the end of rotation (week six). 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: A comprehensive examination covering topics included in the rotation syllabus is administered on the last day of the rotation. Topics chosen for these examinations are drawn from disease lists contained in the course objectives, the NCCPA blue print, the medical letter, handouts, clinical seminar lectures and the senior bulletin board postings (i.e. updates/cases).

3. Clinical Coordinator Evaluations: These evaluations have several components. **The first is the site visit.** The clinical coordinator visits each student during each of the three clinical semesters. During the visit, the student presents a patient while at bedside (if possible), and performs and is graded on the appropriate history, physical examination, assessment and plan.

If a site visit does not occur, the student will present a patient to the entire class and some faculty. Presentations follow the following format:

- Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.
- Students must use PowerPoint for their presentation
- Evaluation of presentations will be based on the following six criteria:
  1. Content, including mastery of the topic and the ability to respond to inquiries;
  2. Presentation skills including eye contact, body language, and professional attire;
  3. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
  4. Creativity;
  5. Time management;
  6. PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
- **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Ten (10) SOAP are due in each 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 every two weeks at the end of weeks 2, 4, 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.
- **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: **25%**

Clinical Coordinator Evaluation: **35%**

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

**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:**

- Sickle 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

**OB/GYN Emergencies:**

- Abnormal vaginal bleeding
- Eclampsia
- Ectopic pregnancy
- Hyperemesis

**Ophthalmic Emergencies:**

- Evaluation of “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
- Vaccination

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

**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
- Naso-gastric 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
- Suturing of lacerations

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

*Physician Assistant Program at Harlem Hospital Center*

## **PA 42500 Internal Medicine Rotation**

**CREDIT HOURS: 3**

**COURSE COORDINATORS: Tracy Jackson, MS, PA-C, Paul Foster, MPA, PA-C**

### **COURSE DESCRIPTION:**

The purpose of the Internal Medicine clerkship is to provide the physician assistant student with a 6-week clinical experience in the diagnosis and treatment of patients with medical problems in an inpatient 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.
- 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, lecture and other teaching activities.

### **Methods:**

During this 6-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. 2011. Harrison's Principles of Internal Medicine, 18<sup>th</sup> edition. McGraw Hill  
ISBN: 007174889X

Gomella, L.G. 2015. Clinician's Pocket Reference, 12<sup>th</sup> edition. McGraw Hill  
ISBN: 0071454284.

## **EVALUATION OF STUDENT PERFORMANCE**

The grade for this clerkship is based on three types of evaluation: 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 three) and at the end of rotation (week six). 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: A comprehensive examination covering topics included in the rotation syllabus is administered on the last day of the rotation. Topics chosen for these examinations are drawn from disease lists contained in the course objectives, the NCCPA blue print, the medical letter, handouts, clinical seminar lectures and the senior bulletin board postings (i.e. updates/cases).
3. Clinical Coordinator Evaluations: These evaluations have several components. **The first is the site visit.** The clinical coordinator visits each student during each of the three clinical semesters. During the visit, the student presents a patient while at bedside (if

possible), and performs and is graded on the appropriate history, physical examination, assessment and plan.

If a site visit does not occur, the student will present a patient to the entire class and some faculty. Presentations follow the following format:

- Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.
- Students must use PowerPoint for their presentation
- Evaluation of presentations will be based on the following six criteria:
  1. Content, including mastery of the topic and the ability to respond to inquiries;
  2. Presentation skills including eye contact, body language, and professional attire;
  3. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
  4. Creativity;
  5. Time management;
  6. PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
  
- **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Ten (10) SOAP notes are due each 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 every two weeks at the end of weeks 2, 4, 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.
  
- **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: **25%**

Clinical Coordinator Evaluation: **35%**

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
- Vaccination

**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:

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

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

*Physician Assistant Program at Harlem Hospital Center*

## **PA 43500: Obstetrics & Gynecology**

**CREDIT HOURS: 3**

**COURSE COORDINATORS: Tracy Jackson, MS, PA-C, Paul Foster, MPA, PA-C**

### **COURSE DESCRIPTION:**

The purpose of this 6-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 6-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. Lippincott, Williams & Wilkins  
ISBN: 978-1451144314

## **EVALUATION OF STUDENT PERFORMANCE**

The grade for this clerkship is based on three types of evaluation: 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 three) and at the end of rotation (week six). 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: A comprehensive examination covering topics included in the rotation syllabus is administered on the last day of the rotation. Topics chosen for these examinations are drawn from disease lists contained in the course objectives, the NCCPA blue print, the medical letter, handouts, clinical seminar lectures and the senior bulletin board postings (i.e. updates/cases).

3. Clinical Coordinator Evaluations: These evaluations have several components. **The first is the site visit.** The clinical coordinator visits each student during each of the three clinical semesters. During the visit, the student presents a patient while at bedside (if possible), and performs and is graded on the appropriate history, physical examination, assessment and plan.

If a site visit does not occur, the student will present a patient to the entire class and some faculty. Presentations follow the following format:

- Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.
- Students must use PowerPoint for their presentation
- Evaluation of presentations will be based on the following six criteria:
  1. Content, including mastery of the topic and the ability to respond to inquiries;
  2. Presentation skills including eye contact, body language, and professional attire;
  3. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
  4. Creativity;
  5. Time management;
  6. PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
- **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Ten (10) SOAP are due in each 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 every two weeks at the end of weeks 2, 4, 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.
- **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: **25%**

Clinical Coordinator Evaluation: **35%**

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



*Physician Assistant Program at Harlem Hospital Center*

**PA 44500 Pediatrics**

**CREDIT HOURS: 3**

**COURSE COORDINATORS: Tracy Jackson, MS, PA-C, Paul Foster, MPA, PA-C**

**COURSE DESCRIPTION:**

The purpose of the pediatric medicine clerkship is to provide the physician assistant student with a 6-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 6-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. 2011. Nelson Textbook of Pediatrics: Expert Consult Premium Edition - Enhanced Online Features and Print, 19<sup>th</sup> edition. Elsevier, Saunders.  
ISBN-10: 1437707556.

Gunn, VL; Nechyloa, C. 2012. The Harriet Lane Handbook of Pediatrics: A Manual for Pediatric House Officers, 19<sup>th</sup> ed. Elsevier Moby.  
ISBN: 0323014860

## **EVALUATION OF STUDENT PERFORMANCE**

The grade for this clerkship is based on three types of evaluation: 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 three) and at the end of rotation (week six). 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:** A comprehensive examination covering topics included in the rotation syllabus is administered on the last day of the rotation. Topics chosen for these examinations are drawn from disease lists contained in the course objectives, the NCCPA blue print, the medical letter, handouts, clinical seminar lectures and the senior bulletin board postings (i.e. updates/cases).

3. Clinical Coordinator Evaluations: These evaluations have several components. **The first is the site visit.** The clinical coordinator visits each student during each of the three clinical semesters. During the visit, the student presents a patient while at bedside (if possible), and performs and is graded on the appropriate history, physical examination, assessment and plan.

If a site visit does not occur, the student will present a patient to the entire class and some faculty. Presentations follow the following format:

- Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.
- Students must use PowerPoint for their presentation
- Evaluation of presentations will be based on the following six criteria:
  1. Content, including mastery of the topic and the ability to respond to inquiries;
  2. Presentation skills including eye contact, body language, and professional attire;
  3. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
  4. Creativity;
  5. Time management;
  6. PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
- **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Ten (10) SOAP are due in each 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 every two weeks at the end of weeks 2, 4, 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.
- **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: **25%**

Clinical Coordinator Evaluation: **35%**

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

**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

*Physician Assistant Program at Harlem Hospital Center*

## **PA 45500 Family Medicine**

**CREDIT HOURS: 3**

**COURSE COORDINATOR: Tracy Jackson, MS, PA-C, Paul Foster, MPA, PA-C**

### **COURSE DESCRIPTION:**

This six-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 6-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, 8th edition. Elsevier.  
Online ISBN: 9781437735673; Print.  
ISBN: 9781437711608.

Goroll, A. H., & Mulley A. G., 2009. Primary Care Medicine: Office Evaluation & Management of the Adult Patient 6<sup>th</sup> edition. Lippincott Williams & Wilkins.  
ISBN: 0781775132.

## **EVALUATION OF STUDENT PERFORMANCE**

The grade for this clerkship is based on three types of evaluation: 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 three) and at the end of rotation (week six). 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: A comprehensive examination covering topics included in the rotation syllabus is administered on the last day of the rotation. Topics chosen for these examinations are drawn from disease lists contained in the course objectives, the NCCPA blue print, the medical letter, handouts, clinical seminar lectures and the senior bulletin board postings (i.e. updates/cases).
3. Clinical Coordinator Evaluations: These evaluations have several components. **The first is the site visit.** The clinical coordinator visits each student during each of the three clinical semesters. During the visit, the student presents a patient while at bedside (if

possible), and performs and is graded on the appropriate history, physical examination, assessment and plan.

If a site visit does not occur, the student will present a patient to the entire class and some faculty. Presentations follow the following format:

- Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.
- Students must use PowerPoint for their presentation
- Evaluation of presentations will be based on the following six criteria:
  1. Content, including mastery of the topic and the ability to respond to inquiries;
  2. Presentation skills including eye contact, body language, and professional attire;
  3. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
  4. Creativity;
  5. Time management;
  6. PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
  
- **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Ten (10) SOAP are due in each 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 every two weeks at the end of weeks 2, 4, 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.
  
- **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: **25%**

Clinical Coordinator Evaluation: **35%**

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

- Gonorrhoea
- 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
- Hordeoleum

**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

*Physician Assistant Program at Harlem Hospital Center*

## **PA 46500 Psychiatry**

**CREDIT HOURS: 3**

**COURSE COORDINATOR: Tracy Jackson, MS, PA-C, Paul Foster, MPA, PA-C**

### **COURSE DESCRIPTION:**

The Psychiatry clerkship will provide the physician assistant student with a 6-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-IV).
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 insure 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 6-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. 2007. Kaplan and Sadock's, Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 10<sup>th</sup> edition. Lippincott, Williams, & Wilkins  
ISBN: 078177327X

### **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 three types of evaluation: 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 three) and at the end of rotation (week six). 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: A comprehensive examination covering topics included in the rotation syllabus is administered on the last day of the rotation. Topics chosen for these examinations are drawn from disease lists contained in the course objectives, the NCCPA blue print, the medical letter, handouts, clinical seminar lectures and the senior bulletin board postings (i.e. updates/cases).
3. Clinical Coordinator Evaluations: These evaluations have several components. **The first is the site visit.** The clinical coordinator visits each student during each of the three clinical semesters. During the visit, the student presents a patient while at bedside (if possible), and performs and is graded on the appropriate history, physical examination, assessment and plan.

If a site visit does not occur, the student will present a patient to the entire class and some faculty. Presentations follow the following format:

- Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.
- Students must use PowerPoint for their presentation.
- Evaluation of presentations will be based on the following six criteria:
  1. Content, including mastery of the topic and the ability to respond to inquiries;
  2. Presentation skills including eye contact, body language, and professional attire;
  3. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
  4. Creativity;
  5. Time management;
  6. PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
- **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Ten (10) SOAP are due in each 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 every two weeks at the end of weeks 2, 4, 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.
- **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: **25%**

Clinical Coordinator Evaluation **35%**

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

*Physician Assistant Program at Harlem Hospital Center*

## **PA47500 General Surgery**

**CREDIT HOURS: 3**

**COURSE COORDINATORS: Tracy Jackson, MS, PA-C, Paul Foster, MPA, PA-C**

### **COURSE DESCRIPTION:**

The purpose of the surgical clerkship will provide the physician assistant student with a 6-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 evaluation 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 6-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**

Brunnicardi, F., et al. 2009. Schwartz's Principles of Surgery, 9<sup>th</sup> edition McGraw Hill ISBN: 007154769X.

Gomella, L.G. 2015. Clinician's Pocket Reference, 12<sup>th</sup> edition. McGraw Hill ISBN: 0071454284.

## **EVALUATION OF STUDENT PERFORMANCE**

The grade for this clerkship is based on three types of evaluation: 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 three) and at the end of rotation (week six). 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: A comprehensive examination covering topics included in the rotation syllabus is administered on the last day of the rotation. Topics chosen for these examinations are drawn from disease lists contained in the course objectives, the

NCCPA blue print, the medical letter, handouts, clinical seminar lectures and the senior bulletin board postings (i.e. updates/cases).

3. Clinical Coordinator Evaluations: These evaluations have several components. **The first is the site visit.** The clinical coordinator visits each student during each of the three clinical semesters. During the visit, the student presents a patient while at bedside (if possible), and performs and is graded on the appropriate history, physical examination, assessment and plan.

If a site visit does not occur, the student will present a patient to the entire class and some faculty. Presentations follow the following format:

- Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.
- Students must use PowerPoint for their presentation
- Evaluation of presentations will be based on the following six criteria:
  1. Content, including mastery of the topic and the ability to respond to inquiries;
  2. Presentation skills including eye contact, body language, and professional attire;
  3. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
  4. Creativity;
  5. Time management;
  6. PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
- **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Ten (10) SOAP are due in each 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 every two weeks at the end of weeks 2, 4, 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.
- **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: **25%**

Clinical Coordinator Evaluation: **35%**

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
- Vaccination

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

*Physician Assistant Program at Harlem Hospital Center*

## **PA 48500 Critical Care/SICU**

**CREDIT HOURS: 3**

**COURSE COORDINATOR: Tracy Jackson, MS, PA-C, Paul Foster, MPA, PA-C**

### **COURSE DESCRIPTION:**

The purpose of the surgical intensive care clerkship is to provide the physician assistant student with a 4-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 SICU 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 SICU.
5. Develop evaluation and management skills of the critically ill patient.

During this 4-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*, 2<sup>nd</sup> edition. CRC Press. ISBN-10: 1841849227

Brunnicardi, F., et al. 2009. Schwartz's Principles of Surgery, 9<sup>th</sup> edition. McGraw Hill. ISBN: 007154769X.

## EVALUATION OF STUDENT PERFORMANCE

The grade for this clerkship is based on two types of evaluation: The preceptor evaluation 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 four). 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. The first is the patient presentation. The student will present a patient to the entire class and some faculty. Presentations follow the following format:

- Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.
- Students must use PowerPoint for their presentation
- Evaluation of presentations will be based on the following six criteria:
  1. Content, including mastery of the topic and the ability to respond to inquiries;
  2. Presentation skills including eye contact, body language, and professional attire;
  3. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
  4. Creativity;
  5. Time management;
  6. PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
- **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Ten (10) SOAP notes are due in each 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 every two weeks at the end of weeks 2, 4, 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.
- **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: **40%**  
Clinical Coordinator Evaluation: **60%**

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 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

*Physician Assistant Program at Harlem Hospital Center*

## **PA 49500 Geriatrics**

**CREDIT HOURS: 3**

**COURSE COORDINATOR: Tracy Jackson, MS, PA-C, Paul Foster, MPA, PA-C**

### **COURSE DESCRIPTION:**

This 4-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 4-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 7<sup>th</sup> edition. McGraw Hill.  
ISBN-10: 007179218X

## **EVALUATION OF STUDENT PERFORMANCE**

The grade for this clerkship is based on two types of evaluation: The preceptor evaluation 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 four). 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. The first is the patient presentation. The student will present a patient to the entire class and some faculty. Presentations follow the following format:

- Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.
- Students must use PowerPoint for their presentation
- Evaluation of presentations will be based on the following six criteria:
  1. Content, including mastery of the topic and the ability to respond to inquiries;
  2. Presentation skills including eye contact, body language, and professional attire;
  3. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
  4. Creativity;
  5. Time management;
  6. PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
- **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Ten (10) SOAP notes are due in each 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 every two weeks at the end of weeks 2, 4, 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.
- **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: **40%**

Clinical Coordinator Evaluation: **60%**

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 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:

- Acoustic neuroma
- Actinic keratosis
- Acute renal failure
- Alzheimer's disease
- Angina
- Aortic aneurysm
- Aspiration pneumonia
- B-12 anemia, IDA
- Benign prostate hypertrophy
- Cardiac arrhythmias
- Cataracts
- Catheter sepsis
- Cerebrovascular accident
- Cerumen impaction
- Chronic obstructive lung disease
- Chronic renal failure
- Colon Cancer
- Congestive heart failure
- Constipation
- Decubitus ulcers
- Dementia
- Depression
- Diabetes mellitus
- Diverticular disease
- Dyspepsia
- Dysphagia
- Elder abuse
- Emphysema
- Estrogen replacement therapy
- Falls in the elderly
- Foot care
- Glaucoma
- Hip fracture
- Hyperlipidemia
- Hypertension
- Hyperthyroidism
- Hypothyroidism
- Incontinence
- Iron deficiency anemia

- Fractures of the femur and vertebra
- Vaccination

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:

- Leukemia
- Lung Cancer
- Myocardial infarction
- Nephrotic syndrome
- Normal changes in blood pressure
- Osteoarthritis
- Osteopenia
- Pacemaker management
- Paget's fractures
- Parkinson's disease
- Pathologic fractures
- Peripheral vascular disease
- Pernicious anemia
- Pneumonia
- Presbyopia
- Prostate cancer
- Pulmonary embolism
- Rheumatoid arthritis
- Seizure disorder
- Skin cancer
- Spinal stenosis
- Spondylosis
- Syncope
- Transient ischemic attacks
- Urinary tract infection
- Vertigo

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

- Abdominal pain
- Anorexia
- Back pain
- Bladder incontinence
- Blurred vision
- Bowel incontinence
- Chest pain
- Chorea
- 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

*Physician Assistant Program at Harlem Hospital Center*

## **PA 49900 Elective Rotation**

**Credit Hours: 3**

**COURSE COORDINATOR: Tracy Jackson, M.S, PA-C, Paul Foster, MPA, PA-C**

### **COURSE DESCRIPTION:**

Purpose: The purpose of the elective clerkship is to provide the physician assistant student with a 4-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 two types of evaluation: The preceptor evaluation 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 four). 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. **The first is the patient presentation.** The student will present a patient to the entire class and some faculty. Presentations follow the following format:

- Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.
- Students must use PowerPoint for their presentation
- Evaluation of presentations will be based on the following six criteria:
  1. Content, including mastery of the topic and the ability to respond to inquiries;
  2. Presentation skills including eye contact, body language, and professional attire;
  3. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
  4. Creativity;

5. Time management;
  6. PowerPoint presentation including clarity of the slides, presentation format, and comprehensiveness.
- **The second component is the evaluation of medical notes.** Medical notes submitted in Typhon are evaluated as part of this grade. Ten (10) SOAP Notes are due each 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 every two weeks at the end of weeks 2, 4. 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 an evaluation of professional behavior.** The clinical coordinator evaluates each student once each semester.

### **Rotation Grade:**

The grade is made up in the following proportions:

Final preceptor evaluation: **40%**

Clinical Coordinator Evaluation: **60%**

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 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 City College/Sophie Davis School of Biomedical Education Physician Assistant Program at Harlem Hospital Center. I understand that as a student of the Physician Assistant Program that I am also bound by the academic policies and regulations of 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.

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Print name

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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.

Physician Assistant Program at Harlem Hospital Center

**Site Visit Evaluation Form**

**DATE:** \_\_\_\_\_ **WEEK#** \_\_\_\_\_ **SITE/ROTATION** \_\_\_\_\_  
**STUDENT:** \_\_\_\_\_ **PRECEPTOR** \_\_\_\_\_

<b>STUDENT EVALUATION</b>	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>NOT APPLICABLE</b>
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					
<b>SITE EVALUATION</b>					
ADEQUACY & EFFECTIVENESS OF STUDENT CLINICAL EXPERIENCE					
AVAILABILITY OF PRECEPTORS					
STUDENT PARTICIPATION IN INSTITUTION EDUCATIONAL ACTIVITIES					

CURRICULUM/PROGRAM SUGGESTIONS:

\_\_\_\_\_  
 \_\_\_\_\_

COMMENTS:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONTACT TYPE**

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

**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		

0	1	2
COMMENTS		

**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		

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		

0	1	2
COMMENTS		

**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		

0	1	2
COMMENTS		

Additional comments:

Plan of Action:

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Faculty signature

\_\_\_\_\_  
Date





**PAST Student Tracking System**  
**BLANK CASE LOG WORKSHEET** (PDF Version)  
 ©2015 Typhon Group LLC

**Case #:**

▶ = REQUIRED FIELD

**Student Information**

▶ **Period:** \_\_\_\_\_  
 ▶ **Rotation:** \_\_\_\_\_  
 ▶ **Preceptor:** \_\_\_\_\_  
 ▶ **Clinical Site:** \_\_\_\_\_  
     \_\_\_ Rural Visit  
     \_\_\_ Underserved Area/Population  
 ▶ **Setting Type:** OP / ER / IP / LTC / Other  
**Surgical Management:** \_\_\_ Pre-op \_\_\_ Intra-op \_\_\_ Post-op  
     \_\_\_ Operating Room experience

**Patient Demographics (ignore if Group Encounter)**

▶ **Age:** \_\_\_ yrs/mos/wks/days  
     \_\_\_ Pre-Term (Premie) Child?  
**Gestational Age (at birth):** \_\_\_ weeks  
     \_\_\_ Prenatal visit? Enter fetus age: \_\_\_ wks  
 ▶ **Gender:** M / F / T  
 ▶ **Race:** \_\_\_\_\_  
 ▶ **Insurance:** \_\_\_\_\_  
 ▶ **Referral:** \_\_\_\_\_

**Clinical Information**

▶ **Time with Patient:** \_\_\_ minutes  
**Consult with Preceptor:** \_\_\_ minutes (not part of patient time)  
 ▶ **Type of Decision:** \_\_\_ Straightforward  
     **Making:** \_\_\_ Low complexity  
             \_\_\_ Moderate complexity  
             \_\_\_ High complexity  
 ▶ **Student Participation:** \_\_\_ Observation only  
     \_\_\_ Less than shared  
     \_\_\_ Shared (50-50)  
     \_\_\_ Primary (>50%)  
 ▶ **Reason for Visit:** \_\_\_\_\_  
 ▶ **Chief Complaint:** \_\_\_\_\_  
     ▶ **Encounter #:** \_\_\_\_\_  
 ▶ **Type of H & P:** \_\_\_ Problem Focused  
                     \_\_\_ Expanded Prob. Focused  
                     \_\_\_ Detailed  
                     \_\_\_ Comprehensive

**Social Problems Addressed**

\_\_\_ Abused Child/Adult      \_\_\_ Nutrition/Exercise  
 \_\_\_ Caretaking/Parenting    \_\_\_ Palliative/End of Life Care  
 \_\_\_ Education/Language      \_\_\_ Prevention  
 \_\_\_ Emotional                \_\_\_ Role Change  
 \_\_\_ Grief                      \_\_\_ Safety  
 \_\_\_ Growth & Development    \_\_\_ Sanitation/Hygiene  
 \_\_\_ Housing/Residence       \_\_\_ Sexuality  
 \_\_\_ Income/Economic        \_\_\_ Social Contact/Isolation  
 \_\_\_ Interpersonal Relationships \_\_\_ Spiritual Issues  
 \_\_\_ Issues w/Comm. Resources \_\_\_ Substance Abuse  
 \_\_\_ Legal                      \_\_\_ Other:  
 \_\_\_ Neglected Child/Adult

**Procedures/Skills - General (Observed/Assisted/Performed)**

Obs	Asst	Perf	
___	___	___	12 lead EKG Interpretation
___	___	___	ABG
___	___	___	Assist Cesarean Delivery
___	___	___	Assisting in Code
___	___	___	Auscultating Fetal Heart Sounds
___	___	___	Blood Cultures
___	___	___	Casting & Splinting

**Date of Service:**

**ICD-10 Diagnosis Codes**

▶ #1 \_\_\_\_\_ #5 \_\_\_\_\_  
 #2 \_\_\_\_\_ #6 \_\_\_\_\_  
 #3 \_\_\_\_\_ #7 \_\_\_\_\_  
 #4 \_\_\_\_\_ #8 \_\_\_\_\_

**CPT Billing Codes**

▶ #1 \_\_\_\_\_ #7 \_\_\_\_\_  
 #2 \_\_\_\_\_ #8 \_\_\_\_\_  
 #3 \_\_\_\_\_ #9 \_\_\_\_\_  
 #4 \_\_\_\_\_ #10 \_\_\_\_\_  
 #5 \_\_\_\_\_ #11 \_\_\_\_\_  
 #6 \_\_\_\_\_ #12 \_\_\_\_\_

**Birth & Delivery**

Use ICD codes for pregnancy history & complications.  
 Use CPT codes for labs, anesthesia & mode of delivery.

**Infant Gender:** M / F / O

**Birth Weight:** \_\_\_\_\_ grams

**Apgar Scores:** 1 min: \_\_\_\_\_ 5 min: \_\_\_\_\_

**Newborn Procedures**

\_\_\_ Deep suctioning  
 \_\_\_ Endotracheal suctioning  
 \_\_\_ Bag and mask  
 \_\_\_ Intubation for ventilation  
 \_\_\_ Full CPR  
 \_\_\_ Other: \_\_\_\_\_

**Newborn Complications**

\_\_\_ Meconium aspiration  
 \_\_\_ Congenital anomalies  
 \_\_\_ Birth trauma/injury  
 \_\_\_ NICU Admit: \_\_\_\_\_  
 \_\_\_ Clinically apparent seizures  
 \_\_\_ Other: \_\_\_\_\_

**Maternal Problems <24 hrs Postpartum**

\_\_\_ Hemorrhage                \_\_\_ Temperature >100.4°F  
 \_\_\_ Hypertension (onset postpartum)      \_\_\_ Hematoma  
 \_\_\_ Other: \_\_\_\_\_

**Medications**

**# OTC Drugs taken regularly:** \_\_\_\_\_

**# R<sub>x</sub> currently prescribed:** \_\_\_\_\_

**# New/Refilled R<sub>x</sub> This Visit:** \_\_\_\_\_

**Types of New/Refilled R<sub>x</sub> This Visit**

Analgesic & Antipyretic:  
 Cardiology:  
 Dermatology:  
 Endocrinology:  
 ENT:  
 GI Agents:  
 Gynecology:  
 Hematology/Oncology:  
 Infectious Diseases:  
 Neurology:  
 Ophthalmology:  
 Psychiatric:  
 Pulmonary:  
 Rheumatology:  
 Urology:  
 Vaccines:  
 Wound Management:  
 Miscellaneous:

**Other Questions About This Case**

▶ **Patients Primary Language:** \_\_\_\_\_

**Clinical Notes:**

- Central Line Insertion
- Central Line Placement
- Chest Tube Placement
- Cryotherapy
- Cultures (Throat, Wound)
- Endoscopy
- Endotracheal Intubating
- Evaluating Fetal Position
- Fingerstick
- Flourescein / Slit Lamp Exams
- Foreign Body Removal
- History & Physical
- I & D
- IM Injection
- Immunizations
- Insertion of Nasogastric Tube
- Joint Injections / Aspirations
- Laceration Repair
- Lesion Excision / Bx
- Lumbar Puncture
- Nebulizer Treatments
- Needle Aspiration
- Newborn Exam
- Pap Smear
- Paracentesis
- Pelvic Examinations
- Performing Breast Examination
- Placement of PPD
- Prostate Examinations
- Rectal Exams / Hemoccult
- Speculum Exam
- Starting IV Infusion
- Stoma Care / Suction
- Suture / Staple Removal
- Sutures
- Testicular Examinations
- Thoracocentesis
- Urethral Catheterization
- Vaginal Delivery / Assist
- Venipuncture Adult
- Venipuncture Child
- Wet Mount / KOH Preparation
- Wound Care & Dressing

Procedures/Skills - Surgery (Observed/Assisted/Performed)		
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- | Obs                      | Asst                     | Perf                     |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Procedures/Skills - OB/GYN (Observed/Assisted/Performed)		
--	--	--

- | Obs                      | Asst                     | Perf                     |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## PREVIEW ONLY

### PA Student's Evaluation of Preceptor-Class of 2016

Completed by the **Students (ALL)**, regarding the **Preceptors**, answered on a **As needed** basis.  
 Before beginning an evaluation, the students will be asked to select which preceptor they are evaluating.

#### 1 Select the Rotation involved in this evaluation:

(ANSWER REQUIRED)

#### 2 Select the Clinical Site involved in this evaluation:

(ANSWER REQUIRED)

**3**      **The City College of New York, Sophie Davis of Biomedical Education  
 Physician Assistant Program at Harlem Hospital Center  
 160 Convent Avenue, Harris Hall, Ste 15, New York, NY 10031  
 (Office) 212-650-7745 (FAX) 212-650-6697**

Check appropriate column. Leave items blank if you believe you do not have enough information to evaluate. Be honest and sincere!! The evaluation is confidential and is designed to help us maintain program quality.

#### 4 Professional Attributes

	Superior	Above Average	Average	Below Average	Inadequate	N/A
Knowledge of discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:	<input type="text"/>					
Clinical Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:	<input type="text"/>					
Technical Ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:	<input type="text"/>					
Effectiveness as a consultant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments:	<input type="text"/>					
Professionalism with patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

(ANSWER REQUIRED FOR EACH OPTION)

**5 Preceptorship**

	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Inadequate</b>	<b>N/A</b>
General interest in precepting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>					
Availability when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>					
Willingness to assist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>					
Proper orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>					
Attitude toward student in presence of patients and others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>					
Feedback & critical commentary to student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>					
General teaching effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>					
Knowledge of PA Profession	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>					

(ANSWER REQUIRED FOR EACH OPTION)

**6 Interpersonal**

	<b>Superior</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Inadequate</b>	<b>N/A</b>
Attitude toward PA Student	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment:	<input type="text"/>					
Primary Care						



<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>					
Teaching initiative					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>					
Receptive to criticism					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>					
Communication ability					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>					
Personality					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>					
Role model					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>					

(ANSWER REQUIRED FOR EACH OPTION)

**7 Facility**

	Superior	Above Average	Average	Below Average	Inadequate	N/A
Working hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>						
Medical equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>						
Adequate exposure to radiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional Comment: <input type="text"/>						

(ANSWER REQUIRED FOR EACH OPTION)

**8 Comments:**

**PREVIEW ONLY**

**Preceptor Evaluation of PA Student -Class of 2016**

Completed by the **Preceptors**, regarding the **Students (ALL)**, answered on a **As needed** basis.

Before beginning an evaluation, the preceptors will be asked to select which student they are evaluating, followed by the date of the evaluation period.

**1 Which Clerkship was involved in this time period?**

--SELECT ONE--

(ANSWER REQUIRED)

**2 Week of Evaluation**

- 2
- 3
- 4
- 6

(ANSWER REQUIRED)

**3 Objectives**

	<b>A (100 - 90)</b>	<b>B (89 - 80)</b>	<b>C (79 - 70)</b>	<b>F (less than/= 69)</b>
<p><input type="radio"/> History Taking Skills - Expectation: Able to elicit relevant information including pertinent negatives in comprehensive manner.</p> <p style="text-align: center;"> <input type="radio"/>                      <input type="radio"/>                      <input type="radio"/>                      <input type="radio"/> </p> <p>Please Explain: <input style="width: 200px;" type="text"/></p>				
<p><input type="radio"/> Physical Examination - Expectation: Exam is thorough &amp; precise and appropriate. Follows logical sequence. Technically efficient &amp; sound.</p> <p style="text-align: center;"> <input type="radio"/>                      <input type="radio"/>                      <input type="radio"/>                      <input type="radio"/> </p> <p>Please Explain: <input style="width: 200px;" type="text"/></p>				
<p><input type="radio"/> Clinical Judgment &amp; Management Skills - Expectation: Displays ability to integrate data and implement management plan. Understands &amp; identifies problems &amp; priorities readily. Treatments are appropriate. Educates patient regarding management plan</p> <p style="text-align: center;"> <input type="radio"/>                      <input type="radio"/>                      <input type="radio"/>                      <input type="radio"/> </p> <p>Please Explain: <input style="width: 200px;" type="text"/></p>				
<p><input type="radio"/> Knowledge of Medicine- Expectation: Recalls broad base of basic knowledge &amp; readily relates it to cases and assigned area of medicine (medicine, primary care, pediatrics, etc.)</p> <p style="text-align: center;"> <input type="radio"/>                      <input type="radio"/>                      <input type="radio"/>                      <input type="radio"/> </p> <p>Please Explain: <input style="width: 200px;" type="text"/></p>				
<p><input type="radio"/> Documentation/Writing Skills- Expectation: Notes are well written, precise &amp; thorough. Pertinent negatives and positives are documented.</p> <p style="text-align: center;"> <input type="radio"/>                      <input type="radio"/>                      <input type="radio"/>                      <input type="radio"/> </p>				

Please Explain:

2 Presentation Skills - Expectation: Displays effective communication skills. Able to explain findings completely & succinctly. Presentation of information is orderly & concise.

Please Explain:

2 Overall Improvement & Growth / Self Assessment & Directed Learning - Expectation: Demonstrates growth throughout rotation by incorporating what was seen/taught & applying it. Student recognizes gaps or deficiencies in knowledge or skills & seeks

Please Explain:

2 Attendance & Punctuality - Expectation: Presents to rotation site as scheduled. Arrives to site, rounds, conferences/lectures on a timely fashion

Please Explain:

2 Professional Behavior - Expectation: Appearance/actions are appropriate. Student is dependable & demonstrates initiative & integrity. Projects self-confidence in regards to patient relations. Is open & responsive to correction

Please Explain:

2 Diagnostic Test Skills & Technical Skills - Expectation: Demonstrates broad base of knowledge of both routine & special diagnostic tests. Able to order & interpret tests correctly. Demonstrates proficiency in various medical procedures.

Please Explain:

**A (100 - 90)                      B (89 - 80)                      C (79 - 70)                      F (less than/ = 69)**

2 Critical Thinking Skills - Expectation: Displays critical thinking skills in patient management. Displays ability to develop list of differential diagnosis and ability to communicate thought process for inclusion, exclusion and diagnosis.

Please Explain:

2 Communication with Patients - Expectation: Communicates effectively and respectfully with patients and families. Displays positive attitude and non verbal communication with patients. Demonstrates active listening with patients and confirms patie

Please Explain:

2 Interdisciplinary Team Work - Expectation: Demonstrates respect for & cooperates with healthcare team, staff, etc. Demonstrate effective communication, active listening Demonstrates a positive attitude and professionalism.

Please Explain:

(ANSWER REQUIRED FOR EACH OPTION)

**4**

**Preceptor Comments:**

*Physician Assistant Program at Harlem Hospital Center*

**Pre-Rotation Student Objectives**

ROTATION # \_\_\_\_\_

DATE \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

ROTATION NAME & SITE: \_\_\_\_\_

**Professional Objectives**

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**Personal Objectives**

**SAMPLE- ROTATION REFLECTION FORM**

STUDENT NAME: \_\_\_\_\_

SITE: \_\_\_\_\_

**Professional Objectives**

Achievements:

Challenges:

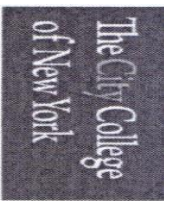
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**Personal Objectives**

Achievements:

Challenges:





The Sophie Davis  
School of Biomedical  
Education

Physician Assistant Program at Harlem Hospital Center

### Task Across Clinical Seminar Component

	Application of Medical Knowledge	Interpersonal & Communication Skills	Patient Care & Professionalism	Practice-Based Learning Improvement	System-based Practice	History Taking & Physical Exam Skills	Use of Laboratory & Diagnostic Studies	Formulating Differential DX	Health Maintenance	Clinical Intervention	Applied Basic Science Concepts
Case Based Study	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Professional & Business Forum		◆	◆	◆	◆						
Medical Lectures			◆	◆	◆	◆	◆	◆	◆	◆	◆
Clinical Examinations	◆		◆		◆	◆	◆	◆	◆	◆	◆
Pre-Pance & PACRAT	◆				◆	◆	◆	◆	◆	◆	◆
Simulated Professional Practice	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆
Academic & Professional Consultation	◆	◆	◆	◆		◆	◆	◆	◆	◆	◆

Class of 2017

6-Feb REVISED

DATE	ACTIVITY	ACTIVITY	ACTIVITY	DATE	ACTIVITY	ACTIVITY	ACTIVITY	ACTIVITY	
4-Jan	8 - 9 am 7:30 a.m.	9am-12pm Orientation Woodhull Hospital	1pm-3pm	3pm-5pm	8/5/2016	8 - 9 am	9am-12 pm	1pm-3pm	3pm-5pm
1/12 - 1/16	Orientation	Orientation			8/19/2016	Case Base Pres	EORE	Med Spanish	Research
1/22/2016	On Rotation	On Rotation			9/2/2016	ePack Rot	EORE	Case Base Pres	Research
1/29/2016	On Rotation	On Rotation			9/16/2016	Case Base Pres	Case Base Pres	Case Base Pres	Research
2/5/2016	Call Back Activity	Call Back Activity			9/30/2016	Clinical Exam 2	Case Base Pres	Case Base Pres	Research
2/19/2016	EORE	EORE	Case Base Pres	Research	10/14/2016	Research Presentations	ALL	ALL	Day
3/4/2016	Case Base Pres	Case Base Pres	Med Spanish	Research	10/28/2016	EORE	Case Base Pres	Case Base Pres	Day
3/18/2016	Clinical Exam 1	Clinical Exam 1	Med Spanish	Research	11/4/2016	Research Presentations	ALL	ALL	Day
4/1/2016	EORE	EORE	Med Spanish	Research	11/11/2016	OSCE- Summative	ALL	ALL	Day
4/18/2016	Case Base Pres	Case Base Pres	Med Spanish	Research	11/25/2016	Holiday-NO CLASS			
4/29/2016	OSCE Practice 1,2 class	OSCE Practice 1,2 class	ALL	Day	12/9/2016	EORE	Case Base Pres	Case Base Pres	
5/12/2016	Thursday	Thursday	AAPA Conference May 14 - 18th	Research	12/23/2016	Holiday-NO CLASS			
5/27/2016	Case Base Pres	Case Base Pres	Med Spanish	Research	1/6/2017	PRE-PANCE COMPUTER	All	All	Day
6/10/2016	PRE-PANCE COMPUTER	PRE-PANCE COMPUTER	Med Spanish	Research	1/20/2017	EORE	Make Up Presentations		
6/24/2016	EORE	EORE	Case Base Pres	Research	1/27/2017	GRADUATION			
7/8/2016	Case Base Pres	Case Base Pres	Med Spanish	Research					
7/22/2016	Clinical Exam 2	Clinical Exam 2	Med Spanish	Research					

SCHEDULE IS SUBJECT TO CHANGE\*

Professional & Business Conferences	
Downstate PA Professional Day	TBA
AAPA Conference	5/14/16 - 5/18/16
NWSPA Conference	10/7/16 - 10/9/16

*Physician Assistant Program at Harlem Hospital Center*

**Clinical Seminar I, II and III** consist of three components, Medical Spanish, Research Writing and Seminar Session. The Seminar component is composed of academic activities which facilitate, reinforce, and assess; competencies for the PA profession, cognitive skills, knowledge and skills identified essential to physician assistant practice.

***Competencies:***

- Effective and appropriate application of medical knowledge
- Interpersonal and communication skills
- Patient care, professionalism
- Practice-based learning and improvement
- System-based practice

***Knowledge and Skill Areas (Task Areas):***

- History taking & performing physical examination
- Using laboratory & diagnostic studies
- Formulating most likely diagnosis
- Health maintenance
- Clinical intervention
- Applying basic science concepts

The “Seminar” component of the course is conducted using several educational modalities, focusing on building a fund of knowledge, while promoting critical thinking, active learning, and skills to prepare for a clinical practice as a physician assistant and the Physician Assistant Certification Examination (PANCE).

**Case Based Study** – This activities are presented in an EBM format where students are put into groups to facilitate critical thinking, team based learning. Case topics are from various identified topics of medicine for each cohort.

**Professional and Business Forum** – This activity presents issues and business topics relevant to current and future practice of physician assistants and its impact on patient care and healthcare delivery.

**Medical Lectures** – Faculty and guest lectures will present topics to increase knowledge in; medical topics, diagnostic interpretation, diagnostic equipment and increase effectiveness in patient care.



**Clinical Examinations** – Examinations administered during rotation 3, 5, 7

**Pre-PANCE & PACKRAT**- Computerized test that simulate the PANCE

**Simulated Professional Practice**- Utilizing standardized patients and/or SIM Center this activity promote reflective practice, increased development in direct patient care: patient interview, documentation, communication skills, critical thinking skills, patient management, behavioral skills

**Student Presentations** –Students must prepare and present a case based presentations to the class and faculty of a medical topic they exposed to during the geriatric, elective and SICU rotations (all three rotations). The topic must be emailed to the clinical coordinators **no later than week two of the rotation for approval**. The presentation will include a 20 minute Power Point presentation to be delivered during the afternoon session following the subsequent end of rotation examination (consult your clinical year schedule for specific dates). All presentations should include the following information; an overview of the patient case, history, physical examination, four differential diagnosis, laboratory & diagnostic studies (when appropriate), assessment and plan, health maintenance. The student will facilitate a discussion that demonstrates medical knowledge of the topic and ability to communicate effectively. Last, each student will and pose (four) 4 questions to the audience (class).

Students can be creative in presenting the information, as long as they include all of the identified presentation components indicated above. Students are to bring a hard copy for each clinical coordinator as well as upload their presentation to Typhon in external documents.

**Academic & Professional Development Consultation** – Student will individually meet with the clinical coordinators to review access and discuss progress in clinical rotations. This will include but not be limited to: discussion and review of progress of Typhon documentation, preceptor evaluations, student evaluation of preceptors, patient encounters, history, physicals, patient notes, Exam Master, portfolio documentation, professional development assessment, rotation examinations and clinical progress.

*Physician Assistant Program at Harlem Hospital Center*

**PA 40501, PA 40502, PA 40503**

**CLINICAL SEMINAR I, II, AND III  
MEDICAL SPANISH**

**TOTAL HOURS: 40**

**COURSE COORDINATORS: Tracy Jackson, MS, PA-C, Paul Foster, MPA, PA-C**

**COURSE DIRECTOR: Emilia I. Medina-Colon, PA-C**

**COURSE DESCRIPTION:**

This is an introductory course to the Spanish language for physician assistant students. It is a component of the clinical year for seniors [Clinical Seminar I (PA 40501), II (PA 40502), and III (PA 40503)]. This course will teach students basic Spanish vocabulary, grammar and simple phrases commonly used in medical situations. The course material is divided into lessons. Each lesson begins with a dialogue and presents the grammar and vocabulary necessary for a specific medical situation.

**GOALS:**

1. Through dialogue and discussion, students will acquire a foundational understanding of the Spanish language in a medical context, which will enable effective communication with Spanish-speaking patients.
2. Through lecture and discussion, the students' awareness of the cultural aspects of communication patterns of Spanish-speaking patients will be enhanced.
3. Through lecture, discussion and by using role playing, the student will be able to ask questions and understand the answers by practicing and mastering the dialogues related to specific medical situations.

**COURSE OBJECTIVES:**

Upon conclusion the Medical Spanish course, student shall:

1. Name all of the major parts of the human body; these include, but are not limited to, skeletal structure; respiratory structures, musculature, in Spanish.
2. Name the most common diseases and their symptoms in Spanish.
3. Greet patients in Spanish and converse with them in Spanish regarding their medical situation.
4. Not only to ask questions, but be able to understand the answers in Spanish.
5. Explain the course of action to be pursued to the patient in Spanish.

6. Communicate the patient's condition to the patient's family in Spanish.
7. Prescribe medicines in Spanish.
8. Discuss the side-effects of different medications in Spanish.

### **BEHAVIORAL OBJECTIVES:**

1. Develop sensibility and awareness: for working with ethically and culturally diverse patient population, with patients with different sexual identity and preferences and patients, who embrace alternative modes of medical/healing care.
2. Appreciate how culture, ethnicity, class, age and gender differences affect health-centered encounters.
3. Recognize incorrect usage of methods in performance of physical actions.
4. Demonstrate the need for improvement, determine the correct sequence of events, and perform the correct method skillfully.
5. Adapt performance to environmental or other changes as needed.

### **COURSE FORMAT:**

To foster an understanding of how important it is to speak, read, write, and understand Spanish in the PA profession. The course will be conducted in a seminar format. Lectures are presented with the expectation that each student has read the assigned textbook material pertaining to the subject before entering the lecture. Lectures are designed to clarify, amplify and supplement the textbook material. It will sometimes present new information not included or emphasized in the textbook. Complete coverage of the subject cannot be achieved in a course of finite length. The instructor will present pertinent materials, enhancing the assigned reading to facilitate student learning. Students will be responsible for the subject material correlating to the reading assignment. Students are expected to participate in class discussions. The entire class will meet each day as scheduled or previously announced. The schedule may be subject to change with appropriate notice.

You are kindly asked not to bring food and/or drinks into any classroom or laboratory space. Cellular phones are not permitted. You will not be allowed to attend the lecture if you are 10 or more minutes late. Students arriving late or leaving early will be marked absent.

**\*\*\* ATTENDANCE IS MANDATORY. ANY ABSENCE MUST BE CALLED IN BY THE STUDENT THE MORNING OF THE CLASS TO THE PA OFFICE AND EXPLAINED. \*\*\***

### **Required Textbooks and Readings**

Complete Medical Spanish. McGraw-Hill, Joanna Rios PhD., & Jose Fernandez Torres  
ISBN-10: 0071664297

## **Suggested Textbooks**

Spanish for Medical Professionals Sixth Edition Heath, Jarvis & Lebreo

Medical Spanish, Fourth Edition McGraw-Hill, Bongiovanni  
ISBN-10: 0071442006

Additional readings and/or assignments will be given in class or posted online.

## **Instructor's Office Hours:**

TBA (appointments only)

## **EVALUATION OF STUDENT PERFORMANCE**

Assessment of competency and evaluation of learning will be conducted in multiple choice, fill-in the blank, matching, true/false and essay type format. These examinations will reflect both materials covered in lectures and assigned readings. Refer to the online calendar for the dates and times of these examinations. Please note the following:

- Examination scores will be cumulative for the course;
- Students must pass this course to proceed with the program;
- There are no reassessment for failed/missed examinations;
- Course work, assignments and/or presentations must be handed in/completed on the date and time indicated by the instructor. No late assignment will be accepted, resulting in a grade of zero (0) for that class component;
- Medical Spanish is a component of Clinical Seminar I (PA 40501), II (PA 40502) and III (PA 40503). Failing Medical Spanish will required that you repeat Clinical Seminar the following year.

## **Grading Rubric**

<b>TASK</b>	<b>%</b>
<b>Quizzes</b>	<b>20%</b>
<b>Mid-term</b> (oral & written)	<b>20%</b>
<b>Presentation</b>	<b>10%</b>
<b>Final</b> (oral 10% & written 30%)	<b>40%</b>
<b>Participation</b>	<b>10%</b>
<b>TOTAL</b>	<b>100%</b>

*Course schedule, reading, homework are subject to change.*

REVISED: Jan /2016

## **Specific Learning Objectives**

### **1. Competency categories addressed in course.**

The course is focused on core discipline and problem solving competencies as identified below. In addition, students are expected to demonstrate respect for others with appropriate truthfulness and honesty. Out of respect for others, students are expected to be present at the start of lecture and not arrive late to class.

### **2. Learning objectives for the core discipline competencies.**

By the end of the course in Spanish for Medical Professionals, each student will be able to:

- Communicate with their Spanish-speaking patients in simple and basic Spanish.
- Develop a simple and basic Spanish vocabulary with which to communicate in a medical setting.
- Describe in Spanish to the patient, the specific medical problem(s).
- Describe the course of action that will be pursued to treat the problem(s) in Spanish.
- When necessary, explain the risks involved with a particular procedure to a patient in Spanish.
- Prescribe medications and their dosage in Spanish.
- Inform the patient concerning possible side-effects of a medication in Spanish.
- Pronounce correctly, in Spanish, all the major parts of the body.

### **3. Problem Solving Competencies:**

- Demonstrate ability to generate an understanding of the Spanish language and culture.

### **4. Professional Behavior competencies**

- Demonstrate appropriate truthfulness and honesty with colleagues.
- Demonstrate behavior appropriate to the circumstance.

<b><u>Session</u></b>	<b><u>Topic</u></b>
<b>Introduction:</b>	<b>Cultural Aspects &amp; Vowels and Consonants</b>
<b>Verbs:</b>	<b>Regular and Irregular</b>
Body Parts	Head (vocabulary dialogue)
Body parts	Skeletal system & Thorax (vocabulary dialogue)
Body parts	Upper/lower Extremities (vocabulary dialogue)
Body parts	Internal Organs (vocabulary dialogue)
Medical Interview	Introduction & Cultural Aspects (vocabulary dialogue)
Medical Interview	Vital signs; Chief complaint (vocabulary dialogue)
Medical Interview	Medications (side effects) & Allergies (vocabulary dialogue)
Cognates	Vocabulary
Medical Interview	Physical Exam (vocabulary dialogue)

### **MID-TERM EXAMINATION ORAL & WRITTEN**

Medical Interview	History of the Present Illness
Medical Interview	Social History & Past Medical History
GYN Visit	Vocabulary & dialogue
Pediatric Visit	Vocabulary & dialogue
Psychiatric Visit	Vocabulary & dialogue
Emergency Room visit	Vocabulary & dialogue

### **FINAL: Written and Oral**

*Physician Assistant Program at Harlem Hospital Center*

PA 40501, PA 40502, PA 40503

**CLINICAL SEMINAR I, II AND III  
RESEARCH WRITING**

**COURSE INSTRUCTOR:** Maria E. Compte, MD, MPH & TM, CTropMed

**EMAIL OR SKYPE:** mcompte@ccny.cuny.edu

**CLASSROOM:** TBA

**MEETING DAYS AND TIMES:**

This course sequence will take place throughout most of the Academic Year 2016 (February to October). Class meetings with the instructor will take place at alternate Fridays, 3:00 to 5:00 during Clinical Seminar I (Spring Semester), and about once a month on Fridays for Clinical Seminars II (Summer Semester) and III (Fall Semester). Please refer to schedule of classes for more information.

**COURSE DESCRIPTION:**

This course sequence will develop the students' ability to conduct a scholarly literature search utilizing some of the most common medical databases, identify a clinical problem, formulate a research question, and collect, process, analyze, summarize and present an evidence-based approach solution to that problem. The topic can be a medical challenge in terms of diagnosis or treatment of a disease state, a clinical management issue, or a public health problem. Working in small groups, students will complete a literature review, critically appraise the literature, analyze the data applying basic epidemiologic and statistical methods, discuss the findings, and reach a conclusion. Students will then write a scientific paper and orally present their findings to a panel of faculty reviewers.

**COURSE LEARNING OBJECTIVES:**

*At the end of the Clinical Seminar I course (Spring Semester) students will be able to:*

1. Access electronic medical databases and search engines;
2. Demonstrate the ability to conduct a literature search using MEDLINE, EBSCO Open Access, ProQuest, PubMed Central, and sources accessible through CUNY's library system, among other medical and health library databases;
3. Describe the proper method of creating references using the American Medical Association format for:
  - a. Monographs;
  - b. journal articles;
  - c. websites;
4. List the main principles of research ethics;
5. Describe plagiarism and techniques that may be employed to avoid plagiarism;
6. Formulate a research topic;

7. Conduct literature searches;
8. Critically appraise the scientific literature related to patient or public health problems
9. Apply principles of biostatistical and epidemiologic methodology to appraise a scholarly study.

***At the end of the Clinical Seminar II course (Summer Semester) students will be able to:***

1. Apply an evidence-based approach to identify a clinical or public health problem, and state it in terms of a research question:
  - a. Identify specific needs/problems in their field;
  - b. Define parameters to perform a literature search;
  - c. Understand the importance of critical analysis in approaching clinical questions for which there is no clear answer.
2. Review abstracts and articles from peer reviewed journals to select the appropriate papers for a literature review;
3. Effectively use library resources including electronic databases relevant to their field and a citation manager (i.e. RefWorks or Zotero);
4. Effectively present and support their ideas in front of an audience;
5. Build a foundation in research design to know how to critically analyze scientific articles from peer-reviewed journals.

***At the end of the Clinical Seminar III course (Fall Semester) students will be able to:***

1. Analyze published research articles and extract specific information;
2. Improve clinical skills by searching for best practice criteria for the diagnosis, treatment and management of medical disorders found in practice;
3. Draw conclusions from a pool of evidence-based information relevant to their future practice;
4. Write a scientific paper in a clear and well thought-out manner;
5. Summarize a given pool of results and present this summary clearly and thoroughly;
6. Gain experience in public speaking;
7. Develop a sense of responsibility and commitment to making research contributions to physician assistant practice.

**COURSE REQUIREMENTS:**

***To successfully complete this course, students must fulfill the following requirements:***

1. Choose a topic that is relevant to their field and that presents a challenge or need to the health practitioners, to patients, their families or to society at large.
2. Perform a literature search of scientific articles published in peer-reviewed journals that directly or indirectly address the selected topic.
3. Understand the evidence-based approach to inquiry.
4. Participate actively during class meetings.
5. Working in small groups, write a scientific paper summarizing and analyzing the information gathered through the literature review of the selected topic.
6. Student groups will deliver a final 25-minute presentation on their process and findings to their classmates and faculty.



## **Technology:**

In this course, we will use a variety of technology including email, Blackboard, PowerPoint, RefWorks, and different literature search engines.

## **Course Policies:**

1. Students must check their CUNY email and Blackboard on a daily basis (if possible every evening) for purposes of course communication.
2. Students must come to class prepared to participate fully. All students are expected to have completed the readings and assignments prior to each class, and to come to class ready to pose relevant questions and contribute to the article discussions.
3. Most of this course sequence calls for small team work to perform professional article searches, critically analyze the literature, summarize and present the scientific data, and suggest future areas of research. Those students with more advanced skills in literature search, interpretation, and research are expected to assist other students in the same and/or other teams.
4. The required written assignment for Clinical Seminar III is highly structured. A goal of this course is to prepare students for writing articles for peer-reviewed journals, and presenting at professional conferences, both of which require following structured guidelines. The course instructor and other faculty will be giving clear guidelines and assistance throughout the process. In addition, students with more advanced research and writing skills should be prepared to provide some guidance and collegial support to their fellow classmates.

## **Recommended textbook:**

Introduction to Research and Medical Literature for Health Professionals. J. Dennis Blessing & J. Glenn Forister. 3<sup>rd</sup> Edition. Jones & Bartlett Learning. ISBN 978-1-4496-5035-3

### Other Resources:

- Instructor's handouts, guidelines, forms and rubrics provided during the course.
- Medical and scientific literature online databases (e.g. Medline; PubMed; ProQuest; EBSCO; JAMA; NEJM; BMJ; and others accessible through CUNY's library system)
- Medical and Public Health subscription journals made freely available to students from the course director and other faculty.

## **EVALUATION GUIDELINES**

Students will work in small groups throughout the course sequence (Research CS I, II, and III):

Single Article Discussion and Presentation (due by end of CSI)	10% (group score)
Research Paper Summary Outline and Partial Bibliography List	10% (group score)
Full-length Draft Capstone Research Paper + a complete bibliography list	25% (group score)
Final Research Paper, including all required sections + a complete bibliography list (due at the time of the Oral Presentation, by end of CSIII):	35% (group score)
Oral Presentation (by end of CSIII)	15% (individual score)

## ASSIGNMENTS

### In-Class Article Review

We will critically analyze articles together, and in small groups, during class. All students should be prepared to contribute to the conversation. This activity gives students a foundation to critically analyze scientific articles on their own to prepare for writing the final literature review. Students will be able to identify the strengths and limitations of different study designs, as well as common measures for each study design, understanding results (p-value, confidence intervals), and interpretation of results (for example, odd ratios).

#### **Sample article review and analysis (how to prepare for in-class article analysis):**

1. Quickly summarizing an article i.e. what was the focus of the paper or the central research question of interest?
2. Critically emphasizing the methods and the findings and most importantly reflecting on the limitations of the study. What are the strengths and weaknesses of the study? Consider all of the following: design, enrollment, recruitment, retention, and analysis of the data.
3. Given the methods, are the findings/results reasonable?
4. Do you “buy” their argument and what they are saying? Why or why not?
5. What are potential next steps of the authors’ research?

### Research Paper

Below is a brief summary of the main points regarding preparing and writing the Final Research Paper. More details, specific guidelines, and a work timeline will be provided in class.

**Format:** 15 to 20 page paper, no more than 5,000 words, double-spaced, 12-point font, 1-inch margins, use a scholarly font such as Arial, Times, or Calibri.

**Topic Selection:** The students should select a topic that presents a problem or a need relevant to their professional practice, and should formulate a hypothesis to address it.

**Guidance on topic selection:** The topic must be relevant to the healthcare/medical field and to health providers. The topic should fill a void in the existing literature. There should be enough published studies on that specific topic to justify a literature review. The total number of subjects studied by the published authors should be big enough as to represent a significant populating sample. Explore the literature to look for topics of interest and to find out if there is enough published information to justify a literature review on the topic. As part of this process the students will:

- become familiar with the procedures of finding information in the library
- become familiar with different search engines and databases.
- learn to establish and define appropriate and effective search words and parameters.

It may help you to organize Annotated Bibliography as you collect articles. For example,

Title:

Author:

Journal Citation:

Abstract:

Key Concepts (including needs/gaps identified by the authors):

**Research Paper components:**

**Abstract:** The abstract is a one paragraph (<100 words) summary of the report, including the question investigated, the methods used, the principal results and conclusions. Despite going at the beginning, the abstract is typically the LAST component of the paper that you is written.

**Introduction:** In this section of the papers the students should include a clear rationale that justifies the research in this topic (the need for which their paper will make a contribution). They should also include a short description on the methodology used to research the information and finally, a short summary of the results and conclusions. *This section may be written last.*

**Methods:** In this section the students should include a detailed description of the methodology to collect the data and to analyze the information. They should specify the time frame covered by the search, the criteria for inclusion and for exclusion, and the databases used and the search terms.

**Results:** In this section the students should present a summary of the results in a table(s) format as well as a description of each paper included in the analysis. The result should clearly indicate the number of articles included, the total number of subjects studied, and the individual findings for each study as they apply to the main topic.

**Discussion:** This section is intended to allow for the students to voice their opinions regarding the findings, the process itself, and the need they are addressing with their paper. It should NOT be a summary of all articles collected, rather a synthesis and critical analysis of what all the data suggest.

**Conclusion:** In this section the students should clearly show either if there is enough published scientific evidence to support their hypothesis, enough scientific evidence to negate their hypothesis or if the information available is not conclusive enough to draw a conclusion, and potential future directions of research.

**Final Oral Presentation**

Students will present their research papers in small groups to their faculty and classmates. Each member of the group is expected to speak about some portion/s of the paper.

In this presentation students should give an overview of their research, including: explaining why the topic is relevant, what the need is that the paper is addressing, and a short description of the methodology. Students will learn the same day if they will need to repeat any aspects of their presentations. The students will prepare their final oral presentation using PowerPoint or Prezi. Presentations, as papers, should be a synthesis of what you are finding, not a book report format of individual articles.

Each group will have a time allowance of 20-25 minutes to present, followed by 5 minutes of discussion.

During this presentation the faculty will evaluate the students based on the content of their research work as well as on their command of the topic and ability to present their work clearly. Students are expected to show a thorough understanding of the research process as well as a clear understanding of their results and conclusion; they are expected to address the audience and answer questions with confidence and in a conversational way; THIS PRESENTATION

SHOULD NOT BE A READ UP OF THE PAPER (reading from the research paper will result in a 10% point deduction).

## **COURSE OUTLINE SCHEDULE**

<b>PA 40501 Clinical Seminar I</b>	
<b>Session</b>	<b>Content</b>
Friday Feb 5 <sup>th</sup> 3-5pm	Formal introduction of the Literature Review and Research Course sequence. The course's syllabus, written guidelines, timelines, evaluation methods, forms and rubrics are discussed at this time. A Q&A session will be included. Work groups will be selected at this time. Overview of the literature review process. Students must begin to familiarize themselves with the research material and guidelines, start thinking about their group's topic and assigning team members responsibilities.
Friday Feb. 19 <sup>th</sup> (tentative) 3-5pm Or TBA	<u>Library Orientation</u> : Conducting an electronic search for peer reviewed journals STC1 (TECH Center - NAC first floor). The technical computer center can be accessed either from the first floor of the NAC or by entering the Morris Library, second floor of the rotunda, and descending the staircase.
Friday March 4 <sup>th</sup> 3-5 pm	Review of Epidemiology and biostatistical concepts. Class discussion of clinical and public health scholarly articles. Q&A regarding literature search and analysis.
Friday March 18 <sup>th</sup> 3-5 pm	<b><u>DEADLINE TO SUBMIT EACH GROUP'S RESEARCH TOPIC AND OBTAIN APPROVAL FROM THE INSTRUCTOR.</u></b> Class discussion of clinical and public health scholarly articles. Q&A regarding literature search and analysis.
Friday April 1 <sup>st</sup> 3-5 pm	<b>GROUP PRESENTATIONS AND DISCUSSION OF SINGLE ARTICLES, Round 1.</b> Each group will present and discuss <u>the first of two scholarly articles</u> selected as part of their literature search. All group members are expected to present; each group will be assigned 10 minutes, plus 5 minutes for Q&A.
Friday April 15 <sup>th</sup> 3-5 pm	<b>GROUP PRESENTATIONS AND DISCUSSION OF SINGLE ARTICLES. Round 2.</b> Each group will present and discuss <u>the second of two scholarly articles</u> selected as part of their literature search. All group members are expected to present; each group will be assigned 10 minutes, plus 5 minutes for Q&A.
<b>PA 40502 Clinical Seminar II</b>	
Friday May 27 <sup>th</sup> 3-5pm	<b><u>Student groups deadline for submission of Outline Form with approved topic, brief outline, 3 relevant argument points, and a partial bibliography list (10-15 listings minimum).</u></b> Each group will deliver a 10 min presentation on their progress to date and share successes and challenges they would like help troubleshooting in small groups. Students should consider presenting on: specific databases they will use, honed inclusion and exclusion criterion. Presentations should highlight successes and challenges in defining: hypothesis, methods, results, discussion, and future directions. What problem(s) they will help to solve with their paper? The general way in which they will approach the literature review. Number of articles found on related topic, and the anticipated time frame to review.

Friday June 24 <sup>th</sup> 3-5pm	Overview of Research Ethics. Guidance to access online resources to take the Human Subjects Basic Course and the HSR for Undergraduate Students Course. Free discussion of the groups' research progress; Q&A.
Friday July 22 <sup>nd</sup> (TBA) 3-5pm	<b><u>Deadline for submission of complete Research Paper Drafts (15 pages minimum, 20 pages maximum length) + full Bibliography in AMA citation style.</u></b> Groups must submit <b>both an electronic and a paper copy to the instructor.</b> <b><u>Deadline for submission of Research Ethics Certificate.</u></b> Free discussion of the groups' research progress; Q&A.
Friday Aug. 19 <sup>th</sup> 3-5pm	<u>Instructor returns Drafts to students, along with detailed feedback</u> and commentary. Free discussion of the groups' research progress; Q&A.
<b>PA 40503 Clinical Seminar III</b>	
Friday Sept. 30 <sup>th</sup> 3-5pm	Writing Workshop and free discussion: students will have an opportunity to proofread and edit portions of their papers with the entire class and the instructor.
Friday Oct. 14 <sup>th</sup> 10:00am- 12:30 pm And 1:00pm- 3:30pm	<b><u>Final Papers due and Groups Oral Presentations.</u></b> Student groups will submit and present their research papers to their faculty and classmates. <u>Each member of the group is expected to speak about some portion/s of the paper.</u> Each group will have a time allowance of <u>20-25 minutes to present, followed by 5 minutes of discussion.</u>

\*\*\*\*\*SCHEDULE IS SUBJECT TO CHANGE\*\*\*\*\*