

The City College
of New York

The Sophie Davis School of Biomedical Education
Physician Assistant Program at Harlem Hospital Center

Preceptor Handbook

2015 – 2016

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2014 Clinical Year Calendar

End of Rotation Exam

Rotation #1:	January 6, 2014 – February 14, 2014	2/14/2014
Rotation #2:	February 17, 2014 – March 28, 2014	3/28/2014
Rotation #3	March 31, 2014 – May 9, 2014	5/9/2014
Rotation #4:	May 12, 2014 – June 20, 2014	6/20/2014
Rotation #5:	June 23, 2014 – August 1, 2014	8/1/2014
Rotation #6:	August 4, 2014 – September 12, 2014	9/12/2014
Rotation #7:	September 15, 2014 – October 24, 2014	10/24/2014
Rotation #8:	October 27, 2014 – December 5, 2014	12/5/2014
Rotation #9:	December 8, 2014 – January 16, 2015	1/16/2015

Introduction

The Sophie Davis School of Biomedical Education Physician Assistant Program at Harlem Hospital Center Preceptor Handbook describes the history of Program, objectives, goals, guidelines and general information regarding clinical rotation and preceptorship during the clinical phase of physician assistant training. The clinical experiences the student will obtain in your institution and healthcare facility are of critical importance to a successful learning experience. The clinical setting synthesizes concepts and application of principles for quality health care delivery. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing Physician Assistant. The Sophie Davis School of Biomedical Studies Physician Assistant Program at Harlem Hospital Center (SDSBE) would like to express our sincere appreciation to our preceptors for your hard work and dedication to this program and our physician assistant (PA) students.

History

The SDSBE PA Program at Harlem Hospital Center was developed in 1970 by a group of physicians at the Harlem Hospital Center and the Columbia University School of Public Health. Their vision was to train military corpsmen or comparable civilian health care workers to care for the residents of the community. In 1972, the program affiliated with Antioch College and became one of the first baccalaureate degree-granting P.A. Programs in the country. The first class of four students was admitted in 1971 and received their degrees in 1973. In 1974, the New School for Social Research became the academic affiliate. This affiliation remained until 1978, when the Sophie Davis School of Biomedical Education of the City College of New York (CCNY) assumed responsibility for the Program.

The PA Program has a long-standing commitment to increasing the number of primary care physician assistants of African-American, Latino and other ethnic backgrounds whose communities have been historically under-represented and under-served. Nationally, programmatic emphasis on minority-training is unique to the Harlem PA program. Graduates of the program represent individuals and families living in the communities in which they practice.

The PA program is an upper-division baccalaureate program of CCNY, which can be completed in 28.5 months. Students enter the Program after completing a minimum of two years of college and successfully completing 60 transferable credits which include the pre-requisite requirements. The final 13 months consist of clinical training in internal medicine, pediatrics, psychiatry, emergency medicine, primary care, surgery, SICU, obstetrics/gynecology, and geriatrics. 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.

Physician Assistant Competencies



Competencies for the Physician Assistant Profession

(Originally adopted 2005; revised 2012)

PREAMBLE

Between 2003-2004, the National Commission on Certification of Physician Assistants (NCCPA) led an effort with three other national PA organizations (Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), American Academy of Physician Assistants (AAPA), and Physician Assistant Education Association (PAEA) -- formerly Association of Physician Assistant Programs (APAP)) to define PA competencies in response to similar efforts conducted within other health care professions and the growing demand for accountability and assessment in clinical practice. The resultant document, *Competencies for the Physician Assistant Profession*, provided a foundation from which physician assistant organizations and individual physician assistants could chart a course for advancing the competencies of the PA profession.

In 2011, representatives from the same four national PA organizations convened to review and revise the document. The revised manuscript was then reviewed and approved by the leadership of three of the four organizations in 2012; the AAPA House of Delegates will consider the new version in 2013.

INTRODUCTION

This document serves as a map for the individual PA, the physician-PA team, and organizations committed to promoting the development and maintenance of professional competencies among physician assistants. While some competencies will be acquired during formal PA education, others will be developed and mastered as physician assistants progress through their careers. The PA profession defines the specific knowledge, skills, attitudes, and educational experiences requisite for physician assistants to acquire and demonstrate these competencies.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice.

Patient-centered, physician assistant practice reflects a number of overarching themes. These include an unwavering commitment to patient safety, cultural competence, quality health care, lifelong learning, and professional growth. Furthermore, the profession's dedication to the physician-physician assistant team benefits patients and the larger community.

PHYSICIAN ASSISTANT COMPETENCIES

Medical Knowledge

Medical knowledge includes the synthesis of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigative and analytic thinking approach to clinical situations. Physician assistants are expected to understand, evaluate, and apply the following to clinical scenarios:

- evidence-based medicine
- scientific principles related to patient care
- etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- signs and symptoms of medical and surgical conditions
- appropriate diagnostic studies
- management of general medical and surgical conditions to include pharmacologic and other treatment modalities
- interventions for prevention of disease and health promotion/maintenance
- screening methods to detect conditions in an asymptomatic individual
- history and physical findings and diagnostic studies to formulate differential diagnoses

Interpersonal & Communications Skills

Interpersonal and communication skills encompass the verbal, nonverbal, written, and electronic exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients' families, physicians, professional associates, and other individuals within the health care system. Physician assistants are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective communication skills to elicit and provide information
- adapt communication style and messages to the context of the interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
- demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
- accurately and adequately document information regarding care for medical, legal, quality, and financial purposes



Patient Care

Patient care includes patient- and setting-specific assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, safe, high quality, and equitable. Physician assistants are expected to:

- work effectively with physicians and other health care professionals to provide patient-centered care
- demonstrate compassionate and respectful behaviors when interacting with patients and their families
- obtain essential and accurate information about their patients
- make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment
- develop and implement patient management plans
- counsel and educate patients and their families
- perform medical and surgical procedures essential to their area of practice
- provide health care services and education aimed at disease prevention and health maintenance
- use information technology to support patient care decisions and patient education

Professionalism

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must acknowledge their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and abilities
- self-reflection, critical curiosity, and initiative
- healthy behaviors and life balance
- commitment to the education of students and other health care professionals

Practice-based Learning & Improvement

Practice-based learning and improvement includes the processes through which physician assistants engage in critical analysis of their own practice experience, the medical literature, and

other information resources for the purposes of self- and practice-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Physician assistants are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients' health
- apply knowledge of study designs and statistical methods to the appraisal of clinical literature and other information on diagnostic and therapeutic effectiveness
- utilize information technology to manage information, access medical information, and support their own education
- recognize and appropriately address personal biases, gaps in medical knowledge, and physical limitations in themselves and others

Systems-based Practice

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient. PAs should work to improve the health care system of which their practices are a part. Physician assistants are expected to:

- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care and use the systems effectively
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve the delivery and effectiveness of health care and patient outcomes
- accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide effective, efficient patient care
- recognize and appropriately address system biases that contribute to health care disparities
- apply the concepts of population health to patient care

*Adopted 2012 by ARC-PA, NCCPA, and PAEA
Pending adoption by AAPA*



The Preceptor Role

The preceptor is an integral part of the educational curriculum. Preceptors serve as role models for the student and, through guidance and teaching, help students to perfect skills in history taking, physical examination, effective communication, physical diagnosis, recording and reporting, problem assessment, and plan development.

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 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.

CLINICAL YEAR GUIDELINES

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:

1. Collect and record a complete database (detailed histories, and complete physical examination) on all patients, both inpatients 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 he 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).

Site Visits

The clinical coordinator will intermittently visit students on clinical sites to assess student performance, provide bedside teaching, and evaluate the site for consistency with Program goals and objectives. Student assessment includes observation of students during patient encounters and oral presentations.

To facilitate the site visit, preceptors should excuse students to interact with the clinical coordinator if possible. Preceptors should take this opportunity to meet with the clinical coordinator to review student performance, provide feedback and suggestions if available.

The Preceptor–Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the clinical coordinator. If a preceptor has a question or concern about a student, they should contact the clinical coordinator as soon as possible. Open communication and early problem solving may help to avoid a diminution in the educational experience.

Liability Insurance

Each PA student is fully covered for malpractice insurance by the GAB Associates Insurance Brokerage, Inc. The certificate of liability is maintained **at each rotation** site as part of the contract executed between the City University of New York and the affiliation clinical site. In the event a PA student of the SDSBE PA program is working in a paid position in a different health-care related capacity any time during their PA education, that individual is not permitted

to assume the role of a PA student while on duty as a paid employee. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation

The Preceptor–Student Relationship

The preceptor must maintain a professional relationship with PA students at all times by adhering to professional boundaries. Contact through web-based social networking sites (e.g., Facebook, Myspace, Twitter, etc.) are not appropriate and must be avoided until the student fully matriculates through the educational program.

Orienting the Student to the Clerkship

By the first day of the rotation, the student will have satisfied all site administrative needs, such as completing any necessary paperwork and EMR training. On the first day, the preceptor should communicate his or her expectations of the student during the rotation. Expectations can include:

1. Hours
2. Interactions with office and professional staff
3. Call schedules
4. Rotation conference schedule
5. Level of participation during rounds
6. Protocol for clinical care, patient interaction, and procedures
7. Protocol for oral presentations
8. Protocol for written documentation
9. Assignments including H & P's, SOAP Notes, Intra & Pre-operative, Follow-up, Discharge and Admission notes), as well as presentations of disease states and any other activity as appropriate.

Preparing Staff

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. A student will be most functional and confident if s/he learns about the routine of the site, and the location of critical resources. The student should be instructed regarding the protocol involving interaction with the staff concerning making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that staff members such as receptionists and nursing staff understand the role that PA students assume. Preceptors should inform the staff about how students integrate into the health care team, and what interaction they have with patients. Consider having a meeting or creating a memo with the staff in advance of the student's arrival to discuss:

1. Student name and PA Program
2. Student's schedule
3. The role of the student in patient care
4. In office settings, the method for scheduling patients for the student

5. The impact on the preceptor

Supervision of the PA Student

There is one preceptor of record, designated by the Program, for each site. That preceptor may delegate precepting duties to other preceptors. Yet one preceptor must be available for supervision, consultation, and teaching during the clinical rotation. When the designated preceptor is not on available to precept, students will be *assigned* to another MD, DO, or PA. This process must be communicated in writing or e-mail to all concerned, including the student. While having more than one clinical preceptor has the potential to disrupt continuity for the student, it also offers the opportunity to expose the student to variations in practice style. For limited amounts of time, students may be assigned to spend time with social workers, radiologists, physical therapists etc. to enrich understanding of multi-disciplinary patient care. The preceptor must be aware of the location of the student at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. The preceptor is expected to examine each patient seen by the student. The preceptor can provide direct supervision of technical skills such as IV insertion and nasogastric tube placement. Students can participate in advanced technical skills, as long as they are within the scope of practice of the preceptor, and the preceptor is comfortable with the student's level of competence. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit.

Expectations of the PA student

PA students are trained to take detailed histories, perform physical examinations, orally present findings, develop differential diagnoses, and develop an assessment and plan. Students should discuss each patient with the preceptor in each of these domains. As the year continues, students should be able to perform these tasks with increasingly less assistance. Understandably, clinical competence will not be as great at the beginning of the year as toward the end.

The preceptor may initially ask students to merely observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. By the mid-point of the clerkship, students should be seeing patients alone. If the preceptor is not comfortable allowing a student to do this, it must be documented and discussed with the student as part of the mid-rotation evaluation. It is reasonable to discuss the situation with one of the clinical coordinators at this point in time.

Patient Consent Regarding Student Involvement in Patient Care

Patients must be informed that a physician assistant student will participate in their care, and the patient's consent must be obtained. This may be done formally through standardized forms at admission or orally as part of the clinical encounter. Any request by a patient to be seen by a physician instead of a PA student must be honored.

Each student is clearly identified as PA student and must also verbally identify themselves as such. Any observation of a student not identifying themselves properly, or refusing to correct a patient if called "doctor" should be brought to the attention of the clinical coordinators.

Documentation

If the preceptor and facility allow, PA students may enter information in the medical record. Students are instructed that the medical record is a legal document, and that all entries must be and must include the PA student's signature with the designation "PA-S. Preceptors are required to document the services they provide as well as review and edit all student documentation. Writing a succinct note that communicates effectively is a critical skill that PA students should develop.

The electronic medical record can present an obstacle for students if they lack a password or are not trained in the site-specific EMR system. Students are encouraged to hand-write notes to be reviewed by preceptors whenever possible for feedback. In addition, students are required to log patient encounters in the Typhon Logging System. The preceptor of record is given a password to access to review patient logs, SOAP notes, and history and physicals submitted by the student. Although notes and other documentation is reviewed by the clinical coordinator, the preceptor can review notes as well. Any discrepancy in the documentation and observed encounters must be brought to the attention of one of the clinical coordinators.

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 disciplinary action.

Prescription Writing

Physician assistants in New York State have wide prescribing privileges, and apply for DEA privileges. Therefore, PA students are trained in prescription writings, and may write a prescription, as long as it is signed by the preceptor. The student's name should not to appear on the prescription. For electronic prescriptions, the preceptor must use his/her login and password and personally sign and send the electronic prescription.

Student Evaluation

Students are evaluated twice during a clerkship, once at the mid-point and again at the end. These occasions are designed to promote communication between preceptor and student. The preceptor discusses the student's strengths and weaknesses and documents these findings on the Online Preceptor Evaluation section of the Typhon Logging System (see sample of this form in the back of the handbook). For the final evaluation, preceptors should refer to issues raised in the mid-clerkship. The final evaluation should reflect the degree of acquisition of knowledge and skills listed on the syllabus. Assess the student in comparison to other students at the same level, and note improvement throughout the rotation.

Both mid and final preceptor evaluations are submitted through the Physician Assistant Student Tracking on-line System, "Typhon". Preceptors are given a personalized password to access the

system from any internet based device. Only the designated preceptor of record receives a password and only s/he can submit an evaluation. Preceptors who work in teams should confer in order to develop a comprehensive evaluation. The student does not participate in the selection of the preceptor of record. Verbal feedback from all preceptors is welcome.

Timely submission of all evaluations is crucial to the student finishing the rotation and receiving a grade. This is especially important should the student be in danger of failing the preceptor evaluation, which would result in failure of the clerkship. The final grade for the clinical rotation, including the decision to pass or fail a student, is ultimately the responsibility of the program faculty. Only the final evaluation grade will be count toward the final clerkship grade.

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 a 70% in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

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

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.

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:

	Medical Note Requirement
Clerkship	
Surgery	10 per week/60 per rotation
Pre-op	10 per rotation
Intra-op	10 per rotation
Post-op	10 per rotation
Pediatrics	10 per week/60 per rotation
Primary Care	15 per week/90 per rotation
Internal Medicine	15 per week/90 per rotation
Psychiatry	10 per week/60 per rotation
Ob/GYN	15 per week/90 per rotation
Prenatal Care	15 per rotation
Gynecologic Care	15 per rotation
Emergency Medicine	15 per week/90 per rotation
SICU	8 per week/32 per rotation
Elective	8 per week/32 per rotation
Geriatrics	8 per week/32 per rotation

Required Clinical Year Procedures/Examinations

PROCEDURE	REQUIRED MINIMUM NUMBER
ABG	4
Abscess I&D	2
Blood Culture	2
Cardiopulmonary Resuscitation	3
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	10
Testicular exam	10
Immunization	10
PPD Placement	5 (adult) 5 (pediatric)

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.

Working as a Physician Assistant Student

Students may not substitute for regular clinical or administrative staff during the clinical year. Should such a request be made of a student, s/he has been instructed to report the incident to the program director immediately. 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. Furthermore, 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.

STUDENT 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.

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.

- Avoid direct contact with: blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions.
- Avoid injuries from all sharp objects such as needles or scalpels.
- Avoid direct contact with items, objects, and surfaces contaminated with blood, body fluids, secretions, and excretions.
- Dispose of all sharp objects promptly in special puncture resistant containers.
- Dispose of all contaminated articles and materials in a safe manner prescribed by law.

In practice, using universal precautions also requires the following measures:

- Wash hands frequently and thoroughly, especially if they become contaminated with blood, body fluids, secretions, and excretions.
- 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:
- Skin, especially non-intact skin (where there are cuts, chapping, abrasions, or any other break in the skin).
- 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 not 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.

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 Course and Standing Committee (CSC). Should the CSC find that a student has behaved unprofessionally, s/he can be issued a warning, place on probation, or be dismissed from the program. Unprofessional behavior failure to comply with program rules and regulations, including but not limited to:

- Attendance;
- Punctuality;
- Preparedness;
- Conduct;
- Performance in the classroom and clinical setting;
- More than one unexcused absences during the clinical year;
- Excessive excused absences during the clinical year;
- Excessive lateness during the clinical year;
- Unauthorized departure from the clinical setting;
- Failure to perform all or part of assigned tasks and responsibilities;
- Failure to follow protocol, or directions of supervising physician, physician assistant or program faculty;
- Immature demeanor;
- Unacceptable dress in the clinical arena;
- Academic or personal dishonesty;
- Failure to accept constructive criticism;
- Performing unauthorized procedures or administering services not permitted by the supervisor, the facility, or the physician assistant program;
- Violation of the Health Insurance Portability and Accountability Act (HIPAA);
- Failure to identify oneself as a physician assistant student, especially after being addressed as “Doctor”;
- Failure to report all observed unethical conduct by other members of the health profession, including other students;
- Insensitivity to patients; lack of respect for the rights of patients to competent, confidential service;
- Endangering the health and welfare of any patient;
- 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:

- Both men and women should wear business attire;
- Both men and women must wear a short white uniform jacket at all times;

- Men should wear a dress shirt with tie;
- Closed toed shoes should be worn with socks or stockings;
- Each student should wear a watch with a second hand;
- Hair must be pulled back away from the face if it is longer than shoulder length;
- Fingernails must be less than ¼“long;
- Only post earrings are permitted;
- 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.

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.ccny.cuny.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 he/she has been sexually harassed; assistance from the program faculty must be sought immediately.

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 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.



The Sophie Davis School of Biomedical Education

Physician Assistant Program at Harlem Hospital Center

PA 41500 Emergency Medicine Rotation

CREDITS: 3

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

Purpose:

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.

GOAL:

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 Manual 7th 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).

Should a student fail an end-of-rotation examination, there are no reassessments for failed or missed examinations. Therefore, failing the exam will result in failing the rotation. The Rotation will be repeated at the end of the curriculum, resulting in a delay in graduation.

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 a 70% in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on the final clinical preceptor evaluation
- A grade of 70% or better on the end of the rotation exam.
- A grade of 70% or better on the clinical coordinator evaluation.
- A grade of 70% or better on the clinical coordinator or preceptor assessment 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:

- Sick cell crisis
- Allergic reaction/anaphylactic shock

Nephrotic Emergencies:

- Pyelonephritis
- Renal Colic
- Acute Renal Failure

Neurologic Emergencies:

- Altered mental states/coma
- Epidural Hemorrhage
- Seizure Disorder
- Subarachnoid Hemorrhage
- Subdural Hemorrhage

- Syncope
- Stroke
- Transient ischemic attack
- Overdose

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



The Sophie Davis
School of Biomedical
Education

Physician Assistant Program at Harlem Hospital Center

PA 42500 Internal Medicine Rotation

CREDITS: 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:

1. Obtain pertinent medical histories.
2. Perform appropriate physical examinations.
3. Determine case appropriate diagnostic tests.
4. List differential diagnoses for a presenting problem.
5. Formulate a tentative diagnosis given a patient problem.
6. Determine therapeutic, referral and patient education plans.
7. Assist in the implementation of therapeutic plans under the direction of the clinical preceptor.
8. Revise patient medical management appropriately.
9. Record findings in the appropriate medical record as permitted by the institution.
10. Write comprehensive admission histories and physicals, progress notes, orders, and initiate appropriate specialty consultation requests as permitted by each hospital.
11. 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, 18th edition. McGraw Hill
ISBN: 007174889X

Gomella, L.G. 2015. Clinician's Pocket Reference, 12th 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.

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.

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).

Should a student fail an end-of-rotation examination, there are no reassessments for failed or missed examinations. Therefore, failing the exam will result in failing the rotation. The Rotation will be repeated at the end of the curriculum, resulting in a delay in graduation.

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.

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- Presentation skills including eye contact, body language, and professional attire;
- Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
- Creativity;
- Time management;
- 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, 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

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End of rotation exam: **40%**

Failure to meet a 70% 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:

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- 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's
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
Systemic lupus erythematosus
Bone Neoplastic Disease
Ankylosing spondylitis
Giant cell arteritis
Rheumatoid Arthritis
Systemic Lupus Erythematosus
Osteoarthritis
Osteoporosis
Bone Neoplastic Disease

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



The Sophie Davis School of Biomedical Education

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

Purpose:

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).

Should a student fail an end-of-rotation examination, there are no reassessments for failed or missed examinations. Therefore, failing the exam will result in failing the rotation. The Rotation will be repeated at the end of the curriculum, resulting in a delay in graduation.

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 a 70% in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on the final clinical preceptor evaluation
- A grade of 70% or better on the end of the rotation exam.
- A grade of 70% or better on the clinical coordinator evaluation.
- A grade of 70% or better on the clinical coordinator or preceptor assessment 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 leiomyomas
- 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



The Sophie Davis School of Biomedical Education

Physician Assistant Program at Harlem Hospital Center

PA 44500 Pediatrics

CREDITS: 3

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

Purpose:

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, 19th edition. Elsevier, Saunders. ISBN-10: 1437707556.

Gunn, VL; Nechylova, C. 2012. The Harriet Lane Handbook of Pediatrics: A Manual for Pediatric House Officers, 19th ed. Elsevier Mosby 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).

Should a student fail an end-of-rotation examination, there are no reassessments for failed or missed examinations. Therefore, failing the exam will result in failing the rotation. The Rotation will be repeated at the end of the curriculum, resulting in a delay in graduation.

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 a 70% in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on the final clinical preceptor evaluation
- A grade of 70% or better on the end of the rotation exam.
- A grade of 70% or better on the clinical coordinator evaluation.
- A grade of 70% or better on the clinical coordinator or preceptor assessment 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
- Tineas

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
- Phimosis
- 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



The Sophie Davis
School of Biomedical
Education

Physician Assistant Program at Harlem Hospital Center

PA 44500: Family Medicine

CREDIT HOURS: 3

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

Purpose:

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 familiarize 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 6th 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.

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.

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).

Should a student fail an end-of-rotation examination, there are no reassessments for failed or missed examinations. Therefore, failing the exam will result in failing the rotation. The Rotation will be repeated at the end of the curriculum, resulting in a delay in graduation.

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:
- Content, including mastery of the topic and the ability to respond to inquiries;
- Presentation skills including eye contact, body language, and professional attire;
- Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
- Creativity;
- Time management;
- 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 a 70% 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 70% or better on the end of the rotation exam.
- A grade of 70% or better on the clinical coordinator evaluation.

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

Specific Learning Objectives:

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

Cardiovascular:

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

Dermatology:

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

Endocrine:

Addison's disease
Cushing's disease
Hyperthyroidism
Hypothyroidism
Thyroid nodule

Diabetes mellitus, Type 1 & Type 2
Diabetes insipidus
Metabolic Syndrome

ENT/Respiratory:

Allergic rhinitis
Epistaxis
Impacted cerumen
Otitis media
Pharyngitis
Pneumonia/Bronchitis
Sinusitis
Upper respiratory infection
Wheezing patient
Asthma/COPD
Malignancy
TB

Gastrointestinal:

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

Enteric infections (e.g. giardia, amebiasis)

Genitourinary:

Chlamydia

Gonorrhea

Hydrocele

Incarcerated hernia

UTI

Hematology/Oncology:

Anemia

Coagulation disorders

Hemoglobinopathies

Leukemia, Lymphoma

Lymphadenitis

Polycythemia

Breast Disease

Infectious:

Bacteremia

Candidiasis

Fever of unknown origin

Vaccination

Impetigo

Meningitis

Mononucleosis

Mumps

Outpatient care of the patient with HIV

Parasites: lice, pinworm

Patient with cough

Lyme disease

Rubeola/Rubella

Scabies

Nephrology/Urinary Tract:

Acute renal failure

Acute renal insufficiency

Benign prostatic hypertrophy

Chronic renal failure

Cystitis

Enuresis

Hematuria

Neoplasms of the prostate

Nephritis

Nephritis

Nephrolithiasis

Nephrotic syndrome
Urinary tract infections
Proteinuria

Neurological:

Dementia
CVA/TIA
Dyslexia
Headache
Hydrocephalus
Seizures
Ataxia
Back pain
Vertigo/Syncope
Parkinson Disease
Tinnitus

OB/GYN:

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

Ophthalmology:

Cataract
Chalazion
Conjunctivitis
Glaucoma
Papilledema
Pterygium
Retinal detachment
Hordeolum

Orthopedic:

Basic fracture care
Carpal tunnel
Low back pain
Osteoarthritis
Osteoporosis
Poly- and mono-articular pain
Scoliosis
Sprains- ankle, knee

Tendonitis
Paget's Disease

Psychosocial Conditions:

Depression
Eating disorders
Obesity
Substance abuse
Sexual abuse

Rheumatology:

Osteoarthritis
Rheumatoid arthritis
Systemic lupus erythematosus
Temporal arteritis

Screening and Counseling:

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



The Sophie Davis School of Biomedical Education

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

Purpose:

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, 10th 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).

Should a student fail an end-of-rotation examination, there are no reassessments for failed or missed examinations. Therefore, failing the exam will result in failing the rotation. The Rotation will be repeated at the end of the curriculum, resulting in a delay in graduation.

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 a 70% in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on the final clinical preceptor evaluation
- A grade of 70% or better on the end of the rotation exam.
- A grade of 70% or better on the clinical coordinator evaluation.
- A grade of 70% or better on the clinical coordinator or preceptor assessment 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



The Sophie Davis School of Biomedical Education

Physician Assistant Program at Harlem Hospital Center

PA47500: General Surgery

CREDITS: 3

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

Purpose

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, 9th edition McGraw Hill
ISBN: 007154769X.

Gomella, L.G. 2015. Clinician's Pocket Reference, 12th 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).

Should a student fail an end-of-rotation examination, there are no reassessments for failed or missed examinations. Therefore, failing the exam will result in failing the rotation. The Rotation will be repeated at the end of the curriculum, resulting in a delay in graduation.

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 a 70% in any of these areas will result in failure regardless of the total grade average. In order to receive a passing grade in any clerkship, all of the following conditions must be met:

- A grade of 70% or better on the final clinical preceptor evaluation
- A grade of 70% or better on the end of the rotation exam.
- A grade of 70% or better on the clinical coordinator evaluation.
- A grade of 70% or better on the clinical coordinator or preceptor assessment 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



The Sophie Davis School of Biomedical Education

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

Purpose:

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

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

Required Texts:

Burchard, KW. 2012. The Clinical Handbook for Surgical Critical Care, 2nd edition. CRC Press. ISBN-10: 1841849227

Brunnicardi, F., et al. 2009. Schwartz's Principles of Surgery, 9th 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.

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.

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:

1. Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.
2. Students must use PowerPoint for their presentation
3. Evaluation of presentations will be based on the following six criteria:
4. Content, including mastery of the topic and the ability to respond to inquiries;
5. Presentation skills including eye contact, body language, and professional attire;
6. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
7. Creativity;
8. Time management;
9. 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: 40%

Clinical Coordinator Evaluation: 60%

Failure to meet a 70% 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 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, 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



The Sophie Davis
School of Biomedical
Education
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

Purpose

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:

1. Participate in rounds, lectures and other teaching activities.
2. Obtain pertinent medical histories.
3. Perform complete physical examinations. Recognize physical exam changes throughout the life cycle.
4. Determine appropriate diagnostic tests.
5. List age-appropriate differential diagnoses
6. Formulate a tentative diagnosis given a patient problem.
7. Determine therapeutic, referral and patient education plans.

8. Recognize the impact physiologic changes associated with aging have on medication pharmacokinetics and adjust dosing appropriately.
9. Assist in the implementation of therapeutic plans under the direction of a preceptor.
10. Revise patient medical management appropriately.
11. Record findings in the appropriate medical record as permitted by each hospital site.
12. 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.
13. Participate in discharge planning with medical and social services staff and write discharge summaries.
14. Perform basic inpatient procedures and other tasks considered appropriate to the setting by the preceptor.
15. Present cases to preceptor at any time deemed appropriate.
16. Distinguish normal aging from pathological processes.
17. Identify communication barriers associated with aging and develop appropriate coping strategies.
18. Assist in restoring and/or maintaining independence in the elderly.
19. Utilizing the philosophy of nursing home care, formulate long-term care plans.
20. Utilizing the philosophy of hospice care, formulate care plans for the terminally ill.
21. 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 7th 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.

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.

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:

1. Presentations will be 20 minutes in length, followed by a question and answer period of 5 minutes.
2. Students must use PowerPoint for their presentation
3. Evaluation of presentations will be based on the following six criteria:
4. Content, including mastery of the topic and the ability to respond to inquiries;
5. Presentation skills including eye contact, body language, and professional attire;
6. Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;
7. Creativity;
8. Time management;
9. 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: 40%

Clinical Coordinator Evaluation: 60%

Failure to meet a 70% 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 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
Presbyosis
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



The Sophie Davis School of Biomedical Education

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

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.

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.

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:
- Content, including mastery of the topic and the ability to respond to inquiries;
- Presentation skills including eye contact, body language, and professional attire;
- Verbal skills including elocution, the ability to engage the audience, and elicit audience participation;

- Creativity;
- Time management;
- 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 a 70% 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 the following areas: Overall Improvement & Growth/ Self-Assessment & Self-Directed Learning, Attendance & Punctuality and /or Professional Behavior.

Preceptor Resources:

1. Integrating the Student into a Busy Practice

a. Integrating the Learner into the Busy Office¹

This article outlines five strategies for effectively integrating a student into a busy practice; it helps answer preceptor questions, including “What do I do if I get behind?” and “What measures can help prevent me from getting behind?”

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

b. How to be an Efficient and Effective Preceptor²

This article provides techniques focus on three key elements of effective precepting: establishing a teaching environment, communication, while teaching to educational needs, learning style, objectives and goals.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2879074/pdf/nihms203111.pdf>

2. Evaluation and Teaching Strategies

a. Evaluation Using the GRADE Strategy³

This easy-to-use tool provides five simple tips on how to effectively evaluate PA students. <http://www.stfm.org/fmhub/Fullpdf/march01/ftobt.pdf>

b. The One-Minute Preceptor⁴

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

<http://stfm.org/fmhub/fm2003/jun03/stevens.pdf>

c. Feedback and Reflection: Teaching Methods for Clinical Settings⁵

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

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

3. Providing Effective Feedback

a. Preceptor Development: Providing Effective Feedback⁶

Provides background on evaluation versus feedback and components that influence and promote objective mentoring in the clinical setting

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3839441/pdf/hpj4801-26.pdf>

b. Managing Difficult Learning Situations

a. Providing Difficult Feedback: TIPS for the Problem Learner⁷

This article provides an easy-to-use “TIPS” strategy to address difficult learners or learning situations.

<http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf>

¹ MAHEC Office of Regional Primary Care Education. *Integrating the Learner into the Busy Office Practice*. MAHEC, Ashville, NC. <http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm>. Accessed January 22, 2014.

² Frances E. Biagioli, MD, Kathryn G. Chappell MA. *How to be an Efficient and Effective Preceptor*. *Family Practice Management*. 2015;17(3): 18. 2014.<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2879074/pdf/nihms203111.pdf>. Accessed January 22, 2014.

³ Langlois J, Thach S. *Evaluation Using the GRADE strategy*. *Family Medicine*. March 2001; 33(3):158-160. Accessed January 22, 2014.

⁴ Neher J, Stevens N. *The One-Minute Preceptor: Shaping The Teaching Conversation*. *Family Medicine*. 2003; 35(6):391-393. Accessed January 22, 2014.

⁵ Branch W, Paranjape A. *Feedback and Reflection: Teaching Methods for Clinical Settings*. *Academic Medicine*. December 2002; 77(12, Part 1):1185-1188, December 2002. Accessed January 22, 2014.

⁶ Samaneh T. Wilkinson, MS, PharmD; Rick Couldry, MS, RPh ;Holly Phillips, Pharm D; Brian Buck, Pharm D, FASHP. *Preceptor Development: Providing Effective Feedback*. *Hospital Pharmacy*. January 2013;48(1) 26-32 Accessed January 22, 2014.<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3839441/pdf/hpj4801-26.pdf>

⁷ Lucas J, Stallworth J. Providing difficult feedback: TIPS for the problem learner. *Family Medicine*. 2003;35(8):544-546. Accessed January 22, 2014.