



WICHITA STATE  
UNIVERSITY

COLLEGE OF  
HEALTH PROFESSIONS

*Department of Physician Assistant*

# Preceptor Handbook

Tips, Tools, & Guidance for Physician Assistant Preceptors



*Excellence in PA Education since 1972*

Handbook Revised 11/2018

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# Welcome to our Educational Team!

Thank you for your hard work and dedication to the Wichita State University PA Program and students!

As a clinical preceptor, you are an integral part of the teaching program and key to successful learning experiences in the clinical setting. Most students remember their preceptors as the people who not only taught them important medical knowledge and skills, but as those who pushed them to learn even more and mentored them with support and advice as they grew in the clinical environment.

We hope you enjoy the opportunity to teach and that your investment of time and talent will be rewarded, and perhaps balanced, by the ability of our students to assist in providing quality patient care under your supervision.

This Preceptor Handbook is designed to support the relationship between you, the preceptor, and WSU PA students and the WSU PA Program. Please reach out to us if you have any questions, concerns, observations, or suggestions to help us better prepare our students for your rotation and/or to better help us support you as a valued clinical preceptor.

We appreciate your dedication to co-teaching and developing the skills and clinical judgments necessary to create excellent, professional clinicians.

***You are vital to the Program's legacy of excellence!***

Thank you for your commitment to PA education,



**Sue Nyberg, MHS, PA-C, DFAAPA**  
Director of Clinical Education



**Kim Darden, M.Ed, PA-C**  
Program Director

## WSU PA Program Faculty and Staff

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## Overview of PA Profession & Program

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### Overview of the PA Profession

PAs are health professionals licensed to practice medicine on healthcare teams with physicians and other providers. The key to the success of the PA profession is a close relationship with physicians. PAs are qualified by graduation from an accredited PA program, national certification, and re-certification every 10 years.

Within the physician-PA relationship, PAs exercise autonomy in medical decision making and provide a broad range of diagnostic and therapeutic services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings in rural and urban areas. PA practice is centered on patient care and may include educational, research, and administrative activities. AAPA Policy Manual HP-3100.3.1

### History of the WSU PA Program

The WSU PA Program has enjoyed over 45 years of excellence in PA Education. The WSU Program started its first class of 12 students in January, 1973. More than 1,500 PAs have graduated from our Program. It is the only PA Program in Kansas and is one of the older and larger programs in the U.S.

The admissions process is highly competitive with typically over 1,000 applications for the 48 available seats. Students arrive each June from across the U.S., eager to begin this intense 26 month program resulting in a Master of Physician Assistant (MPA) degree. See [Appendix A](#) for a copy of the WSU Program curriculum. For the first 13 months, students are immersed in science and clinical medicine coursework consisting of nearly 40 hours per week in the classroom in addition to experiential learning in research, professional development, community service, and interprofessional education. The clinical phase of training consists of 8 (5 - 6 week) rotations throughout Kansas and in surrounding states.

The WSU PA Program has been accredited by the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) since its inception. We are members of the Physician Assistant Education Association (PAEA) and have a long history of support for and cooperation with the Kansas Academy of Physician Assistants (KAPA).

### WSU PA Program: Vision, Mission and Guiding Principles

**Vision:** Excellence in physician assistant education

**Mission:** Transform students into highly competent physician assistants

**Guiding principles:**

- Foster an enthusiastic learning environment committed to student success
- Promote patient-centered collaborative care
- Model and cultivate compassion
- Respond to the need for primary care providers in Kansas
- Encourage health care for rural and underserved populations
- Emphasize evidence-based practice and promote lifelong learning

## General Goals of the Clinical Year

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The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. ***It is intended that PA students experience and participate in as many clinical experiences as possible.*** To this end, the goals of the clinical year include:

- Apply didactic knowledge to supervised clinical practice
- Develop and sharpen clinical problem-solving skills
- Expand and develop the medical fund of knowledge
- Perfect the art of history taking and physical examination skills
- Sharpen and refine oral presentation and written documentation skills
- Develop an understanding of the PA role in health care delivery
- Prepare for the PA National Certification Exam
- Develop interpersonal skills and professionalism necessary to function as part of a medical team

## Required Clinical Rotation Experiences

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The first priority when assigning rotations is to ensure that every student meets the instructional objectives of the clinical year. The clinical year consists of 8 rotations individually scheduled by the Program to provide students with:

- exposure to medical care in a variety of settings (outpatient, emergency department, inpatient, and operating room),
- opportunities to develop technical skills in performing procedures relevant to current professional practice,
- patient exposures to acquire competencies needed for clinical PA practice in the areas of preventive, emergent, acute, and chronic patient care, and across the lifespan of the individual patient (infant and child, adult and older adult), and
- breadth and depth of patient exposures to prepare the student for the clinical practice of medicine.

*To meet the Program's Guiding Principles of responding to the need for primary care providers in Kansas and encouraging health care for rural and underserved populations, an individualized rotation schedule is developed for each student to ensure that the student will experience patient care in a variety of settings, specialties, locations and types of care. In addition, each student will be exposed to various basic clinical skills and expected to gain proficiency in these skills during the clinical year.* In addition to 3 required rotations in a primary care specialty (family medicine, pediatrics, internal medicine) and 2 required rotations in a rural or underserved setting, each student is required to have rotation experiences in the following settings, types of care and specialties. In addition, each student is required to experience a variety of patient exposures across the lifespan, as well as in surgery, behavioral health and women's health.

### Health Care Settings

- Outpatient
- Inpatient
- Emergency department
- Operating room

### Types of Care

- Preventive
- Emergent



- Acute
- Chronic

### Patient Exposures

- Medical care across the lifespan (to include infants, children, adolescents, adults and older adults)
- Women’s health (to include prenatal and gynecologic care)
- Care for conditions requiring surgical management (to include preoperative, intraoperative and postoperative care)
- Care for behavioral and mental health conditions

### Medical and Surgical Disciplines

- Emergency Medicine
- Family Medicine
- Internal Medicine
- General Surgery
- Pediatrics
- Prenatal Care/Women’s Health
- Behavioral Health/Psychiatric

## Rotation Learning Outcomes

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The Program has developed general rotation learning outcomes based on the six core competencies adopted by the PA profession (<http://www.nccpa.net/uploads/docs/PACompetencies.pdf>). As the student gains experience throughout the clinical year on assigned rotations, it is expected that the student demonstrate competency in each of these core areas prior to Program completion. At the conclusion of each clinical rotation, the preceptor will be asked to evaluate the PA student (Preceptor Evaluation of Student – Attachment C) on their ability to:

- 1) Demonstrate core ***medical knowledge*** about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.
  - ✓ Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors; identify signs/symptoms of medical conditions and surgical conditions and differentiate between normal and abnormal findings; select and interpret laboratory and diagnostic tests; formulate differential diagnoses; prescribe/monitor pharmacotherapy; and demonstrate problem solving/critical thinking skills.
- 2) Demonstrate ***interpersonal and communication skills*** that result in effective information exchange with patients, patients’ families, physicians, professional associates, and other individuals within the healthcare system.
  - ✓ Adapt communication to patient and healthcare team; maintain demeanor of respect and compassion toward patient and healthcare team; show sensitivity to patients’ culture, age, gender, and disabilities; provide accurate/concise oral presentations; and provide accurate medical record documentation.
- 3) Demonstrate ***patient care*** that is effective, safe, high quality, and equitable.
  - ✓ Perform complete medical history and physical exam; formulate/implement evidence-based treatment and preventive care plans for general medical and surgical conditions; provide equitable, patient-centered, collaborative care; perform medical/surgical procedures.

- 4) Develop an awareness of **professional** and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.
  - ✓ Provide accurate medical record documentation; maintain confidentiality of patient interactions and health records; accept responsibility, exhibit dependability and resiliency following criticism; value all interprofessional interactions; maintain professionalism in behavior, speech, and dress, including appropriate student identification.
  
- 5) Perform critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of **learning and self- and practice-improvement**.
  - ✓ Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence; initiate learning and self-improvement.
  
- 6) Demonstrate an awareness of and responsiveness to the larger **system of healthcare** to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient.
  - ✓ Respond to the larger healthcare system (e.g. funding social services, etc.); and understand and practice within the role of a PA

Detailed learning outcomes and instructional objectives for the following specific medical and surgical disciplines are detailed in **Appendix B**:

- Family Medicine
- Internal Medicine
- Pediatrics
- Emergency Medicine
- Psychiatry/Behavioral Health
- Women’s Health
- General Surgery
- Inpatient Hospital

## Physician Assistant National Certifying Examination (PANCE) Blueprint

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Following Program completion, all graduates are required to pass a national certification exam, Physician Assistant National Certifying Examination (PANCE) in order to gain a license to practice in any state. A detailed list of knowledge and skill areas as well as organ systems and diseases identified as important to PA practice and covered on the PANCE (**Appendix H**) and at the following websites:

<http://www.nccpa.net/ExamsContentBPTasks> : <http://www.nccpa.net/ExamsContentBPOrgans>

We encourage you to review these task and organ system areas to ensure students are gaining experiences within the expected depth, breadth and scope of knowledge needed to perform well in their certifying examination.

<u>Tasks</u>	<u>% of Exam Content</u>
History Taking & Performing Physical Examination.....	16%
Using Laboratory & Diagnostic Studies.....	14%
Formulating Most Likely Diagnosis.....	18%
Health Maintenance.....	10%

Clinical Intervention.....	14%
Pharmaceutical Therapeutics.....	18%
Applying Basic Science Concepts.....	10%

<u>Organ System</u>	<u>% of Exam Content</u>
Cardiovascular.....	16%
Dermatologic.....	5%
EENT (Eyes, Ears, Nose, Throat).....	9%
Endocrine.....	6%
Gastrointestinal/Nutritional.....	10%
Genitourinary.....	6%
Hematologic.....	3%
Infectious Diseases.....	3%
Musculoskeletal.....	10%
Neurologic System.....	6%
Psychiatry/Behavioral.....	6%
Pulmonary.....	12%
Reproductive.....	8%

## Preceptor Roles/Responsibilities

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### Your Role as a Preceptor

Most students remember their preceptors as the person who not only taught them important medical knowledge and skills, but who pushed them to learn even more and mentored them with support and advice as they grew in the clinical environment. *Preceptors are an integral part of the teaching program and key to successful learning experiences in the clinical setting.* The guidance of the preceptor humanizes medicine, helps students synthesize and apply concepts from classroom learning to create deep learning and critical thinking.

The PA student clinician works closely with the preceptor, learning from his/her advice and example to become excellent PAs and members of the healthcare team. Preceptors help students perfect skills and knowledge to meet the PA Competencies as well as develop a strong commitment to continual learning, professional growth, and the physician-PA team for the benefit of patients and the larger community.

### Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:

1. Assume primary responsibility for the action and education of the PA student.
2. Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation.
3. Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care.
4. Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise.
5. Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
  - o Direct supervision, observation, and teaching in the clinical setting
  - o Direct evaluation of presentations (including both oral and written)

- Assignment of outside readings and research to promote further learning
- 6. **Provide timely and structured feedback to the student and the Program regarding student clinical performance, knowledge base, and critical thinking skills. This includes spending a few minutes each week in a candid discussion with the student regarding performance. In addition, it is strongly recommended that you set aside time at the midpoint and then prior to the conclusion of the rotation to provide the student with constructive feedback and suggestions for improvement.**
- 7. Review all student medical record / EHR documentation in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.
- 8. Model appropriate clinical behavior that provides quality patient care in compliance with current laws, regulations, and standards of educational and medical practice.
- 9. Maintain an ethical approach to the care of patients by serving as a role model for the student and demonstrate cultural competency through interactions with patients and educate the student in this area.
- 10. Complete the Preceptor Evaluation of Student and Preceptor Evaluation of Clinical Skills through PA Manager promptly at the end of the rotation. Delays in completing the student evaluation results in delayed feedback to the student, inability to submit grades to the University, and thus, potentially delayed student graduation.
- 11. Complete requested Clinical Practice Evaluations (CPE) following student experiences in specific specialties.
- 12. Promptly notify the Program of circumstances that might interfere with the accomplishment of the above responsibilities or diminish the overall training experience.

## Preceptor–Student Relationship

The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Instagram) should be avoided until the student fully matriculates through the educational program. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the Program and/or WSU website regarding specific Program or University policies regarding this issue.

## Orienting the Student to the Rotation

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

On the first day of the rotation (or when possible, prior to the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional site-specific HIPAA training, if needed.

## Communicating Student Expectations

Early in the clinical rotation, it is recommended that the preceptor and student meet to discuss clinical rotation goals developed by the student prior to the rotation and then formulate mutual goals with regard to what they hope to achieve during the rotation. The preceptor should also communicate his/her expectations of the student during the rotation. These expectations often include:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments / Write-ups
- Anything additional that the preceptor feels is necessary

Please provide students with a tentative work schedule. Students should expect a *minimum* of 40 hours each week on rotation with additional time spent outside of the clinical rotation engaged in a self-directed program of reading, critical analysis, and studying, concentrating on the topics and problems encountered with assigned patients for the purpose of moving towards clinical competency. Students should not expect a Monday through Friday daytime schedule. Students may take call at nights and on weekends and holidays when the team is working.

## Preparing Staff for Student Arrival

Approximately 2 weeks prior to the start of the rotation, the student will contact you to make logistic arrangements in advance of their arrival. In addition, they will send you a brief “student introduction” that will also include their personal learning goals for the rotation.

Please inform your staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student’s arrival to discuss:

- Student’s name
- Student’s schedule (when they will be at the site)
- Student’s expected role in patient care
- Expected effect of the student on office operation:
  - Will fewer patients be scheduled?
  - Will the preceptor be busier?
  - How patients will be scheduled for the student

The staff of a clinical site has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident.

***Please encourage your office staff to contact the Program if they have questions or would like additional information: [PAClinical@wichita.edu](mailto:PAClinical@wichita.edu) or (316) 978-5682 or 978-3011.***

## Guidelines for Student Clinical Activity

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### Student Responsibilities

In addition to adhering to the standards of professional conduct outlined later in the handbook, students are expected to perform the following during their clinical rotations:

- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings
- Perform and/or interpret common lab results and diagnostics
- Educate and counsel patients across the lifespan regarding health-related issues
- Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them
- Demonstrate emotional resilience and stability, adaptability, and flexibility
- Notify preceptors of all absences (planned or otherwise) in a timely manner
- Be sure all financial obligations are satisfied before leaving a rotation (e.g. room-key, deposits, returning all rotation property)

### Student Attendance Expectations

1. Designated State/University holidays: Students are aware there are not guaranteed holidays during the clinical year. Students are expected to be at the clinical rotation site for any days surrounding holidays when the rotation site is in operation. If the clinic/office is closed the day prior to the holiday and the preceptor will not be available, students may be given the day off as well. Students will be given rotation schedules to include Program approved holiday breaks for Thanksgiving and Christmas prior to starting second year clinical rotations.
2. Planned Absences: Expected absences must be approved in advance with the preceptor **and** with the Program. If the Program requires the student to be gone from a rotation, the Program will notify the preceptor directly.
3. Unexpected Absences: Students are expected to notify the preceptor **and** Program as soon as possible if unable to attend a rotation due to significant personal illness or family emergency.
4. Absence Notification Form: Students are also required to complete an absence notification form for all missed rotation time. This form should be completed in advance if the absence is planned or within 3 days of an unexpected absence. This form requires your signature as the preceptor.
5. The preceptor has the right to request specific medical release for an illness-related absence or documentation related to any other absence.

### PA Student Dress Code

**Students are expected to dress professionally while in the clinical setting and PA Program policy requires that they MUST be clearly identified as a PA student while in the clinical setting. They are required to wear a short, white coat with their name badge attached to the upper half of their jacket.**

PA Program dress code policy for the clinical year also includes the following:

- When asked to wear surgical “scrubs” all students must wear the standard grey scrub uniform with the WSU PA Program logo. A white, grey or black crew neck t-shirt should be worn under the scrub uniform. Students should expect to wear ‘scrubs’ only when in the OR setting or when specifically requested by the preceptor.

- A short white jacket must be worn with the student's name badge attached to the *upper* half of their coat.
- Acceptable dress for women includes blouses/sweaters and slacks or knee-length skirts/dresses.
- Acceptable dress for men includes dress shirt, tie and slacks.
- Clothing with "shed" potential (e.g. sequins, fur, glitter) is not allowed.
- All shoes worn in a clinical setting must be closed-toe. Tennis shoes are only allowed when wearing scrubs. Boots should not be worn over pant legs and high heels are discouraged.
- Capri pants are not allowed.
- Visible tattoos should be covered whenever possible.
- Jewelry should not be excessive. Visible studs are limited to two per ear; other visible studs in the face, tongue, lips, etc. are not permitted.
- Perfume or cologne is not allowed.
- Make-up should not be excessive or overdone.
- Artificial nails are not allowed in the clinical setting. Fingernails should be clean and trimmed short, nail polish should be clear or light in color.
- Mustaches, goatees and beards are to be neatly trimmed. Facial hair stubble is not permitted except during initial growth of a beard.
- Women with long hair should not wear it hanging loose about the shoulders and face, but have it pulled back in a professional ponytail, bun or braid.
- Hair color should be natural looking.
- Chewing gum, eating, and drinking are not allowed clinical environments.

This list of dress code examples and violations is not comprehensive. The final determination of appropriate or inappropriate dress during the clinical rotation is at the discretion of the preceptor.

## Standards of Professional Conduct for Students

As health care practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to:

- Respect
- Emotional resilience
- Academic integrity
- Honesty and trustworthiness
- Accountability
- Cultural competency
- Patient confidentiality
- Maintaining appropriate professional boundaries

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the Program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the PA Program.

*If you have any concerns about a student's professionalism, please contact the Program immediately.*

## Supervision of the PA Student

During a student's time at the site, the preceptor (or designated alternate preceptor) must be available for supervision, consultation, and teaching. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, PA or APRN who will serve as the

student's preceptor for any given time interval. Having more than one preceptor has the potential to disrupt continuity for the student but also offers advantages of sharing preceptorship duties as well as exposing students to variations in practice styles. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these interprofessional experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

1. Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision.
2. Students are not allowed to "moonlight." They are not licensed and therefore have no legal status as healthcare providers.
3. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites.
4. On each rotation, it is the student's responsibility to ensure that the supervising preceptor also sees all of the student's patients.
  - The PA student ***must not*** admit, see, treat, or discharge a patient without evaluation by the preceptor or designated, licensed provider.
  - Any written order or entry in a medical document must be immediately co-signed by the preceptor. Students may not transmit verbal orders for treatment/medication.
  - The PA students ***must not*** be the sole practitioner to see and evaluate a patient. This applies to all settings including the emergency room. **A credentialed practitioner must always see the patient prior to dismissal. A telephone conversation with the preceptor is not sufficient.**
5. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, ***every patient must be seen and every procedure evaluated prior to patient discharge.***
6. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" and "Medicare Policy" sections.

## Informed Patient Consent Regarding Student Involvement in Care

Patients are essential partners in the student's educational endeavor. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor patient preferences regarding treatment. All students complete HIPAA training prior to their clinical year.

- *Patients must be informed that a PA student will participate in their care, and the patient's consent must be obtained.* This may be done through standardized forms at admission or on a person-by-person basis.
- *Students should be clearly identified as PA student and must also verbally identify themselves as such.*
- If the patient requests a physician and refuses the student's services, the request must be honored.
- Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

## Medical Record Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes as related to documentation of services provided for reimbursement purposes. Students are reminded that the medical record is a legal document.

- All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S."



- The preceptor cannot bill for the services of a student.
- Preceptors are required to document the services they provide as well as review and edit all student documentation.
- Although student documentation may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop.
- The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own edification, which should be reviewed by preceptors whenever possible for feedback.

## Patient Encounter & Procedure Tracking

PA students are required to record and submit patient encounter data, including gender, age, primary diagnoses, and procedures observed or performed (if applicable) for each patient they see while on rotation within the online PA Manager database. No patient names or other identifying data are collected. This information is required as a means to evaluate the breadth and depth of clinical experiences as well as determine if the student has met Program benchmark encounters in order to graduate.

## Medicare Policy

Medicare reimbursement requires limited student participation with regard to documentation. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. ***For proper Medicare billing***, the preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making. Following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>

## Prescription Writing

Students may transmit prescribing information for the preceptor, but the preceptor must sign all prescriptions. More specifically, the student's name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor ***MUST*** log into the system under his/her own password and personally sign and send the electronic prescription. **These guidelines must not be violated by the student or the preceptor.**

## Needle Stick / Blood Exposure Protocol

Health professions students may be at a higher risk of exposure due to their inexperience. PA students should practice extreme care and universal precautions when handling any potentially contaminated instruments and needles. Bloodborne pathogens include HIV, Hepatitis B, and Hepatitis C. An exposure is generally defined as a percutaneous injury (e.g. needle stick or cut with a sharp object); contact of mucous membrane; or non-intact skin with blood, tissue, or body fluids that are contaminated with visible blood. Urgent attention is critical.

***The student should follow these initial steps immediately following exposure:***

- 1) Immediately and **thoroughly wash** and/or irrigate the exposure site.
- 2) Promptly **notify** the supervising preceptor.

- 3) Seek **immediate medical attention** from the staff where the exposure occurred and follow that facility's policy for treating exposures.
- 4) Provide health insurance information to the facility; students are not covered by Worker's Compensation.
- 5) Immediately contact the **National Clinicians' Post-Exposure Prophylaxis (NCPEP) Hotline** at 888-448-4911 for a post-exposure evaluation that includes a risk assessment of the potential for HIV transmission based upon the specific situation and CDC guidelines.
- 6) Students should cooperate with the evaluation, treatment, and follow-up recommendations made at the time of the exposure assessment. If the patient is known to have HIV, the student should also consult with an HIV/AIDS specialist.

Post-exposure assessment should generally include the following:

- 1) The post-exposure evaluation should include a risk assessment of the potential for HIV transmission based on the type of body substance involved, as well as the route/severity of the exposure and current CDC guidelines. If indicated, post-exposure prophylaxis with HIV medications should ideally be started **within 2 hours of exposure** for best efficacy.
- 2) The facility at which the exposure occurred should make arrangements to evaluate the person whose blood or body fluid was the source of the exposure.
- 3) Students will generally undergo baseline testing for susceptibility to BBPs at the time of the exposure including antibody to HIV.
- 4) There is no recommended post-exposure prophylaxis for **Hepatitis C**, which is a more prevalent BBP than HIV. Thus follow-up testing after an exposure to a source infected with Hepatitis C is extremely important.

Follow-up and documentation procedures should be followed including:

- 1) Students should contact WSU Student Health Services (209 Ahlberg Hall 316-978-3620) within 24 hours (or next business day) to complete an exposure report and/or for further assistance and direction. If Student Health Services is closed, the student should leave a detailed message including a phone number where they can be contacted. It is important to note that WSU Student Health Services is not the first, immediate point of contact and assessment following exposure. They can assist with coordination of follow-up care and documentation only.
- 2) Report the incident to the Program within 24 hours of exposure (or next business day).
- 3) Forward any lab studies performed at the hospital, clinic, or agency and a copy of the agency's report to Student Health Services as soon as possible.

**All expenses incurred for testing, counseling, and/or post-exposure prophylaxis that are not otherwise covered by the institution in which the exposure occurred are the responsibility of the student – not the preceptor, facility, or PA Program**

**National Clinicians' Post-Exposure Prophylaxis (NCPEP)  
Hotline at 888-448-4911**

## **Expected Progression of PA Student**

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PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should progress in development of their clinical acumen with an increasing ability to effectively develop assessment and treatment plans. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should progressively increase to supervised autonomy.

## Feedback to Students (Ongoing, Mid-Rotation, & End-of-Rotation)

The formal end-of-rotation student evaluation is completed online through PA Manager; however, it is imperative that students receive regular feedback regarding their strengths and weaknesses on an ongoing, daily basis from their preceptors to help improve their clinical performance. We also suggest a sit-down conversation with the student at the mid-point of the rotation. The Preceptor Evaluation of the Student ([Appendix C](#)) and Preceptor Evaluation of Clinical Skill Proficiency ([Appendix D](#)) may be used as a starting point for this conversation. We strongly recommend that the preceptor review the end-of-rotation evaluations with the student prior to the conclusion of the rotation.

## Student Evaluations (Overview)

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The preceptor evaluation of student performance is a significant portion of the student grade. Grades cannot be calculated or submitted to the University until your evaluations have been completed in PA Manager. A delay in completing the student evaluation may result in delayed feedback to students, inability to submit grades to the University, and thus, potentially delayed graduation.

When evaluating students, be aware that they arrive with differing levels of experience, knowledge, and clinical skills, and that student competency should increase as they progress through the clinical year. Your evaluation and evaluation score should reflect student knowledge and skills as well as their improvement throughout the rotation. Scores should assess student progress in comparison to other students at the same level.

Consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student's professionalism and effectiveness as a team player with all members of the health care team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

Course grades are determined by the Director of Clinical Education. The decision to pass or fail a student is ultimately made by the Program faculty. **If you feel a student is not performing at an expected level after appropriate feedback, please contact the Director of Clinical Education as soon as the deficiencies are identified.**

At the conclusion of the rotation, preceptors are asked to complete 3 separate evaluations of student performance.

- *Preceptor Evaluation of Student*
- *Clinical Skill Achievement and Assessment of Proficiency*
- *Clinical Performance Evaluation (selected rotation experiences)*

## Evaluation - Preceptor Evaluation of Student

Overall student performance on each clinical rotation is evaluated by the clinical preceptor using the Program's evaluation tool based upon expectations for a student at that point in their professional education. This evaluation tool ([Appendix C](#)) is based on professional PA Competencies as well as Program learning outcomes. Student performance should be assessed utilizing the following scale:

- 5 - outstanding
- 4 - exceeds expectations

- 3 - meets expectations
- 2 - needs improvement
- 1 - unsatisfactory
- 0 - not observed *[note: scores of 0 are not counted in the average score]*

Students are required to request a meeting with the preceptor the last week of each rotation to discuss their performance and confirm that the preceptor has received an evaluation link through PA Manager. A mean score is calculated from the preceptor responses on the student evaluation. This mean score is then converted to a percentage score by the Director of Clinical Education. Please note that the numbered responses DO NOT directly correlate to a particular letter grade (e.g., a rating of 3 does not equal a grade of C). **Please complete the evaluation considering the student’s performance on rotation rather than an anticipated grade.**

## Evaluation - Clinical Skill Achievement and Assessment of Proficiency

As the student progresses through the clinical year, the student will attain basic proficiency in performance of basic clinical skills and procedures based on current professional practice. Achieving competency in these basic skills is essential for the graduating PA. Students are NOT expected to acquire all these skills within a single rotation. The preceptor assessment is not calculated into the course grade for an individual rotation; however, preceptors are asked to assess their performance at the end of each rotation to ensure that they are making adequate progress. Students are expected to achieve a rating of “3 – able to perform independently” for each clinical skill prior to Program completion. Student proficiency in performing the listed clinical skills should be assessed utilizing the following scale:

- 0 – not applicable/not observed
- 1 – attempted but needs further training
- 2 – able to perform with supervision
- 3 – able to perform independently

Refer to [Appendix D](#) for a detailed listing of the required clinical skills to be assessed.

## Evaluation - Clinical Performance Evaluation (CPE)

In addition to the preceptor evaluation for each rotation, periodically during the clinical year preceptors will evaluate each student for basic competency in assessment and management of patients in each of the program required rotation specialty experiences (family medicine, internal medicine, pediatrics, behavioral medicine/psych, women’s health, emergency medicine, general surgery). The student will initiate a request to the preceptor for assessment in each of the specialties throughout the year during the rotation where the specialty experience occurs. The rubric for each of the specialty CPEs is slightly different. The rubric for each specialty is based on detailed clinical rotation learning outcomes and instructional objectives ([Appendix B](#)). In addition, the student is instructed to submit a sample (e.g. SOAP note, progress note) of their EHR documentation to you for review. Students have been instructed not to print patient information directly from the medical record / EHR system but to bring a typed documentation note (de-identified) to you for review. Please sign the CPE form and initial the chart documentation note after review and return to the student.

The CPE evaluations are not calculated as part of the course grade, however, students must achieve a rating of “expected level of performance with supervision” in each of the CPE evaluations prior to Program completion. Your assessment of the student’s performance should be based on direct observation of student-patient interactions. If the student is not performing at an ‘expected level of competency” they are allowed to initiate a second request later in the rotation after additional time spent improving their skills. If the student continues to perform at a level below the expected competency please contact the Director of Clinical Education (316-978-3011 or [paclinical@wichita.edu](mailto:paclinical@wichita.edu) ) as soon as possible to discuss next steps.

Refer to [Appendix E](#) to review the CPE (includes rubric and instructional objectives) forms for each specialty.

Additional detailed instructions with a short video explanation of each of the student evaluations may be found on the WSU PA Program website – Clinical Education page: [www.wichita.edu/paclinical](http://www.wichita.edu/paclinical)

## Completing Student Evaluations in PA Manager

Two weeks prior to the end of the rotation, you will receive an e-mail from the Program with a link to the student evaluation forms and your login information. You can submit the evaluation through any computer or smart phone. After answering all the evaluation questions, click **Finish and Complete**.

If you do not receive an evaluation email or have any problems or questions with the process, please contact the Program at (316) 978-3011 or PAclinical@wichita.edu.

## Preceptor – Program Relationship

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The success of clinical training of PA students depends on maintaining good communication between the preceptor, student, Clinical Team, and PA Program. All members of the team should share contact information. If you have a question or concern about a student at any time, please contact the Clinical Team. The Program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate Program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

## Notification of Scheduled Students

A legal affiliation agreement must be in place between WSU and the clinical rotation site in order for PA students to be trained there. Agreements are also required for any facility in which the student will be participating in patient care with the supervising preceptor. Each year you will be asked to submit a Preceptor Availability form indicating which rotations you are able to take students.

The Director of Clinical Education creates a clinical rotation schedule by matching student required rotation needs and preceptor availability. The Program cannot guarantee student appointments on a continuous, year-round basis. Once the schedule is established, each site will receive a list of scheduled students with start/end dates of the rotations. Prior to the start of a rotation, the rotation “site contact” will receive a “Letter of Good Standing” which verifies the following information for the individual student:

- is in good standing with the Program,
- is current with CDC recommended immunizations for healthcare students, physical exam, and TB screenings,
- has passed a background check prior to Program admission,
- has passed a drug screen prior to beginning the clinical rotation year
- has malpractice insurance and health insurance coverage,
- has completed training on HIPAA and Universal Precautions and Bloodborne Pathogens, and
- is BLS certified.

Three weeks before a rotation is scheduled to begin, a ***reminder email*** is sent to the preceptor listing the name of the student, start and end dates of the rotation, and the student’s email address. Students receive a similar email with the preceptor contact information.

***Last-minute schedule changes may occur.*** We understand that your schedule, like ours, may change with little notice. Our goal is to communicate these changes as soon as possible. If you need to cancel a scheduled

student rotation, please notify the Program as soon as possible. Likewise, if we have to change a student schedule or cancel a rotation at your site, we will notify you as soon as possible.

## Site Visits by Program Faculty

Periodic site visitation is an important process for the student, preceptor, and faculty and is a required component of the Program's ongoing accreditation. Site visits allow collegial exchange between faculty and preceptors. Site visits serve multiple purposes including site and preceptor evaluation, opportunity to provide preceptor with student feedback, and opportunity for preceptor to provide feedback to the Program. Faculty may ask to tour clinical areas and student housing. Site visits should be seen as a positive exchange of information. Site visits will be scheduled in advance so preceptors can plan accordingly. See [Appendix G](#) to review the Clinical Site Visit Evaluation Form.

## Student Evaluation of Preceptor / Rotation

At the conclusion of each rotation, the student will complete an evaluation of the preceptor/rotation. Due to the one-on-one nature of clinical education, it is difficult to provide preceptors with raw data and student comments while still maintaining anonymity of the student(s); therefore, the Director of Clinical Education will provide preceptors with aggregate and general summary feedback as appropriate during site visits. See [Appendix H](#) to review the Student Evaluation of Preceptor & Rotation evaluation form.

## Liability Insurance Safeguards

Each PA student has professional liability insurance within a supervised student role. Students ***must not*** assume responsibilities of an employee until after Program completion. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and seemingly benign, they must be avoided. This is vital in preserving the student's professional liability coverage and is important to protect both the student and employer in the case of legal action. In addition, if a student is working in a paid position in a different healthcare 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. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of their role as a PA student. Liability insurance will not cover any student assuming the "PA student" role outside of an assigned clinical rotation.

## Preceptor Development Tools

[Appendix I](#) provides links and descriptions of the following helpful tips and teaching tools.

1. Integrating the PA Student into a Busy Practice
  - Integrating the Learner into the Busy Office Practice
  - Time-Efficient Preceptors in Ambulatory Care Settings
2. Evaluation and Teaching Strategies
  - Evaluation Using the GRADE Strategy
  - The One-Minute Preceptor
  - Feedback and Reflection: Teaching Methods for Clinical Settings
  - Characteristics of Effective Clinical Teachers
3. Providing Effective Feedback
  - It's Not Just What You Know: The Non-Cognitive Attributes of Great Clinical Teachers
  - Feedback in Clinical Medical Education
  - Feedback: An Educational Model for Community-Based Teachers

4. Managing Difficult Learning Situations
  - Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
  - Provide Difficult Feedback: TIPS for the Problem Learner
5. Developing Expectations: An Educational Monograph for Community-Based Teachers
6. Conflict Resolution
7. One Pagers for Preceptors

## Acknowledgements

Sections of the WSU PA Preceptor Handbook are from or adapted from the PAEA Preceptor Orientation Handbook available online to PA Programs at [www.PAEAonline.org](http://www.PAEAonline.org).



## Appendix A - WSU PA Program Curriculum

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### Summer Semester (7 credit hours)

PA 789 Clinical Anatomy (5)  
PA 789L Clinical Anatomy Lab (1)  
PA 717 Professional Issues (1)

### Fall Semester (22 credit hours)

PA 700 Clinical Practice I (3)  
PA 700L Clinical Practice I Lab (1)  
PA 716 Clinical Laboratory (2)  
PA 718 Clinical Medicine Cardiology (3)  
PA 727 Preventive Medicine (2)  
PA 729 Clinical Behavioral Medicine (2)  
PA 731 Clinical Medicine Dermatology (2)  
PA 732 Clinical Medicine EENT (2)  
HS 710 Applied Clinical Pharmacology (3)  
HP 800 Research Methods for Evidence-Based Practice (2)

### Spring Semester (22 credit hours)

PA 719 Clinical Medicine Pulmonology (3)  
PA 722 Clinical Medicine Gastroenterology (3)  
PA 724 Clinical Medicine OB/GYN (3)  
PA 728 Clinical Medicine Endocrinology (2)  
PA 730 Clinical Medicine Musculoskeletal (2)  
PA 734 Clinical Medicine Neurology (2)  
PA 736 Clinical Practice II (2)  
PA 736L Clinical Practice II Lab (1)  
HS 711 Pharmacologic Management of Acute and Chronic Diseases (3)  
HP 801 Interprofessional Evidence-Based Practice (1)

### Summer Semester (6 credit hours)

PA 721 Clinical Medicine Genitourinary Renal (2)  
PA 801 Advanced Clinical Rotation I (4)

### Fall Semester (14 credit hours)

PA 802 Advanced Clinical Rotation II (4)  
PA 803 Advanced Clinical Rotation III (4)  
PA 804 Advanced Clinical Rotation IV (4)  
PA 896 Directed Study in Research I (2)

### Spring Semester (15 credit hours)

PA 805 Advanced Clinical Rotation V (4)  
PA 806 Advanced Clinical Rotation VI (4)  
PA 807 Advanced Clinical Rotation VII (4)  
PA 850 Experiential Learning (1)  
PA 897 Directed Study in Research II (2)

### Summer Semester (7 credit hours)

PA 899 Advanced Clinical Rotation VIII (7)



# Appendix B - Learning Outcomes and Instructional Objectives for the Clinical Year

The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued skill refinement and expanded knowledge as a practicing PA. Mastery of clinical knowledge and skills is gradual and does not occur with any single exam, course, or rotation. The process takes time, study, and focused effort. Typically, during the first three months of clinical training, students begin to develop basic skills. During the fourth through seventh months, students gain confidence and improve clinical skills. From the eighth month forward, students refine their clinical skills and continue to build medical knowledge. Students must fully engage during the clinical year to improve their history taking, diagnostic, therapeutic, communication, critical-thinking and decision-making skills.

The Program will conduct frequent, objective and documented evaluations of student performance during the clinical year as related to the Learning Outcomes listed for each type of clinical rotation. Assessment tools include: Preceptor Evaluation of Student, specialty Clinical Performance Evaluations, Clinical Skills Checklist, EOR exams, various EOR assessments and activities, and the Program Summative Exams and Summative OSCEs. These Learning Outcomes represent the knowledge, interpersonal, clinical, and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice that students are expected to attain during the Program.

Multiple Instructional Objectives are provide with each Learning Outcome. The primary goal of the Instructional Objectives is to guide students in their studies by describing what the learner will be able to do after completing a unit of instruction. Some of the Instructional Objectives are written to assist students in achieving the intended behavior (the Learning Outcome) during the clinical rotation, while other instructional objectives are written to indicate the behaviors expected of students at the end of the clinical rotation.

## Overview - Specialty Specific Learning Outcomes (LO) and Instructional Objectives (IO)

Each student's clinical rotation schedule is unique with varied experiences. The specific rotation LOs and IOs provided for family medicine, internal medicine, pediatrics, emergency medicine, women's health, behavioral health, general surgery and inpatient setting represent the basic knowledge and clinical skills typically experienced within that specialty; they do not represent the full body of knowledge within the given discipline. In addition, a student may not experience care of a patient with all conditions listed on the EOR exam blueprint within a specialty but will be expected to be familiar with pathophysiology and the signs/symptoms, treatment, and patient education for all diseases/conditions listed on the blueprint.

Exposure to patient care in a required specialty may occur within a family medicine rotation, particularly in rural areas and/or community health centers. Each student receives an individualized rotation experience overview. This overview indicates the specific rotation where the student is likely to gain experience in required specialties such as internal medicine, pediatrics, behavioral health, surgery, women's health, etc. It is the student's responsibility to perform in-depth reading and research of conditions encountered in each specialty. Independent, life-long learning is required of all healthcare providers and is essential for success in the clinical year.

Results of performance evaluations and exams conducted throughout the clinical year should be used as a learning tool to identify gaps in knowledge/skills. **It is incumbent upon the student to recognize these gaps and seek help from the faculty and/or preceptor as needed.**

**Specialty Specific LOs and IOs for the following specialties are provided:** 1) Family Medicine, 2) Internal Medicine, 3) Pediatrics, 4) Emergency Medicine, 5) Behavioral Health, 6) Women's Health, 7) General Surgery, and 8) Inpatient Hospital Setting

## Rotation Specialty – FAMILY MEDICINE (FM)

**Rotation Description:** A rotation in FAMILY MEDICINE provides the PA student with learning opportunities to achieve basic competency in diagnosis, management, and treatment of health problems encountered across the lifespan through supervised evaluation and management of FAMILY MEDICINE patients. During the clinical rotation, the student must review the applicable learning outcomes and instructional objectives for the appropriate specialty. The student must seek opportunities through patient care or independent study to allow for development of competencies needed for clinical practice.

- **Typical FM Settings:** Primarily *outpatient*. Students may also have the opportunity to participate in care of patients in the *inpatient*, *emergency room*, or *long-term care* setting depending on the site.
- **Typical FM Case Types:** Primarily *preventive*, *acute*, and *chronic* patient encounters. Many rural FAMILY MEDICINE rotations also provide substantial opportunities to see patients requiring *emergent* care.
- **Typical FM Patients:** Students will encounter patients *across the lifespan* including *pediatrics* and *geriatrics*. Many rural FAMILY MEDICINE rotations also provide substantial opportunities to see patients requiring *women's health* care, including *prenatal* care, and *behavioral health*.

### FAMILY MEDICINE Learning Outcomes (LO) and Instructional Objectives (IO):

**FM-LO 1:** Demonstrate core ***medical knowledge*** of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, as demonstrated by the following *instructional objectives*:

**FM-IO 1a:** Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors to the care of patients encountered in FAMILY MEDICINE.

**FM-IO 1b:** Identify signs/symptoms of common conditions encountered in FAMILY MEDICINE and differentiate between normal and abnormal findings.

**FM-IO 1c:** Select and interpret laboratory and diagnostic studies commonly encountered in FAMILY MEDICINE (including but not limited to):

#### Laboratory Tests

- bacterial/viral culture
- biochemical profiles
- complete blood count
- glucose (capillary, A1c)
- pregnancy tests
- thyroid/liver/renal function tests
- urinalysis

#### Diagnostic Studies

- basic x-ray interpretation (e.g. chest, abdominal, extremities)

**FM-IO 1d:** Formulate differential diagnoses for common conditions in FAMILY MEDICINE.

**FM-IO 1e:** Prescribe/monitor pharmacotherapy for conditions commonly encountered in FAMILY MEDICINE that demonstrates understanding of mechanism of action, adverse effects, therapeutic uses, dosing, compliance issues, and patient education/counseling.

**FM-IO 1f:** Demonstrate adequate problem solving/critical thinking skills.

**FM-LO 2:** Demonstrate ***patient care*** that is effective, safe, high quality, and equitable, as demonstrated by the following *instructional objectives*:

**FM-IO 2a:** Perform *comprehensive* history and physical exams of pediatric, adolescent, adult and older adult patients as well as appropriate *focused* history and physical exams depending on chief complaint and presentation (includes sensitive exams such as breast, female pelvic, male genitalia, rectal).

**FM-IO 2b:** Formulate/implement evidence-based treatment and preventive care plans across the lifespan for acute and chronic conditions commonly encountered in FAMILY MEDICINE.

**FM-IO 2c:** Provide equitable, patient-centered, collaborative care.

**FM-IO 2d:** With supervision, perform medical/minor surgical procedures commonly encountered in FAMILY MEDICINE (including but not limited to):

- local anesthesia
- skin suture/staple
- venipuncture

**FM-LO 3:** Demonstrate ***interpersonal and communication skills*** resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following ***instructional objectives***:

**FM-IO 3a:** Adapt communication to patient and healthcare team members and provide effective patient education as appropriate to the patient's treatment plan for a presenting condition.

**FM-IO 3b:** Maintain demeanor of respect and compassion toward patient and healthcare team.

**FM-IO 3c:** Show sensitivity to patients' culture, age, gender, and disabilities.

**FM-IO 3d:** Document medical records / EHR to meet site requirements (e.g. outpatient encounter notes, outpatient Rx writing).

**FM-IO 3e:** Provide accurate/concise oral presentations to preceptor.

**FM-LO 4:** Acknowledge awareness of ***professional*** and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements, as demonstrated by the following ***instructional objectives***:

**FM-IO 4a:** Maintain confidentiality of patient interactions and health records.

**FM-IO 4b:** Follow instructions, accept responsibility, take initiative, exhibit dependability (punctuality, attendance at required activities), and modify behavior following constructive criticism.

**FM-IO 4c:** Seek interprofessional interactions and identify appropriate referrals.

**FM-IO 4d:** Maintain professionalism in behavior, dress, and student identification.

**FM-LO 5:** Engage in critical analysis of individual practice experience, the medical literature, and other information resources for the purposes of ***learning and self- and practice-improvement***, as demonstrated by the following ***instructional objectives***:

**FM-IO 5a:** Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence.

**FM-IO 5b:** Initiate sufficient learning and self-improvement including development of appropriate rotation learning goals prior to each rotation.

**FM-IO 5c:** Ensure accurate entry of all required patient data encounters in PA Manager.

**FM-IO 5d:** Submit accurate patient portfolio summary data at the end of each rotation.

**FM-LO 6:** Demonstrate awareness of and responsiveness to the larger ***system of healthcare*** to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient, as demonstrated by the following ***instructional objectives***:

**FM-IO 6a:** Understand fundamental components of the larger healthcare system (e.g. healthcare funding/reimbursement, patient safety, healthcare disparity)

**FM-IO 6b:** Demonstrate appropriate supervised practice within the scope and role of a PA and the role of the PA in team-based care including but not limited to specialist referral, mental health support services, and social services.

## **FAMILY MEDICINE – Specific Areas of Concentration**

The following is a *representative*, but not all-inclusive, list of topics to focus on during a FAMILY MEDICINE rotation. Refer to the FAMILY MEDICINE EOR exam blueprint for a comprehensive listing of diseases/conditions.

### **PRESENTING SIGNS/SYMPTOMS:**

- |                                    |  |  |
|------------------------------------|--|--|
| 1. abdominal pain                  | 9. dyspnea                               | 17. syncope                            |
| 2. back pain                       | 10. fever                                | 18. unintended weight loss/weight gain |
| 3. chest pain                      | 11. headache                             | 19. vaginal/urethral discharge         |
| 4. confusion                       | 12. joint pain/swelling (including back) | 20. weakness, fatigue, myalgia         |
| 5. constipation/diarrhea           | 13. lymphadenopathy                      |  |
| 6. cough/congestion                | 14. nausea/vomiting                      |  |
| 7. decrease/loss of hearing/vision | 15. palpitations                         |  |
| 8. dizziness/vertigo               | 16. skin rash                            |  |

### **COMMON ACUTE & CHRONIC DISEASES/CONDITIONS:**

- |   |                              |  |
|---|------------------------------|--|
| 1. allergic diseases (rhinitis, atopic dermatitis, asthma, urticaria) | 6. diabetes                  | 13. thyroid disorders                    |
| 2. arrhythmia (a-fib, PSVT)   | 7. dyslipidemia              | 14. respiratory infection (upper, lower) |
| 3. arthritis (osteo / RA)   | 8. gastroenteritis           | 15. skin infection (bacterial/viral)     |
| 4. back pain  | 9. GERD                      | 16. UTI (cystitis, pyelonephritis)       |
| 5. delirium/dementia  | 10. heart failure            |  |
|   | 11. hypertension             |  |
|   | 12. insomnia/sleep disorders |  |

### **COMMON PREVENTIVE CARE/SCREENING MEASURES:**

- |                                    |                                      |  |
|------------------------------------|--------------------------------------|--|
| 1. alcohol/tobacco/substance use   | 5. diet/exercise                     | 10. risk calculators (ASCVD, CHA2DS2-VASc, FRAX)         |
| 2. cholesterol screening           | 6. fall prevention measures          | 11. sexually transmitted diseases (screening/prevention) |
| 3. colorectal cancer screening     | 7. immunizations (adult & pediatric) |  |
| 4. diabetes (screening/prevention) | 8. oral health                       |  |
|                                    | 9. palliative/end-of-life care       |  |

### **ADDITIONAL COMMON PROCEDURES**

- |                        |                                |                |
|------------------------|--------------------------------|----------------|
| 1. cerumen removal     | 5. skin suture/staple          | 8. cast/splint |
| 2. injections (IM, SQ) | 6. venipuncture                |                |
| 3. local anesthesia    | 7. wound care (includes I & D) |                |
| 4. skin lesion cautery |                                |                |

### **ADDITIONAL HEALTHCARE SYSTEM / TEAM-BASED CARE ELEMENTS:**

In addition to items listed within FM-IO 6a and FM-IO 6b):

1. access to primary care
2. healthcare provider shortages (rural/underserved areas)
3. medical home

## Rotation Specialty – INTERNAL MEDICINE (IM)

**Rotation Description:** A rotation in INTERNAL MEDICINE provides the PA student with learning opportunities to achieve basic competency in diagnosis, management and treatment of health problems encountered across the *adult* and *older adult (geriatric)* lifespan through supervised evaluation and management of INTERNAL MEDICINE patients. During the rotation, the student must review applicable learning outcomes and instructional objectives for the appropriate specialty. The student must seek opportunities through patient care or independent study to allow for development of competencies needed for clinical practice.

- **Typical IM Settings:** Primarily *outpatient*. Students may also have the opportunity to participate in care of patients in the *inpatient* and *long-term care* setting, depending on the site.
- **Typical IM Case Types:** Primarily *preventive*, *acute*, and *chronic* patient encounters. Many INTERNAL MEDICINE rotations also provide the opportunity to see patients requiring *emergent* care.
- **Typical IM Patients:** Students will encounter patients *across the adult lifespan* including opportunities to see patients requiring *women's health* care and *behavioral health*.

### INTERNAL MEDICINE Learning Outcomes (LO) and Instructional Objectives (IO):

**IM-LO 1:** Demonstrate core ***medical knowledge*** of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, as demonstrated by the following *instructional objectives*:

**IM-IO 1a:** Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors to the care of patients encountered in INTERNAL MEDICINE.

**IM-IO 1b:** Identify signs/symptoms of common conditions encountered in INTERNAL MEDICINE and differentiate between normal and abnormal findings (including normal vs. abnormal signs of aging)

**IM-IO 1c:** Select and interpret laboratory and diagnostic studies commonly encountered in INTERNAL MEDICINE (including but not limited to):

#### Laboratory Tests

- anemia studies
- bacterial/viral culture
- biochemical profiles
- coagulation studies
- complete blood count
- glucose (capillary, A1c)
- pregnancy tests
- thyroid/liver/renal function tests
- urinalysis

#### Diagnostic Studies

- basic x-ray interpretation (e.g. chest, abdominal, extremities)
- ECG

**IM-IO 1d:** Formulate differential diagnoses for common conditions in INTERNAL MEDICINE, including geriatric care.

**IM-IO 1e:** Prescribe/monitor pharmacotherapy for conditions commonly encountered in INTERNAL MEDICINE that demonstrates understanding of mechanism of action, adverse effects, therapeutic uses, appropriate dosing, compliance issues, and patient education/counseling.

**IM-IO 1f:** Demonstrate adequate problem solving/critical thinking skills.

**IM-LO 2:** Demonstrate ***patient care*** that is effective, safe, high quality, and equitable, as demonstrated by the following *instructional objectives*:

**IM-IO 2a:** Perform *comprehensive* history and physical exams of adult and older adult patients as well as appropriate *focused* history and physical exams depending on chief complaint and presentation (includes sensitive exams such as breast, female pelvic, male genitalia, rectal).

**IM-IO 2b:** Formulate/implement evidence-based treatment, preventive, *palliative, and end-of-life* care plans across the adult and older adult lifespan for acute and chronic conditions commonly encountered in INTERNAL MEDICINE.

**IM-IO 2c:** Provide equitable, patient-centered, collaborative care.

**IM-LO 3:** Demonstrate ***interpersonal and communication skills*** resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following ***instructional objectives***:

**IM-IO 3a:** Adapt communication to patient and healthcare team members and provide effective patient education as appropriate to the patient's treatment plan for a presenting condition as well as delivering difficult news / end-of-life conversations.

**IM-IO 3b:** Maintain demeanor of respect and compassion toward patient and healthcare team.

**IM-IO 3c:** Show sensitivity to patients' culture, age, gender, and disabilities.

**IM-IO 3d:** Document medical records / EHR to meet site requirements (outpatient encounter notes, outpatient Rx writing).

**IM-IO 3e:** Provide accurate/concise oral presentations to preceptor.

**IM-LO 4:** Acknowledge awareness of ***professional*** and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements, as demonstrated by the following ***instructional objectives***:

**IM-IO 4a:** Maintain confidentiality of patient interactions and health records.

**IM-IO 4b:** Follow instructions, accept responsibility, take initiative, exhibit dependability (punctuality, attendance at required activities), and modify behavior following constructive criticism.

**IM-IO 4c:** Seek interprofessional interactions and identify appropriate referrals.

**IM-IO 4d:** Maintain professionalism in behavior, dress, and student identification.

**IM-LO 5:** Engage in critical analysis of individual practice experience, the medical literature, and other information resources for the purposes of ***learning and self- and practice-improvement***, as demonstrated by the following ***instructional objectives***:

**IM-IO 5a:** Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence.

**IM-IO 5b:** Initiate sufficient learning and self-improvement including development of appropriate rotation learning goals prior to each rotation.

**IM-IO 5c:** Ensure accurate entry of all required patient data encounters in PA Manager.

**IM-IO 5d:** Submit accurate patient portfolio summary data at the end of each rotation.

**IM-LO 6:** Demonstrate awareness of and responsiveness to the larger ***system of healthcare*** to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient, as demonstrated by the following ***instructional objectives***:

**IM-IO 6a:** Understand fundamental components of the larger healthcare system (e.g. healthcare funding/reimbursement, patient safety, healthcare disparity)

**IM-IO 6b:** Demonstrate appropriate supervised practice within the scope and role of a PA and the role of the PA in team-based care including but not limited to specialist referral, mental health support services, and social services.

## **INTERNAL MEDICINE – Specific Areas of Concentration**

The following is a *representative*, but not all-inclusive, list of topics to focus on during an INTERNAL MEDICINE rotation. Refer to the INTERNAL MEDICINE EOR exam blueprint for a comprehensive listing of diseases/conditions.

### **PRESENTING SIGNS/SYMPTOMS:**

1. abdominal pain
2. chest pain
3. confusion
4. constipation/diarrhea
5. cough/congestion
6. decrease/loss of hearing/vision
7. dizziness/vertigo
8. dyspnea
9. fever
10. headache
11. joint pain/swelling (including back)
12. lymphadenopathy
13. nausea/vomiting
14. palpitations
15. syncope
16. unintended weight loss/weight gain
17. vaginal/urethral discharge
18. weakness, fatigue, myalgia

### **COMMON ACUTE & CHRONIC DISEASES/CONDITIONS:**

1. allergic diseases (rhinitis, atopic dermatitis, asthma, urticaria)
2. anemia
3. arrhythmia (e.g. a-fib, PSVT, bradycardia)
4. arthritis (osteo/rheumatoid)
5. delirium/dementia
6. diabetes
7. dyslipidemia
8. electrolyte/fluid disorders
9. gastroenteritis
10. gastroesophageal reflux
11. heart failure
12. hypertension
13. insomnia/sleep disorders
14. kidney stones
15. neoplasm/cancer
16. prostate disease (hypertrophy/prostatitis)
17. acute/chronic renal failure
18. respiratory infection
19. thyroid disease
20. urinary infection (UTI, cystitis, pyelonephritis)

### **COMMON PREVENTIVE CARE/SCREENING MEASURES:**

1. alcohol/tobacco/substance use
2. cholesterol screening
3. colorectal cancer screening
4. diabetes (screening/prevention)
5. diet/exercise
6. fall prevention measures
7. immunizations (adult)
8. oral health
9. palliative/end-of-life care
10. risk calculators (ASCVD, CHA2DS2-VASc, FRAX)
11. sexually transmitted diseases (screening/prevention)

### **COMMON PROCEDURES**

1. injections (IM/SQ)
2. joint injection/aspiration
3. wound care (includes I & D)
4. pulmonary function testing
5. ECG interpretation

### **ADDITIONAL HEALTHCARE SYSTEM / TEAM-BASED CARE ELEMENTS:**

In addition to items listed within IM-IO 6a and IM-IO 6b:

1. end-of-life (DNR, advance directives)
2. medical home
3. palliative and hospice care
4. reimbursement (Medicare, VA benefits)

## Rotation Specialty – PEDIATRICS (PEDS)

**Rotation Description:** A rotation in PEDIATRICS provides the PA student with learning opportunities to achieve basic competency in diagnosis, management and treatment of health problems encountered from infancy through adolescence through supervised evaluation and management of PEDIATRIC patients. During the clinical rotation, the student must review the applicable learning outcomes and instructional objectives for the appropriate specialty. The student must seek opportunities through patient care or independent study to allow for development of competencies needed for clinical practice.

- **Typical PEDS Settings:** Primarily *outpatient*. Students may also have the opportunity to participate in care of PEDIATRIC patients in the *inpatient* or *emergency room* setting depending on the site.
- **Typical PEDS Case Types:** Primarily *preventive*, *acute*, and *chronic* patient encounters. Many rural PEDIATRIC rotations also provide the opportunity to see patients requiring *emergent* care.
- **Typical PEDS Patients:** Students will encounter patients across the pediatric lifespan including infants, children, and adolescents.

### PEDIATRICS Learning Outcomes (LO) and Instructional Objectives (IO):

**PEDS-LO 1:** Demonstrate core ***medical knowledge*** of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care. To achieve this learning outcome, students should focus their study on the following *instructional objectives*:

**PEDS-IO 1a:** Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors to the care of patients encountered in PEDIATRICS.

**PEDS-IO 1b:** Identify signs/symptoms of common conditions encountered in PEDIATRICS and differentiate between normal and abnormal findings.

**PEDS-IO 1c:** Select and interpret laboratory studies commonly encountered in PEDIATRICS (including but not limited to):

#### Laboratory Tests

- biochemical profiles
- complete blood count
- newborn screening
- urinalysis

**PEDS-IO 1d:** Formulate differential diagnoses for common conditions in PEDIATRICS.

**PEDS-IO 1e:** Prescribe/monitor pharmacotherapy for conditions commonly encountered in PEDIATRICS.

Prescribe/monitor pharmacotherapy for conditions commonly encountered in PEDIATICS that demonstrates understanding of mechanism of action, adverse effects, therapeutic uses, accurate pediatric dosing, dosage formulations (chewable, liquid), compliance issues, and parent/patient education/counseling.

**PEDS-IO 1f:** Demonstrate adequate problem solving/critical thinking skills.

**PEDS-IO 1 g:** Demonstrate understanding of pediatric developmental milestones and routine immunization schedules.

**PEDS-LO 2:** Demonstrate ***patient care*** that is effective, safe, high quality, and equitable. To achieve this learning outcome, students should focus their study on the following *instructional objectives*:

**PEDS-IO 2a:** Perform comprehensive history and physical exams of newborn, infant, child, and adolescent patients as well as appropriate focused history and physical exams depending on chief complaint and presentation (includes sensitive exams such as breast, female pelvic, male genitalia, rectal).

**PEDS-IO 2b:** Formulate/implement evidence-based treatment and preventive care plans across the pediatric lifespan for acute and chronic conditions commonly encountered in PEDIATRICS including immunizations and safety measures.

**PEDS-IO 2c:** Provide equitable, patient-centered, collaborative care.



**PEDS-LO 3:** Demonstrate *interpersonal and communication skills* resulting in effective information exchange with patients, parents, physicians, professional associates, and other individuals within the healthcare system. To achieve this learning outcome, students should focus their study on the following *instructional objectives*:

**PEDS-IO 3a:** Adapt communication to parent/patient and healthcare team members and provide effective parent/patient education as appropriate to the patient's treatment plan for a presenting condition.

**PEDS-IO 3b:** Maintain demeanor of respect and compassion toward parent/patient and healthcare team.

**PEDS-IO 3c:** Show sensitivity to patients' culture, age, gender, and disabilities.

**PEDS-IO 3d:** Document medical records / EHR to meet site requirements (outpatient encounter notes, outpatient Rx writing, vaccination records).

**PEDS-IO 3e:** Provide accurate/concise oral presentations to preceptor.

**PEDS-LO 4:** Acknowledge awareness of *professional* and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. To achieve this learning outcome, students should focus their study on the following *instructional objectives*:

**PEDS-IO 4a:** Maintain confidentiality of patient interactions and health records.

**PEDS-IO 4b:** Follow instructions, accept responsibility, take initiative, exhibit dependability (punctuality, attendance at required activities), and modify behavior following constructive criticism.

**PEDS-IO 4c:** Seek interprofessional interactions and identify appropriate referrals.

**PEDS-IO 4d:** Maintain professionalism in behavior, dress, and student identification.

**PEDS-LO 5:** Engage in critical analysis of individual practice experience, the medical literature, and other information resources for the purposes of *learning and self- and practice-improvement*. To achieve this learning outcome, students should focus their study on the following *instructional objectives*:

**PEDS-IO 5a:** Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence.

**PEDS-IO 5b:** Initiate sufficient learning and self-improvement including development of appropriate rotation learning goals prior to each rotation.

**PEDS-IO 5c:** Ensure accurate entry of all required patient data encounters in PA Manager.

**PEDS-IO 5d:** Submit accurate patient portfolio summary data at the end of each rotation.

**PEDS-LO 6:** Demonstrate awareness of and responsiveness to the larger *system of healthcare* to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient. To achieve this learning outcome, students should focus their study on the following *instructional objectives*:

**PEDS-IO 6a:** Understand fundamental components of the larger healthcare system (e.g. healthcare funding/reimbursement, patient safety, healthcare disparity).

**PEDS-IO 6b:** Demonstrate appropriate supervised practice within the scope and role of a PA and the role of the PA in team-based care including but not limited to specialist referral, mental health support services, and social services.

## **PEDIATRICS – Specific Areas of Concentration**

The following is a *representative*, but not all-inclusive, list of topics to focus on during a PEDIATRICS rotation. Refer to the PEDIATRICS EOR exam blueprint for a comprehensive listing of diseases/conditions.

### **PRESENTING SIGNS/SYMPTOMS:**

1. abdominal pain
2. constipation/diarrhea
3. cough/congestion
4. dyspnea
5. ear pain
6. fever
7. headache
8. joint pain/swelling (including back)
9. nausea/vomiting
10. rash
11. unintended weight loss/weight gain

### **COMMON ACUTE & CHRONIC DISEASES/CONDITIONS:**

1. abuse/neglect
2. allergic disease (rhinitis, dermatitis, asthma)
3. conjunctivitis
4. foreign body (esophageal, nose, ear, eye, cutaneous)
5. fracture/sprain
6. gastroenteritis
7. health maintenance: child
8. lacerations
9. otitis media/externa
10. rash (viral exanthema, contact dermatitis, eczema, insect bites)
11. respiratory infection (upper & lower)
12. skin infection (bacterial, fungal, viral)
13. urinary tract infections /cystitis

### **COMMON PREVENTIVE CARE/SCREENING MEASURES:**

1. alcohol/tobacco/substance use
2. anticipatory guidance (e.g. bike safety, media/screen time, tobacco exposure, healthy weight, diet/exercise)
3. breast feeding; nutrition
4. child abuse
5. depression screening
6. developmental milestones / screening (DDST-II, ASQ, ESI-R, MCHAT)
7. growth surveillance (height, weight, head circumference)
8. immunizations (pediatric)
9. newborn screenings (e.g. jaundice/bilirubin screening)
10. obesity screening
11. oral health (fluoride varnish, fluoride supplementation)
12. sexually transmitted diseases
13. skin cancer prevention counseling
14. sleep (including safe sleep measures)
15. vision/hearing screening

### **COMMON PROCEDURES**

1. diagnostic radiographs (e.g. chest, abdominal plain, extremities)
2. peak flow measurement
3. nebulizer treatment
4. injections (SQ, IM)

### **ADDITIONAL HEALTHCARE SYSTEM / TEAM-BASED CARE ELEMENTS:**

In addition to items listed within PEDS-IO 6a and PEDS-IO 6b:

1. custody/welfare issues
2. duty to report (abuse, sexual assault)
3. adolescent patient privacy

## Rotation Specialty – EMERGENCY MEDICINE (EM)

**Rotation Description:** A rotation in EMERGENCY MEDICINE provides the PA student with learning opportunities to achieve basic competency in diagnosis, management and treatment of health problems encountered across the lifespan through supervised evaluation and management of patients in EMERGENCY MEDICINE setting. During the clinical rotation, the student must review the applicable learning outcomes and instructional objectives for the appropriate specialty. The student must seek opportunities through patient care or independent study to allow for development of competencies needed for clinical practice.

- **Typical EM Settings:** Primarily in the *emergency department*. Many rural FAMILY MEDICINE rotations also provide the opportunity to see patients in the emergency department setting.
- **Typical EM Case Types:** Primarily *emergent* and *acute* patient encounters.
- **Typical EM Patients:** Students will encounter patients *across the lifespan* including *pediatrics* and *geriatrics*.

### **EMERGENCY MEDICINE Learning Outcomes (LO) and Instructional Objectives (IO):**

**EM-LO 1:** Demonstrate core **medical knowledge** of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, as demonstrated by the following instructional objectives:

**EM-IO 1a:** Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors to the care of patients encountered in EMERGENCY MEDICINE.

**EM-IO 1b:** Identify signs/symptoms of common conditions encountered in EMERGENCY MEDICINE and differentiate between normal and abnormal findings. Recognize conditions requiring emergent care (e.g. acute chest pain, change in neurological status, potential self-harm).

**EM-IO 1c:** Select and interpret laboratory and diagnostic studies commonly encountered in EMERGENCY MEDICINE (including but not limited to):

#### Laboratory Tests

- arterial blood gas
- biochemical profiles
- complete blood count
- thyroid/liver/renal function tests
- troponin/cardiac enzymes
- urinalysis & urine drug screening

#### Diagnostic Studies

- basic x-ray interpretation diagnostic radiographs (e.g. chest, abdominal, extremities)

**EM-IO 1d:** Formulate differential diagnoses for common conditions in EMERGENCY MEDICINE including *acute abdominal pain, chest pain, respiratory distress, and changes in neurologic status or delirium*.

**EM-IO 1e:** *Quickly and efficiently*, prescribe/monitor pharmacotherapy (including IV fluids) for conditions commonly encountered in EMERGENCY MEDICINE that demonstrates understanding of mechanism of action, adverse effects, therapeutic uses, dosing, compliance issues, and patient education/counseling.

**EM-IO 1f:** Demonstrate adequate problem solving/critical thinking skills.

**EM-LO 2:** Demonstrate **patient care** that is effective, safe, high quality, and equitable, as demonstrated by the following *instructional objectives*:

**EM-IO 2a:** Perform *comprehensive* history and physical exams of pediatric, adolescent, adult and older adult patients as well as appropriate *focused* history and physical exams depending on chief complaint and *acute/emergent* presentation.

**EM-IO 2b:** Formulate/implement evidence-based treatment and preventive care plans across the lifespan for acute and emergent conditions commonly encountered in EMERGENCY MEDICINE including *basic resuscitation for acute stroke, acute coronary syndrome, respiratory distress and abdominal pain*.

**EM-IO 2c:** Provide equitable, patient-centered, collaborative care.

**EM-IO 2d:** With supervision, perform medical/minor surgical procedures commonly encountered in EMERGENCY MEDICINE (including but not limited to):

- apply splint/cast
- adult/pediatric BLS/ACLS
- foreign body removal (eye/ear/nose)
- cerumen removal
- local anesthesia
- suturing

**EM-IO 2e:** Recognize, manage, and refer patients with *potential for self-harm*.

**EM-LO 3:** Demonstrate ***interpersonal and communication skills*** resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following ***instructional objectives***:

**EM-IO 3a:** Adapt communication to patient and healthcare team members and provide effective patient education as appropriate to the patient's condition, treatment plan, and discharge instructions.

**EM-IO 3b:** Maintain demeanor of respect and compassion toward patient and healthcare team.

**EM-IO 3c:** Show sensitivity to patients' culture, age, gender, and disabilities.

**EM-IO 3d:** Document medical records / EHR to meet site requirements (e.g. patient encounter notes, discharge instructions including return visit and follow-up care).

**EM-IO 3e:** Provide accurate/concise oral presentations to preceptor.

**EM-LO 4:** Acknowledge awareness of ***professional*** and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements, as demonstrated by the following ***instructional objectives***:

**EM-IO 4a:** Maintain confidentiality of patient interactions and health records.

**EM-IO 4b:** Follow instructions, accept responsibility, take initiative, exhibit dependability (punctuality, attendance at required activities), and modify behavior following constructive criticism.

**EM-IO 4c:** Seek interprofessional interactions and identify appropriate referrals.

**EM-IO 4d:** Maintain professionalism in behavior, dress, and student identification.

**EM-LO 5:** Engage in critical analysis of individual practice experience, the medical literature, and other information resources for the purposes of ***learning and self- and practice-improvement***, as demonstrated by the following ***instructional objectives***:

**EM-IO 5a:** Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence.

**EM-IO 5b:** Initiate sufficient learning and self-improvement including development of appropriate rotation learning goals prior to each rotation.

**EM-IO 5c:** Ensure accurate entry of all required patient data encounters in PA Manager.

**EM-IO 5d:** Submit accurate patient portfolio summary data at the end of each rotation.

**EM-LO 6:** Demonstrate awareness of and responsiveness to the larger ***system of healthcare*** to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient, as demonstrated by the following ***instructional objectives***:

**EM-IO 6a:** Understand fundamental components of the larger healthcare system (e.g. healthcare funding/reimbursement, patient safety, healthcare disparity).

**EM-IO 6b:** Demonstrate appropriate supervised practice within the scope and role of a PA and the role of the PA in team-based care including but not limited to specialist referral, mental health support services, and social services.

## **EMERGENCY MEDICINE – Specific Areas of Concentration**

The following is a *representative*, but not all-inclusive, list of topics to focus on during an EMERGENCY rotation. Refer to the EMERGENCY MEDICINE EOR exam blueprint for a comprehensive listing of diseases/conditions.

### **PRESENTING SIGNS/SYMPTOMS:**

1. abdominal pain
2. change in neurologic status
3. chest pain
4. confusion
5. constipation/diarrhea
6. cough/congestion
7. decrease/loss of hearing/vision
8. dyspnea
9. dysuria
10. fever
11. headache
12. joint pain/swelling (including back)
13. nausea/vomiting
14. palpitations
15. rash
16. syncope

### **COMMON ACUTE & EMERGENT DISEASES/CONDITIONS:**

1. acute coronary syndrome (MI, angina)
2. acute delirium
3. acute renal failure
4. acute respiratory failure (asthma/COPD)
5. acute stroke
6. arrhythmia
7. burns and burn care
8. concussion/head injury
9. decompensated congestive heart failure
10. diabetic ketoacidosis
11. electrolyte/fluid disorders
12. fracture/sprain of extremity
13. intimate partner violence/sexual abuse
14. intractable pain (including migraine, back)
15. laceration
16. motor vehicle accident (car/bike/motorcycle)
17. pulmonary embolism
18. respiratory infection (upper & lower)
19. sepsis
20. substance use/abuse/intoxication
21. suicidal ideation/attempt
22. urinary tract infection

### **ADDITIONAL COMMON PROCEDURES**

1. nebulizer treatments
2. wound care (inc. I & D)
3. ECG interpretation
4. lumbar puncture

### **ADDITIONAL HEALTHCARE SYSTEM / TEAM-BASED CARE ELEMENTS:**

In addition to items listed within EM-IO 6a and EM-IO 6b):

1. duty to report (communicable disease, abuse, sexual assault)
2. Emergency Medical Treatment & Active Labor Act (EMTALA)
3. legal right to language access
4. psychiatric hold / involuntary hold

## Rotation Specialty – PSYCHIATRY/BEHAVIORAL HEALTH (BH)

**Rotation Description:** A rotation in PSYCH/BEHAVIORAL HEALTH provides the PA student with learning opportunities to achieve basic competency in diagnosis, management and treatment of psychiatric/behavioral health problems encountered across the lifespan through supervised evaluation and management of PSYCH/BEHAVIORAL HEALTH patients. During the clinical rotation, the student must review the applicable learning outcomes and instructional objectives for the specialty. The student must seek opportunities through patient care or independent study to allow for development of competencies needed for clinical practice.

- **Typical BH Settings:** Primarily *outpatient*. Students may also have the opportunity to participate in care of patients in the *inpatient*, *emergency room*, or *long-term care* setting depending on the site
- **Typical BH Case Types:** Primarily *acute*, *chronic*, and *emergent* patient encounters
- **Typical BH Patients:** Students will encounter patients *across the lifespan* including *pediatrics* and *geriatrics*. Many rural FAMILY MEDICINE rotations also provide substantial opportunities to see patients requiring *psychiatry/behavioral* health care.

### PSYCH/BEHAVIORAL HEALTH Learning Outcomes (LO) and Instructional Objectives (IO):

**BH-LO 1:** Demonstrate core **medical knowledge** of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, as demonstrated by the following instructional objectives:

**BH-IO 1a:** Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors to the care of patients presenting with BEHAVIORAL HEALTH issues.

**BH-IO 1b:** Identify signs/symptoms of common conditions encountered in BEHAVIORAL HEALTH and differentiate between normal and abnormal psychological or developmental findings.

**BH-IO 1c:** Select and interpret laboratory tests commonly encountered in patients presenting with BEHAVIORAL HEALTH conditions (including but not limited to):

- biochemical profiles
- thyroid studies
- urine drug screens

**BH-IO 1d:** Formulate differential diagnoses for common conditions encountered in patients presenting with BEHAVIORAL HEALTH issues.

**BH-IO 1e:** Prescribe/monitor pharmacotherapy for conditions commonly encountered in psychiatry that demonstrates understanding of mechanism of action, adverse effects, therapeutic uses, dosing, *onset of action*, *efficacy*, compliance issues, and patient education/counseling.

**BH-IO 1f:** Demonstrate adequate problem solving/critical thinking skills.

**BH-LO 2:** Demonstrate **patient care** that is effective, safe, high quality, and equitable, as demonstrated by the following *instructional objectives*:

**BH-IO 2a:** Perform *comprehensive* history and physical exams of pediatric, adolescent, adult and older adult patients as well as appropriate *focused* history and physical exams depending on chief complaint and presentation.

**BH-IO 2b:** Formulate/implement evidence-based treatment and preventive care plans for acute, chronic, and emergent psychological/behavioral health conditions *to include psychological illness where the patient may be a harm to self*.

**BH-IO 2c:** Provide equitable, patient-centered, collaborative care.

**BH-IO 2d:** Recognize and manage patients with substance use disorder or exhibiting drug seeking behavior.

**BH-LO 3:** Demonstrate **interpersonal and communication skills** resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following *instructional objectives*:

**BH-IO 3a:** Adapt communication to patient and healthcare team members and provide effective patient education regarding medications, preventive care, patient safety and substance use, as appropriate to the patient's treatment plan for a presenting condition.

**BH-IO 3b:** Maintain demeanor of respect and compassion toward patient and healthcare team.

**BH-IO 3c:** Show sensitivity to patients' psychiatric condition, culture, age, gender, and disabilities.

**BH-IO 3d:** Document medical records / EHR to meet site requirements including most pertinent psychological findings (e.g. outpatient encounter notes, progress notes).

**BH-IO 3e:** Provide accurate/concise oral presentations to preceptor.

**BH -LO 4:** Acknowledge awareness of **professional** and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements, as demonstrated by the following instructional objectives:

**BH-IO 4a:** Maintain confidentiality of patient interactions and health records.

**BH-IO 4b:** Follow instructions, accept responsibility, take initiative, exhibit dependability (punctuality, attendance at required activities), and modify behavior following constructive criticism.

**BH-IO 4c:** Seek interprofessional interactions and identify appropriate referrals.

**BH-IO 4d:** Maintain professionalism in behavior, dress, and student identification.

**BH -LO 5:** Engage in critical analysis of individual practice experience, the medical literature, and other information resources for the purposes of **learning and self- and practice-improvement**, as demonstrated by the following instructional objectives:

**BH-IO 5a:** Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence.

**BH-IO 5b:** Initiate sufficient learning and self-improvement including development of appropriate rotation learning goals prior to each rotation.

**BH-IO 5c:** Ensure accurate entry of all required patient data encounters in PA Manager, particularly the "psychiatric care" check box.

**BH-IO 5d:** Submit accurate patient portfolio summary data at the end of each rotation

**BH -LO 6:** Demonstrate awareness of and responsiveness to the larger **system of healthcare** to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient, as demonstrated by the following instructional objectives:

**BH-IO 6a:** Understand fundamental components of the larger healthcare system (e.g. healthcare funding/reimbursement, patient safety, healthcare disparity).

**BH-IO 6b:** Demonstrate appropriate supervised practice within the scope and role of a PA and the role of the PA in team-based care including but not limited to specialist referral, mental health support services, and social services.

## **PSYCHIATRY/BEHAVIORAL HEALTH – Specific Areas of Concentration**

The following is a *representative*, but not all-inclusive, list of topics to focus on during a PSYCH/BEHAVIORAL HEALTH rotation. Refer to the PSYCH/BEHAVIORAL HEALTH EOR exam blueprint for a comprehensive listing of diseases/conditions.

### **PRESENTING SIGNS/SYMPTOMS:**

1. anxiety
2. changes in sexual drive
3. confusion
4. difficulty perceiving reality (delusions, hallucinations)
5. hyperactivity
6. fear of weight gain or abnormal eating habits
7. irritability/anger
8. loss of interest
9. mood changes
10. sleep changes (increased/decreased)
11. unintentional weight gain/loss

### **COMMON ACUTE, CHRONIC, & EMERGENT CONDITIONS:**

1. acute intoxication
2. adjustment disorder
3. anxiety disorders and phobias
4. attention-deficit hyperactivity disorder
5. autism spectrum disorder
6. bipolar disorder
7. delirium/dementia
8. depressive disorders
9. eating disorders
10. obsessive-compulsive disorder
11. personality disorder
12. psychosis
13. post-traumatic stress disorder
14. schizophrenia
15. substance use/abuse
16. suicidal ideation/attempt

### **COMMON PREVENTIVE CARE/SCREENING MEASURES:**

1. abnormal involvement movement scale (AIMS)
2. behavioral and developmental milestones (DDST-II, ASQ, ESI-R, MCHAT)
3. depression screening (PHQ-9)
4. intimate partner violence/sexual abuse
5. substance abuse screening (CAGE, SBIRT)

### **ADDITIONAL HEALTHCARE SYSTEM / TEAM-BASED CARE ELEMENTS:**

In addition to items listed within BH-IO 6a and BH-IO 6b:

1. duty to report
2. substance abuse counseling
3. mental health therapy and support services
4. decisional capacity / consent
5. psychiatric hold / involuntary hold



## Rotation Specialty – WOMEN’S HEALTH (WH)

**Rotation Description:** A rotation in WOMEN’S HEALTH provides the PA student with learning opportunities to achieve basic competency in diagnosis, management and treatment of health problems through supervised evaluation and management of adolescent and WOMEN’S HEALTH patients. During the clinical rotation, the student must review the applicable learning outcomes and instructional objectives for the appropriate specialty. The student must seek opportunities through patient care or independent study to allow for development of competencies needed for clinical practice.

- **Typical WH Settings:** Primarily *outpatient*. Students may also have the opportunity to participate in care of patients in the *inpatient* setting depending on the site.
- **Typical WH Case Types:** Primarily *preventive*, *acute*, and *chronic* patient encounters. Some WOMEN’S HEALTH rotations also provide opportunities to see patients requiring *emergent* care.
- **Typical WH Patients:** Students will encounter *adolescent* and *adult* patients. Many rural FAMILY MEDICINE rotations also provide substantial opportunities to see patients requiring *women’s health* care.

### WOMEN’S HEALTH Learning Outcomes (LO) and Instructional Objectives (IO):

**WH-LO 1:** Demonstrate core **medical knowledge** of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, as demonstrated by the following *instructional objectives*:

**WH-IO 1a:** Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors to the care of patients encountered in WOMEN’S HEALTH.

**WH-IO 1b:** Identify signs/symptoms of common conditions encountered in WOMEN’S HEALTH and differentiate between normal and abnormal findings.

**WH-IO 1c:** Select and interpret laboratory tests commonly encountered in WOMEN’S HEALTH (including but not limited to):

#### Laboratory Tests

- bacterial/viral culture
- biochemical profiles
- complete blood count
- glucose (capillary, A1c)
- lipid-panel
- PAP smears/colposcopy
- pregnancy test (urine and serum)
- thyroid/-hormonal studies
- STI testing/screening
- urinalysis

**WH-IO 1d:** Formulate differential diagnoses for common conditions in WOMEN’S HEALTH.

**WH-IO 1e:** Prescribe/monitor pharmacotherapy for conditions commonly encountered in WOMEN’S HEALTH that demonstrates understanding of mechanism of action, adverse effects, therapeutic uses, dosing, compliance issues, and patient education/counseling as well as *effects in pregnancy/lactation*.

**WH-IO 1f:** Demonstrate adequate problem solving/critical thinking skills.

**WH-LO 2:** Demonstrate **patient care** that is effective, safe, high quality, and equitable, as demonstrated by the following *instructional objectives*:

**WH-IO 2a:** Perform *comprehensive* history and physical exams of reproductive and menopausal age (adolescent/adult) female patients as well as appropriate *focused* history and physical exams depending on chief complaint and presentation including *prenatal care* (fundal height and FHT) and sensitive exams such as female breast, female pelvic, rectal, for reproductive and menopausal females.

**WH-IO 2b:** Formulate/implement evidence-based treatment and preventive care plans for reproductive and menopausal adolescent and adult females for acute and chronic conditions commonly encountered in WOMEN’S HEALTH.

**WH-IO 2c:** Provide equitable, patient-centered, collaborative care.

**WH-IO 2d:** With supervision, perform medical procedures commonly encountered in WOMEN’S HEALTH (including but not limited to):

- pap smear screening
- fundal height measurement
- Doppler evaluation of fetal heart tones

**WH-LO 3:** Demonstrate ***interpersonal and communication skills*** resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following *instructional objectives*:

**WH-IO 3a:** Adapt communication to patient and healthcare team members and provide effective patient education as appropriate to the patient's treatment plan for a presenting condition as well as recommendations regarding screening exams and self-care and follow-up.

**WH-IO 3b:** Maintain demeanor of respect and compassion toward patient and healthcare team.

**WH-IO 3c:** Show sensitivity to patients' culture, age, gender, and disabilities.

**WH-IO 3d:** Document medical records / EHR to meet site requirements (e.g. outpatient encounter notes).

**WH-IO 3e:** Provide accurate/concise oral presentations to preceptor.

**WH-LO 4:** Acknowledge awareness of ***professional*** and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements, as demonstrated by the following *instructional objectives*:

**WH-IO 4a:** Maintain confidentiality of patient interactions and health records.

**WH-IO 4b:** Follow instructions, accept responsibility, take initiative, exhibit dependability (punctuality, attendance at required activities), and modify behavior following constructive criticism.

**WH-IO 4c:** Seek interprofessional interactions and identify appropriate referrals.

**WH-IO 4d:** Maintain professionalism in behavior, dress, and student identification.

**WH-LO 5:** Engage in critical analysis of individual practice experience, the medical literature, and other information resources for the purposes of ***learning and self- and practice-improvement***, as demonstrated by the following *instructional objectives*:

**WH-IO 5a:** Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence.

**WH-IO 5b:** Initiate sufficient learning and self-improvement including development of appropriate rotation learning goals prior to each rotation.

**WH-IO 5c:** Ensure accurate entry of all required patient data encounters in PA Manager, *particularly the "prenatal care" check box*.

**WH-IO 5d:** Submit accurate patient portfolio summary data at the end of each rotation.

**WH-LO 6:** Demonstrate awareness of and responsiveness to the larger ***system of healthcare*** to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient, as demonstrated by the following *instructional objectives*:

**WH-IO 6a:** Understand fundamental components of the larger healthcare system (e.g. healthcare funding/reimbursement, patient safety, healthcare disparity)

**WH-IO 6b:** Demonstrate appropriate supervised practice within the scope and role of a PA and the role of the PA in team-based care including but not limited to specialist referral, mental health support services, and social services.

## **WOMEN'S HEALTH – Specific Areas of Concentration**

The following is a *representative*, but not all-inclusive, list of topics to focus on during a WOMEN'S HEALTH rotation. Refer to the WOMEN'S HEALTH EOR exam blueprint for a comprehensive listing of diseases/conditions.

### **PRESENTING SIGNS/SYMPTOMS:**

1. abdominal pain
2. breast mass
3. discharge (vaginal, urethral)
4. dysuria
5. fatigue
6. fetal growth/heart tones
7. incontinence
8. irregular menses/amenorrhea
9. mood changes/depression/anxiety
10. nausea/vomiting
11. obesity/weight changes
12. vaginal/pelvic pain
13. vasomotor symptoms

### **COMMON ACUTE & CHRONIC DISEASES/CONDITIONS:**

1. breast disorders
2. cutaneous lesion
3. depression
4. incontinence
5. menopause/HRT
6. menstrual disorders (uterine, ovarian, endocrine)
7. STIs (cervicitis, PID, cutaneous)
8. prenatal care of normal pregnancy
9. UTI
10. vaginitis

### **COMMON DIAGNOSTIC STUDIES**

1. DEXA scan
2. mammogram
3. ultrasound (e.g. pelvic, focused abdomen, breast)

### **COMMON PREVENTIVE CARE/SCREENING MEASURES:**

1. alcohol/tobacco/substance use
2. BMI / dietary review including supplements
3. breast feeding
4. family planning (contraception, sterilization, infertility)
5. intimate partner violence/sexual abuse
6. mammography/breast exams
7. preconception care (immunizations, smoking cessation, genetic carrier screens)
8. prenatal care of normal pregnancies
9. risk calculators (ASCVD, CHA2DS2-VASc, FRAX)
10. well-woman care (age-appropriate screenings, immunizations)

### **ADDITIONAL HEALTHCARE SYSTEM / TEAM-BASED CARE ELEMENTS:**

In addition to items listed within WH-IO 6a and WH-IO 6b:

1. adolescent patient privacy
2. duty to report (abuse, sexual assault)
3. reportable diseases (chlamydia, gonorrhea, HIV, syphilis)
4. services for under/uninsured (Medicaid for pregnant women, WIC, etc.)
5. social services (counseling, safe counseling)

## Rotation Specialty – GENERAL SURGERY (SURG)

**Rotation Description:** A rotation in GENERAL SURGERY provides the PA student with learning opportunities to achieve basic competency in diagnosis, management and treatment of health problems encountered through supervised evaluation and management of GENERAL SURGERY patients. During the clinical rotation, the student must review the applicable learning outcomes and instructional objectives for the appropriate specialty. The student must seek opportunities through patient care or independent study to allow for development of competencies needed for clinical practice.

- **Typical SURG Settings:** Primarily *pre-operative*, *intra-operative*, and *post-operative* as well as *inpatient* and *outpatient*. Students may also have the opportunity to participate in care of patients in the *emergency room* setting depending on the site.
- **Typical SURG Case Types:** Primarily *acute*, *chronic* and *emergent* patient encounters. Additional opportunity in *preventive* care (e.g. colonoscopy) may be available depending on the site.

### GENERAL SURGERY Learning Outcomes (LO) and Instructional Objectives (IO):

**SURG-LO 1:** Demonstrate core **medical knowledge** of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, as demonstrated by the following instructional objectives:

**SURG-IO 1a:** Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors to the care of patients encountered in the SURGERY setting.

**SURG-IO 1b:** Identify signs/symptoms of common conditions encountered in the SURGICAL setting and differentiate between normal and abnormal findings related to common surgical conditions/complications.

**SURG-IO 1c:** Select and interpret laboratory and diagnostic studies commonly encountered in GENERAL SURGERY (including but not limited to):

#### Laboratory Tests

- bacterial/viral cultures
- biochemical profiles
- complete blood count
- thyroid/liver/renal function tests
- urinalysis

#### Diagnostic Studies

- basic x-ray interpretation diagnostic radiographs (e.g. chest, abdominal, extremities)

**SURG-IO 1d:** Formulate differential diagnoses for common conditions in GENERAL SURGERY including common problems presenting in the post-operative setting.

**SURG-IO 1e:** Prescribe/monitor pharmacotherapy for conditions commonly encountered in the *pre-operative and post-operative settings* that demonstrates understanding of mechanism of action, adverse effects, therapeutic uses, dosing, post-operative compliance issues, and patient education/counseling.

**SURG-IO 1f:** Demonstrate adequate problem solving/critical thinking skills.

**SURG-LO 2:** Demonstrate **patient care** that is effective, safe, high quality, and equitable, as demonstrated by the following *instructional objectives*:

**SURG-IO 2a:** Perform *comprehensive* history and physical exams of as well as appropriate *focused* history and physical exams depending on chief complaint (includes sensitive exams such as breast, female pelvic, male genitalia, rectal) for patients presenting for surgical consultation.

**SURG-IO 2b:** Formulate/implement evidence-based treatment and post-operative care plans for acute, chronic, and emergent conditions commonly encountered in GENERAL SURGERY.

**SURG-IO 2c:** Provide equitable, patient-centered, collaborative care.

**SURG-IO 2d:** Under direct supervision, perform medical/surgical procedures and skills commonly encountered in GENERAL SURGERY (including but not limited to):

- appropriate surgical scrubbing, gowning and gloving technique
- adherence to standards of sterile technique
- functioning as first assist in basic procedures

**SURG-LO 3:** Demonstrate *interpersonal and communication skills* resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following *instructional objectives*:

**SURG-IO 3a:** Adapt communication to patient and healthcare team members (*including consulting providers*) and provide effective patient education as appropriate to the patient's pre-operative and post-operative instructions and discharge plan.

**SURG-IO 3b:** Maintain demeanor of respect and compassion toward patient and healthcare team.

**SURG-IO 3c:** Show sensitivity to patients' culture, age, gender, and disabilities.

**SURG-IO 3d:** Document medical records / EHR to meet site requirements (e.g. pre-operative consultations, post-operative notes, and surgical follow-up instructions).

**SURG-IO 3e:** Provide accurate/concise oral presentations to preceptor.

**SURG-LO 4:** Acknowledge awareness of *professional* and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements, as demonstrated by the following *instructional objectives*:

**SURG-IO 4a:** Maintain confidentiality of patient interactions and health records.

**SURG-IO 4b:** Follow instructions, accept responsibility, take initiative, exhibit dependability (punctuality, attendance at required activities), and modify behavior following constructive criticism.

**SURG-IO 4c:** Seek interprofessional interactions and identify appropriate referrals.

**SURG-IO 4d:** Maintain professionalism in behavior, dress, and student identification.

**SURG-LO 5:** Engage in critical analysis of individual practice experience, the medical literature, and other information resources for the purposes of *learning and self- and practice-improvement*, as demonstrated by the following *instructional objectives*:

**SURG-IO 5a:** Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence.

**SURG-IO 5b:** Initiate sufficient learning and self-improvement including development of appropriate rotation learning goals prior to each rotation.

**SURG-IO 5c:** Ensure accurate entry of all required patient data encounters in PA Manager, *particularly the settings of pre-operative, intra-operative, and post-operative care and related procedures*.

**SURG-IO 5d:** Submit accurate patient portfolio summary data at the end of each rotation.

**SURG-LO 6:** Demonstrate awareness of and responsiveness to the larger *system of healthcare* to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient, as demonstrated by the following *instructional objectives*:

**SURG-IO 6a:** Understand fundamental components of the larger healthcare system (e.g. healthcare funding/reimbursement, patient safety, healthcare disparity)

**SURG-IO 6b:** Demonstrate appropriate supervised practice within the scope and role of a PA and the role of the PA in team-based care including but not limited to specialist referral, mental health support services, and social services.

## **GENERAL SURGERY – Specific Areas of Concentration**

The following is a *representative*, but not all-inclusive, list of topics to focus on during a GENERAL SURGERY rotation. Refer to the GENERAL SURGERY EOR exam blueprint for a comprehensive listing of diseases/conditions.

### **PRESENTING SIGNS/SYMPTOMS:**

1. abdominal pain
2. chest pain
3. constipation/diarrhea
4. jaundice
5. nausea/vomiting
6. pelvic pain
7. unintended weight loss/weight gain

### **COMMON ACUTE, CHRONIC, & EMERGENT DISEASES/CONDITIONS:**

1. appendicitis
2. breast disorders
3. diverticulitis/diverticulosis
4. cholelithiasis/cholecystitis
5. hernia
6. malignancy of GI tract
7. assess/manage nutritional status
8. post-operative pain management
9. post-operative infection/fever
10. skin/soft tissue lesion
11. thyroid disorders
12. traumatic/internal injury
13. management of anticoagulant therapy

### **ADDITIONAL COMMON PROCEDURES**

1. removal of wound drains
2. urinary catheter insertion
3. wound care (includes I & D)
4. knowledge of common instrumentation used in general surgery

### **COMMON PREVENTIVE CARE/SCREENING MEASURES:**

1. DVT (screening/prophylaxis)
2. pre-operative risk assessment – anesthesia, cardiac, pulmonary, and metabolic disease
3. prophylactic antibiotics
4. screening exams (e.g. colonoscopy)

### **ADDITIONAL HEALTHCARE SYSTEM / TEAM-BASED CARE ELEMENTS:**

In addition to items listed within SURG-IO 6a and SURG-IO 6b:

1. dietary/nutrition consultation
2. informed consent
3. surgical consultation

## Rotation Setting – INPATIENT HOSPITAL (IP)

**Rotation Description:** A rotation in the INPATIENT HOSPITAL setting provides the PA student with learning opportunities to achieve basic competency in diagnosis, management and treatment of health problems encountered through supervised evaluation and management of patients in the INPATIENT HOSPITAL setting. During the clinical rotation, the student must review the applicable learning outcomes and instructional objectives for the appropriate specialty. The student must seek opportunities through patient care or independent study to allow for development of competencies needed for clinical practice. Students should expect to participate in all aspects of care provided to a hospital inpatient including admitting and discharging patients, writing hospital orders, progress and procedure notes, and discharge summaries. If the individual preceptor does not participate in this range of activities, the student must ask the preceptor to spend time with other providers responsible for these aspects of care.

- **Typical IP Settings:** Primarily the *inpatient* setting. Students may also have the opportunity to participate in care of patients in the *critical care*, *operating room*, *emergency room*, or *long-term care* settings depending on the site.
- **Typical IP Case Types:** Primarily *acute* and *emergent* patient encounters.
- **Typical IP Patients:** Students will encounter patients *across the lifespan* including *pediatrics* and *geriatrics*, including opportunities to see patients requiring *women's health* care and *behavioral health*.

### INPATIENT HOSPITAL Learning Outcomes (LO) and Instructional Objectives (IO):

**IP-LO 1:** Demonstrate core **medical knowledge** of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, as demonstrated by the following instructional objectives:

**IP-IO 1a:** Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors to the care of patients encountered in the INPATIENT setting.

**IP-IO 1b:** Identify signs/symptoms of common conditions encountered in the INPATIENT setting and differentiate between normal and abnormal findings.

**IP-IO 1c:** Select and interpret laboratory and diagnostic studies commonly encountered in the INPATIENT setting (including but not limited to):

#### Laboratory Tests

- arterial blood gases
- bacterial/viral cultures
- biochemical profiles
- cardiac enzymes (troponin, BNP)
- coagulation studies
- complete blood count
- glucose (capillary)
- pregnancy test
- thyroid/liver/renal function tests
- urinalysis

#### Diagnostic Studies

- basic x-ray interpretation diagnostic radiographs (e.g. chest, abdominal, extremities)

**IP-IO 1d:** Formulate differential diagnoses for common conditions in the INPATIENT setting.

**IP-IO 1e:** Prescribe/monitor pharmacotherapy for conditions commonly encountered in the INPATIENT setting demonstrating understanding of mechanism of action, adverse effects, therapeutic uses, dosing, compliance issues, and patient education/counseling. *This includes commonly used inpatient routes of drug administration such as oral, enteral feeding tube, and parenteral routes (IV, IM, SQ, epidural)*

**IP-IO 1f:** Demonstrate adequate problem solving/critical thinking skills.

**IP-LO 2:** Demonstrate **patient care** that is effective, safe, high quality, and equitable, as demonstrated by the following *instructional objectives*:

**IP-IO 2a:** Perform *comprehensive* history and physical exams of inpatients as well as appropriate *focused* history and physical exams depending on chief complaint.

**IP-IO 2b:** Formulate/implement evidence-based treatment care plans for acute, chronic, and emergent conditions commonly encountered in the INPATIENT setting.

**IP-IO 2c:** Provide equitable, patient-centered, collaborative care.

**IP-LO 3:** Demonstrate ***interpersonal and communication skills*** resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following *instructional objectives*:

**IP-IO 3a:** Adapt communication to patient and healthcare team members and provide effective patient education as appropriate to the patient's treatment plan for a presenting condition

**IP-IO 3b:** Maintain demeanor of respect and compassion toward patient and healthcare team.

**IP-IO 3c:** Show sensitivity to patients' culture, age, gender, and disabilities.

**IP-IO 3d:** Document medical records / EHR to meet site requirements (admission orders, inpatient progress note, discharge summary).

**IP-IO 3e:** Provide accurate/concise oral presentations to preceptor.

**IP-LO 4:** Acknowledge awareness of ***professional*** and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements, as demonstrated by the following *instructional objectives*:

**IP-IO 4a:** Maintain confidentiality of patient interactions and health records.

**IP-IO 4b:** Follow instructions, accept responsibility, take initiative, exhibit dependability (punctuality, attendance at required activities), and modify behavior following constructive criticism.

**IP-IO 4c:** Seek interprofessional interactions and id appropriate referrals.

**IP-IO 4d:** Maintain professionalism in behavior, dress, and student identification.

**IP-LO 5:** Engage in critical analysis of individual practice experience, the medical literature, and other information resources for the purposes of ***learning and self- and practice-improvement***, as demonstrated by the following *instructional objectives*:

**IP-IO 5a:** Recognize personal limitations in knowledge/ability and exhibit appropriate self-confidence.

**IP-IO 5b:** Initiate sufficient learning and self-improvement including development of appropriate rotation learning goals prior to each rotation.

**IP-IO 5c:** Ensure accurate entry of all required patient data encounters in PA Manager.

**IP-IO 5d:** Submit accurate patient portfolio summary data at the end of each rotation.

**IP-LO 6:** Demonstrate awareness of and responsiveness to the larger ***system of healthcare*** to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient, as demonstrated by the following *instructional objectives*:

**IP-IO 6a:** Understand fundamental components of the larger healthcare system (e.g. healthcare funding/reimbursement, patient safety, healthcare disparity)

**IP-IO 6b:** Demonstrate appropriate supervised practice within the scope and role of a PA and the role of the PA in team-based care including but not limited to specialist referral, mental health support services, and social services.



## **INPATIENT HOSPITAL Setting – Specific Areas of Concentration**

The following is a *representative*, but not all-inclusive, list of topics to focus on during an INPATIENT rotation.

### **COMMON ACUTE, CHRONIC, & EMERGENT DISEASES/CONDITIONS:**

1. acid/base disorders
2. deep vein thrombosis
3. pulmonary embolism
4. electrolyte/fluid disorders
5. management of substance use (e.g. alcohol, tobacco, opioid)
6. management of anticoagulant therapy
7. nausea/vomiting
8. post-operative fever
9. respiratory distress
10. sepsis
11. wound care/infection

### **COMMON PREVENTIVE CARE/SCREENING MEASURES:**

1. alcohol/tobacco/substance use
2. DVT (screening/prophylaxis)
3. fall risk assessment
4. palliative/end-of-life care
5. pre-operative risk assessment – anesthesia, cardiac, pulmonary, and metabolic disease

### **ADDITIONAL COMMON DIAGNOSTIC STUDIES**

1. CT chest, abdomen, pelvis (including appropriate use of contrast)
2. ultrasound (e.g. cardiac echo, pelvic and focused abdomen)

### **ADDITIONAL COMMON PROCEDURES**

1. arterial blood gas
2. injections (IV, IM, SQ)
3. oxygen delivery management
4. urinary catheter insertion
5. IV start
6. Wound care (includes I & D)
7. ECG interpretation

### **ADDITIONAL HEALTHCARE SYSTEM / TEAM-BASED CARE ELEMENTS:**

In addition to items listed within IP-IO 6a and IP-IO 6b):

1. case management/discharge planning
2. hospital funding sources/reimbursement
3. hospital hygiene and infection control
4. prescribing within a formulary
5. protocol driven care

## Appendix C - Preceptor Evaluation of Student Form

	Unsatisfactory	Needs Improvement	Meets Expectations	Exceeds Expectations	Outstanding	Not Observed
Student Name: _____ Date: _____	(1)	(2)	(3)	(4)	(5)	NA
Preceptor Name: _____						
Name of Rotation Site: _____						
<b>Medical Knowledge</b>						
1. Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, & risk factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify signs/symptoms of medical conditions and differentiate between normal and abnormal findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Select and interpret laboratory and diagnostic tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Formulate differential diagnoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Prescribe/monitor pharmacotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Demonstrate problem-solving / critical thinking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Patient Care</b>						
7. Perform medical history/physical exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Formulate/implement evidence-based treatment and preventive care plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Provide equitable, patient-centered, collaborative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Perform medical/surgical procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interpersonal &amp; Communication Skills</b>						
11. Adapt communication to patient and healthcare team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Maintain demeanor of respect/compassion toward patient & health team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Show sensitivity to patients' culture, age, gender, and disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Provide accurate/concise oral presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Document medical record to meet site requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b>						
16. Maintain confidentiality of patient interactions and health records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Follow instructions, accept responsibility, take initiative, is dependable, and modifies behavior following criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Seeks interprofessional interactions and understands appropriate referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Maintain professionalism in behavior, dress, and proper student identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Learning and Self-Improvement**

20. Recognize personal limitations in knowledge/ability and exhibit appropriate level of self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Initiate learning and self-improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**System-Based Practice**

22. Respond to the larger healthcare system (e.g. funding, social services, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Understand and practice within the role of a PA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OVERALL EVALUATION**

24. This student is performing at a level appropriate for his/her current stage of professional education.  Yes  No  Yes, with reservation

25. Specifically, how can this student improve his/her professionalism, performance, knowledge, & skills?

26. List two strengths of the student.

27. Approximately how many days did the student miss during this rotation?

## Appendix D - Preceptor Evaluation of Clinical Skill Proficiency

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Based on your observations of this student while on your rotation, please indicate your assessment of the student's proficiency for the skill listed. Students must acquire instruction in technical skills and procedures based on current professional practice, but students are NOT expected to acquire all these skills within a single rotation. This skills list is based upon common employer expectations and a national survey of PA Programs.

**Proficiency Scale**

- 0) Not applicable/not observed
- 1) Attempted but needs further training
- 2) Able to perform with supervision
- 3) Able to perform independently

**1. Comprehensive History and Physical Exam of the following age patient:**

*Age specific competency – able to ensure a safe and caring environment for the age groups indicated below; communicate with and provide patient education; elicit age appropriate history and conduct physical examination:*

	<u>AGE (years)</u>	<u>Level of Proficiency</u>			
Newborn – Infant	0 – 2	0	1	2	3
Young Child	3 – 12	0	1	2	3
Adolescent	13 – 18	0	1	2	3
Adult	18-64	0	1	2	3
Older adult	≥ 65	0	1	2	3

**2. Specific Physical Examination Component:**

	<u>Level of Proficiency</u>			
Female breast exam	0	1	2	3
Female pelvic exam	0	1	2	3
Male genitalia exam	0	1	2	3
Rectal exam	0	1	2	3

**3. Clinical Skill:**

	<u>Level of Proficiency</u>			
Suture/staple	0	1	2	3
Application of cast/splint	0	1	2	3
Local anesthesia	0	1	2	3
Venipuncture/IV start	0	1	2	3
Basic x-ray interpretation	0	1	2	3
(e.g. chest, abdomen, extremity plain film)	0	1	2	3

**4. Professional/Systems Skill:**

	<u>Level of Proficiency</u>			
Admission Orders	0	1	2	3
Inpatient progress note	0	1	2	3
Discharge summary	0	1	2	3
EHR documentation	0	1	2	3

## Appendix E – Clinical Performance Evaluations

### Clinical Performance Evaluation (CPE) – FAMILY MEDICINE – Adult with an Acute Illness

**Instructions:** With the FAMILY MEDICINE rotation learning outcomes in mind, rate the student’s level of performance, taking into consideration the last five (5) adult patient interactions you have directly observed. The desired benchmark is “EXPECTED LEVEL of performance with supervision” for an adult with an acute illness.

Evaluator Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Learning Outcomes (LO)	EXPECTED LEVEL of performance with supervision	NEEDS IMPROVEMENT with additional supervision
<b>Medical History</b> [LO 1,2]	<input type="checkbox"/> Conducts adequate comprehensive & focused histories for adults with acute illnesses; most critical information gathered	<input type="checkbox"/> Difficulty conducting comprehensive & focused histories; fails to gather some critical information
<b>Physical Exam (PE)</b> [LO 1,2]	<input type="checkbox"/> Completes most PE components well; usually differentiates between most normal and abnormal findings	<input type="checkbox"/> Difficulty completing some PE components; fails to differentiate between normal and abnormal findings
<b>Differential Diagnosis</b> [LO 1]	<input type="checkbox"/> Formulates adequate differential diagnoses for acute illnesses commonly presenting in the Family Medicine setting	<input type="checkbox"/> Difficulty formulating differential diagnoses for acute illnesses commonly presenting in the Family Medicine setting
<b>Treatment Plan</b> [LO 2,4,6]	<input type="checkbox"/> Develops adequate plans for further evaluation (including selection of appropriate lab/diagnostic tests), treatment (including appropriate meds/dosage), and prevention considering patient compliance, cost, risk factors, & involving the interprofessional team	<input type="checkbox"/> Difficulty developing evaluation, treatment, and prevention plans; does not use a patient-centered approach; does not engage the interprofessional team
<b>Technical Skills</b> [LO 2,4]	<input type="checkbox"/> Is familiar with indications/contraindications for common procedures in family medicine and is able to perform appropriate procedural steps	<input type="checkbox"/> Is not familiar with indications/contraindications for common procedures in family medicine and is not able to fully describe appropriate procedures steps
<b>Patient Education</b> [LO 1,3]	<input type="checkbox"/> Provides adequate patient education regarding acute condition, medications, patient safety, and follow-up	<input type="checkbox"/> Difficulty consistently providing patient education; lacks confidence in recommendations
<b>Interpersonal/Communication</b> [LO 3,4]	<input type="checkbox"/> Effectively assists healthcare team in discussions with patients & families	<input type="checkbox"/> Difficulty interacting with patients & families

Please review the attached sample patient encounter (SOAP note) documentation written by the student:

<b>Chart/EMR Documentation</b> [LO 3]	<input type="checkbox"/> Documents most pertinent H&P findings in appropriate sections	<input type="checkbox"/> Difficulty with documentation; some info recorded in wrong sections; some disorganization
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Overall Assessment in meeting Family Medicine instructional objectives for evaluation and management of adult patients with acute illnesses:

<b>OVERALL ASSESSMENT</b> [LO 1-6]	<input type="checkbox"/> Overall, EXPECTED LEVEL of performance with supervision	<input type="checkbox"/> Overall, NEEDS IMPROVEMENT with additional supervision
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## Clinical Performance Evaluation (CPE) – INTERNAL MEDICINE (ADULTS ≥ 65 Y/O)

**Instructions:** With the INTERNAL MEDICINE rotation learning outcomes in mind, rate the student’s level of performance, taking into consideration the last five (5) older adult patient interactions you have directly observed. The desired benchmark is “EXPECTED LEVEL of performance with supervision.”

Evaluator Name: \_\_\_\_\_  
 Evaluator Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Learning Outcomes (LO)	EXPECTED LEVEL of performance with supervision	NEEDS IMPROVEMENT with additional supervision
<b>Medical History</b> [LO 1,2]	<input type="checkbox"/> Conducts adequate comprehensive & focused histories for older adults with acute & chronic disease; most critical information gathered	<input type="checkbox"/> Difficulty conducting comprehensive & focused histories; fails to gather some critical information
<b>Physical Exam (PE)</b> [LO 1,2]	<input type="checkbox"/> Completes most PE components well; differentiates between normal and abnormal signs of aging	<input type="checkbox"/> Difficulty completing some PE components; fails to differentiate between normal and abnormal signs of aging
<b>Differential Diagnosis</b> [LO 1]	<input type="checkbox"/> Formulates adequate differential diagnoses for acute & chronic conditions in IM/geriatric setting	<input type="checkbox"/> Difficulty formulating differential diagnoses
<b>Treatment Plan</b> [LO 2,4,6]	<input type="checkbox"/> Develops adequate plans for further evaluation, treatment, and prevention considering patient-centered compliance, cost, risk factors, & involving the interprofessional team	<input type="checkbox"/> Difficulty developing evaluation, treatment, and prevention plans; does not use a patient-centered approach; does not engage the interprofessional team
<b>Patient Education</b> [LO 1,3]	<input type="checkbox"/> Provides adequate patient education regarding medications, preventive care, and patient safety	<input type="checkbox"/> Difficulty consistently providing patient education; lacks confidence in recommendations
<b>Interpersonal/Communication</b> [LO 3,4]	<input type="checkbox"/> Effectively assists healthcare team in discussions of <i>difficult news/end-of-life issues</i>	<input type="checkbox"/> Difficulty participating in discussions of <i>difficult news/end-of-life issues</i>
<b>Learning / Self-Improvement</b> [LO 5]	<input type="checkbox"/> Self-identifies most knowledge gaps & uses relevant resources to locate answers	<input type="checkbox"/> Difficulty identifying knowledge gaps & using resources to locate answers

Please review the attached sample patient encounter (SOAP note) documentation written by the student:

<b>Chart/EMR Documentation</b> [LO 3]	<input type="checkbox"/> Documents most pertinent H&P findings in appropriate sections	<input type="checkbox"/> Difficulty with documentation; some info recorded in wrong sections; some disorganization
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Overall Assessment in meeting Internal Medicine instructional objectives for evaluation and management of older adult patients:

<b>OVERALL ASSESSMENT</b> [LO 1-6]	<input type="checkbox"/> Overall, EXPECTED LEVEL of performance with supervision	<input type="checkbox"/> Overall, NEEDS IMPROVEMENT with additional supervision
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## Clinical Performance Evaluation (CPE) – PEDIATRICS

Instructions: With the PEDIATRICS rotation learning outcomes in mind, rate the student’s level of performance, taking into consideration the last five (5) pediatric patient interactions you have directly observed. The desired benchmark is “EXPECTED LEVEL of performance with supervision” with a pediatric patient.

Evaluator Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Learning Outcomes (LO)	EXPECTED LEVEL of performance with supervision	NEEDS IMPROVEMENT with additional supervision
<b>Medical History</b> [LO 1,2]	<input type="checkbox"/> Conducts adequate comprehensive & focused histories for pediatric patients with acute & chronic diseases; most critical info gathered	<input type="checkbox"/> Difficulty conducting comprehensive & focused histories; fails to gather some critical information
<b>Physical Exam (PE)</b> [LO 1,2]	<input type="checkbox"/> Completes most PE components well; recognizes majority of developmental milestones	<input type="checkbox"/> Difficulty completing some PE components; fails to recognize some developmental milestones
<b>Differential Diagnosis</b> [LO 1]	<input type="checkbox"/> Formulates adequate differential diagnoses for acute & chronic pediatric diseases	<input type="checkbox"/> Difficulty formulating differential diagnoses for common acute & chronic pediatric diseases
<b>Treatment Plan</b> [LO 2,4,6]	<input type="checkbox"/> Develops adequate plans for further evaluation, treatment (including immunizations), and prevention engaging parent/patient and healthcare team; accurately calculates pediatric medication dosages	<input type="checkbox"/> Difficulty developing plans for further evaluation, treatment, and prevention; fails to engage parent/patient or healthcare team; inaccurately calculates pediatric medication dosages
<b>Patient Education</b> [LO 1,3]	<input type="checkbox"/> Provides adequate patient education regarding medications, preventive care, & age appropriate patient safety	<input type="checkbox"/> Difficulty consistently providing patient education; lacks confidence in recommendations
<b>Interpersonal/Communication</b> [LO 3,4]	<input type="checkbox"/> Effectively assists healthcare team in discussions of pediatric <i>preventive care including immunizations &amp; safety measures</i>	<input type="checkbox"/> Difficulty participating in discussions of pediatric <i>preventive care including immunizations &amp; safety measures</i>
<b>Learning / Self-Improvement</b> [LO 5]	<input type="checkbox"/> Self-identifies most knowledge gaps & uses relevant pediatric resources to locate answers	<input type="checkbox"/> Difficulty identifying knowledge gaps & using pediatric resources to locate answers

**Please review the attached sample patient encounter (SOAP note) documentation written by the student:**

<b>Chart/EMR Documentation</b> [LO 3]	<input type="checkbox"/> Documents most pertinent H&P findings in appropriate sections	<input type="checkbox"/> Difficulty with documentation; some info recorded in wrong sections; some disorganization
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**Overall Assessment in meeting Pediatric instructional objectives for evaluation and management of pediatric patients:**

<b>OVERALL ASSESSMENT</b> [LO 1-6]	<input type="checkbox"/> Overall, EXPECTED LEVEL of performance with supervision	<input type="checkbox"/> Overall, NEEDS IMPROVEMENT with additional supervision
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## Clinical Performance Evaluation (CPE) – EMERGENCY MEDICINE

**Instructions:** With the EMERGENCY MEDICINE rotation learning outcomes in mind, rate the student’s level of performance, taking into consideration the last five (5) patient interactions you have directly observed. The desired benchmark is “EXPECTED LEVEL of performance with supervision” for a patient seen in the Emergency Department.

Evaluator Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Learning Outcomes (LO)	EXPECTED LEVEL of performance with supervision	NEEDS IMPROVEMENT with additional supervision
<b>Medical History</b> [LO 1,2]	<input type="checkbox"/> Conducts adequate comprehensive & focused histories for patients with emergent conditions; most critical information gathered	<input type="checkbox"/> Difficulty conducting comprehensive & focused histories; fails to gather some critical information
<b>Physical Exam (PE)</b> [LO 1,2]	<input type="checkbox"/> Completes most PE components well; usually recognizes signs & symptoms of conditions requiring emergent care (eg acute chest pain, change neuro status, potential self-harm).	<input type="checkbox"/> Difficulty completing some PE components; fails to recognize signs & symptoms of emergent conditions
<b>Differential Diagnosis</b> [LO 1]	<input type="checkbox"/> Formulates adequate differential diagnoses for common emergent problems presenting to the ED	<input type="checkbox"/> Difficulty formulating differential diagnoses for common emergent problems presenting to the ED
<b>Treatment Plan</b> [LO 2,4,6]	<input type="checkbox"/> Develops adequate plans for further evaluation, treatment, and prevention considering patient-centered compliance, cost, risk factors, & involving the interprofessional team	<input type="checkbox"/> Difficulty developing evaluation, treatment, and prevention plans; does not use a patient-centered approach; does not engage the interprofessional team
<b>Patient Education</b> [LO 1,3]	<input type="checkbox"/> Provides adequate patient education regarding condition and discharge instructions	<input type="checkbox"/> Difficulty consistently providing patient education; lacks confidence in discharge instructions
<b>Interpersonal/Communication</b> [LO 3,4]	<input type="checkbox"/> Demonstrates empathy and respect for patient as well as members of healthcare team.	<input type="checkbox"/> Lapses in demonstration of empathy or respect of patients, families or healthcare team members
<b>Learning / Self-Improvement</b> [LO 5]	<input type="checkbox"/> Self-identifies most knowledge gaps & uses relevant resources to locate answers	<input type="checkbox"/> Difficulty identifying knowledge gaps & using resources to locate answers; primarily observes
<b>Please review the attached sample patient discharge instructions documentation written by the student:</b>		
<b>Chart/EMR Documentation</b> [LO 3]	<input type="checkbox"/> Documents pertinent discharge instructions including return visit & follow-up care	<input type="checkbox"/> Difficulty documenting pertinent discharge instructions; missing info
<b>Overall Assessment in meeting Emergency Medicine instructional objectives for evaluation and management of patients in the Emergency Department:</b>		
<b>OVERALL ASSESSMENT</b> [LO 1-6]	<input type="checkbox"/> Overall, EXPECTED LEVEL of performance with supervision	<input type="checkbox"/> Overall, NEEDS IMPROVEMENT with additional supervision



## Clinical Performance Evaluation (CPE) – PSYCHIATRY/BEHAVIORAL HEALTH

**Instructions:** With the BEHAVIORAL HEALTH rotation learning outcomes in mind, rate the student’s level of performance, taking into consideration the last five (5) interactions you have directly observed. The desired benchmark is “EXPECTED LEVEL of performance with supervision” for patients presenting with psychiatric/behavioral health issues.

Evaluator Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Learning Outcomes (LO)	EXPECTED LEVEL of performance with supervision	NEEDS IMPROVEMENT with additional supervision
<b>Medical History</b> [LO 1,2]	<input type="checkbox"/> Conducts adequate comprehensive & focused histories for patients with acute, chronic & emergent behavioral health issues; most critical information gathered	<input type="checkbox"/> Difficulty conducting comprehensive & focused histories; fails to gather some critical information
<b>Physical Exam (PE)</b> [LO 1,2]	<input type="checkbox"/> Completes most PE components well; recognizes most normal and abnormal psychological or developmental findings	<input type="checkbox"/> Difficulty completing some PE components; fails to recognize some abnormal findings
<b>Differential Diagnosis</b> [LO 1]	<input type="checkbox"/> Formulates adequate differential diagnoses for <i>emergent</i> psychiatric conditions including potential for harm to self/others; recognizes potential substance use disorder/drug-seeking behavior	<input type="checkbox"/> Difficulty formulating differential diagnoses for <i>emergent</i> psychiatric conditions including potential for harm to self/others
<b>Treatment Plan</b> [LO 2,4,6]	<input type="checkbox"/> Develops adequate plans for further evaluation, treatment, and prevention considering patient-centered compliance, cost, risk factors, & involving the interprofessional team	<input type="checkbox"/> Difficulty developing evaluation, treatment, and prevention plans; does not use a patient-centered approach; does not engage the interprofessional team
<b>Patient Education</b> [LO 1,3]	<input type="checkbox"/> Provides adequate patient education regarding medications, preventive care, and patient safety	<input type="checkbox"/> Difficulty consistently providing patient education; lacks confidence in recommendations
<b>Interpersonal/Communication</b> [LO 3,4]	<input type="checkbox"/> Effectively assists healthcare team in discussions of <i>substance use, mood including suicidal ideation, or other psychiatric issues</i>	<input type="checkbox"/> Difficulty participating in discussions of <i>substance use, mood including suicidal ideation, or other psych issues</i>
<b>Learning / Self-Improvement</b> [LO 5]	<input type="checkbox"/> Self-identifies most knowledge gaps & uses relevant resources to locate answers	<input type="checkbox"/> Difficulty identifying knowledge gaps & using resources to locate answers
<b>Please review the attached sample patient encounter (SOAP note) documentation written by the student:</b>		
<b>Chart/EMR Documentation</b> [LO 3]	<input type="checkbox"/> Documents most pertinent psychological H&P findings in appropriate sections	<input type="checkbox"/> Difficulty with documentation; missing documentation of key psychological aspects
<b>Overall Assessment in meeting Psychiatric/Behavioral Health instructional objectives for evaluation and management of patients presenting with psychiatric/behavioral health issues</b>		
<b>OVERALL ASSESSMENT</b> [LO 1-6]	<input type="checkbox"/> Overall, EXPECTED LEVEL of performance with supervision	<input type="checkbox"/> Overall, NEEDS IMPROVEMENT with additional supervision

## Clinical Performance Evaluation (CPE) – WOMEN'S HEALTH

**Instructions:** With the WOMEN'S HEALTH rotation learning outcomes in mind, rate the student's level of performance, taking into consideration the last five (5) patient interactions you have directly observed. The desired benchmark is "EXPECTED LEVEL of performance with supervision" with a women's health patient.

Evaluator Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Learning Outcomes (LO)	EXPECTED LEVEL of performance with supervision	NEEDS IMPROVEMENT with additional supervision
<b>Medical History</b> [LO 1,2]	<input type="checkbox"/> Conducts adequate comprehensive & focused histories for reproductive & menopausal females; most critical information gathered	<input type="checkbox"/> Difficulty conducting comprehensive & focused histories; fails to gather some critical information
<b>Physical Exam (PE)</b> [LO 1,2]	<input type="checkbox"/> Completes most PE components well including prenatal care (fundal height and FHT) and sensitive exams (e.g. breast, pelvic)	<input type="checkbox"/> Difficulty completing some PE components including prenatal care and sensitive exams (e.g. breast, pelvic)
<b>Differential Diagnosis</b> [LO 1]	<input type="checkbox"/> Formulates adequate differential diagnoses for acute & chronic common problems in women's health care	<input type="checkbox"/> Difficulty formulating differential diagnoses for acute & chronic common problems in women's health care
<b>Treatment Plan</b> [LO 2,4,6]	<input type="checkbox"/> Develops adequate plans for further evaluation, treatment, and prevention considering patient-centered compliance, cost, risk factors, & involving the interprofessional team	<input type="checkbox"/> Difficulty developing evaluation, treatment, and prevention plans; does not use a patient-centered approach; does not engage the interprofessional team
<b>Patient Education</b> [LO 1,3]	<input type="checkbox"/> Provides adequate patient education regarding recommended screening exams and self-care and follow-up	<input type="checkbox"/> Difficulty consistently providing patient education; lacks confidence in recommendations
<b>Interpersonal/Communication</b> [LO 3,4]	<input type="checkbox"/> Effectively assists healthcare team in discussions of reproductive & menopausal issues with patient	<input type="checkbox"/> Difficulty participating in discussions of reproductive & menopausal issues
<b>Learning / Self-Improvement</b> [LO 5]	<input type="checkbox"/> Self-identifies most knowledge gaps & uses relevant resources to locate answers	<input type="checkbox"/> Difficulty identifying knowledge gaps & using resources to locate answers

**Please review the attached sample patient encounter (SOAP note) documentation written by the student:**

<b>Chart/EMR Documentation</b> [LO 3]	<input type="checkbox"/> Documents most pertinent H&P findings in appropriate sections	<input type="checkbox"/> Difficulty with documentation; some info recorded in wrong sections; some disorganization
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**Overall Assessment in meeting Women's Health instructional objectives for evaluation and management of women's health patients:**

<b>OVERALL ASSESSMENT</b> [LO 1-6]	<input type="checkbox"/> Overall, EXPECTED LEVEL of performance with supervision	<input type="checkbox"/> Overall, NEEDS IMPROVEMENT with additional supervision
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## Clinical Performance Evaluation (CPE) – GENERAL SURGERY

**Instructions:** With the GENERAL SURGERY rotation learning outcomes in mind (see back), rate the student’s level of performance, taking into consideration the last five (5) patient interactions you have directly observed. The desired benchmark is “EXPECTED LEVEL of performance with supervision” for surgical patients.

Evaluator Name: \_\_\_\_\_  
 Evaluator Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

Learning Outcomes (LO)	EXPECTED LEVEL of performance with supervision	NEEDS IMPROVEMENT with additional supervision
<b>Medical History</b> [LO 1,2]	<input type="checkbox"/> Conducts adequate comprehensive & focused histories for patients presenting for surgical consultation; most critical information gathered	<input type="checkbox"/> Difficulty conducting comprehensive & focused histories; fails to gather some critical information
<b>Physical Exam (PE)</b> [LO 1,2]	<input type="checkbox"/> Completes most PE components well; usually recognizes signs & symptoms of surgical conditions & complications	<input type="checkbox"/> Difficulty completing some PE components; fails to recognize signs & symptoms of surgical conditions or complications
<b>Differential Diagnosis</b> [LO 1]	<input type="checkbox"/> Formulates adequate differential diagnoses for common problems presenting in the post-operative setting	<input type="checkbox"/> Difficulty formulating differential diagnoses for common problems presenting in the post-operative setting
<b>Treatment Plan</b> [LO 2,4,6]	<input type="checkbox"/> Develops adequate plans for further evaluation, treatment, and prevention considering patient-centered compliance, cost, risk factors, & involving the interprofessional team	<input type="checkbox"/> Difficulty developing evaluation, treatment, and prevention plans; does not use a patient-centered approach; does not engage the interprofessional team
<b>Patient Education</b> [LO 1,3]	<input type="checkbox"/> Provides adequate patient education regarding pre-operative and post-operative instructions	<input type="checkbox"/> Difficulty consistently providing patient education; lacks confidence in pre-operative and post-operative instructions
<b>Interpersonal/Communication</b> [LO 3,4]	<input type="checkbox"/> Demonstrates effective communication with surgical team in addition to consulting providers	<input type="checkbox"/> Difficulty participating in teamwork; lacks confidence; primarily observes
<b>Technical Skills</b> [LO 2]	<input type="checkbox"/> Performs appropriate surgical scrubbing, gowning, & sterile technique; capable of functioning as first assist in basic procedures	<input type="checkbox"/> Difficulty performing surgical scrubbing, gowning, & sterile technique; primarily observes

**Please review the attached sample inpatient progress note documentation written by the student:**

<b>Chart/EMR Documentation</b> [LO 3]	<input type="checkbox"/> Documents most pertinent elements of daily progress notes	<input type="checkbox"/> Difficulty documenting progress notes
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**Overall Assessment in meeting General Surgery instructional objectives for evaluation and management of surgical patients:**

<b>OVERALL ASSESSMENT</b> [LO 1-6]	<input type="checkbox"/> Overall, EXPECTED LEVEL of performance with supervision	<input type="checkbox"/> Overall, NEEDS IMPROVEMENT with additional supervision
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## Appendix F - Student Evaluation of Preceptor & Rotation

1. Did you have reliable internet access?  Yes  No
2. Was the preceptor (or designee) available on a daily basis to direct/supervise your activities?  Yes  No
3. Were you ever asked to evaluate and dismiss a patient without the patient being seen by a licensed provider?  Yes  No  
***If yes, please describe in comment section.***
4. The preceptor provided excellent clinical instruction.  
 strongly disagree  disagree  agree  strongly agree
5. The preceptor exhibited excellent rapport with students.  
 strongly disagree  disagree  agree  strongly agree
6. The preceptor maintained a professional demeanor.  
 strongly disagree  disagree  agree  strongly agree
7. The preceptor provided timely feedback regarding my performance as needed throughout the rotation.  
 strongly disagree  disagree  agree  strongly agree
8. Which best describes the “formal/structured” feedback you received from your preceptor regarding your performance?  
 None – I received no formal feedback  
 Feedback at the rotation midpoint only  
 Feedback at the end of rotation only  
 Feedback at both rotation midpoint and end of rotation
9. How often did you have the opportunity to independently evaluate patients?  
 never/rarely  occasionally  frequently  almost always
10. How often did you have the opportunity to actually perform procedures?  
 never/rarely  occasionally  frequently  almost always
11. Learning objectives for this rotation (as stated in the student handbook) were adequately met.  
 strongly disagree  disagree  agree  strongly agree
12. Indicate the average number of hours per week that you worked on this rotation including call time: \_\_\_\_\_ hours per week
13. If you utilized site-provided student housing, was the housing situation adequate and safe?  
 Yes  No  I did not utilize site-provided housing
14. Would you recommend this rotation to another student?  
 Yes – recommend  Recommend with reservation  No – Do not recommend
15. Please provide additional comments here:

The following questions will help us categorize and quantify the types of patient encounters and experiences obtained at this rotation site.

16. I participated in the care of patients in the **OUTPATIENT** setting.

never / rarely       sometimes       frequently

17. I participated in the care of patients in the **EMERGENCY DEPARTMENT** setting.

never / rarely       sometimes       frequently

18. I participated in the care of patients in the **INPATIENT HOSPITAL** setting.

never / rarely       sometimes       frequently

19. I participated in the care of patients related to **FAMILY MEDICINE**.

never / rarely       sometimes       frequently

20. I participated in the care of patients related to **INTERNAL MEDICINE**.

never / rarely       sometimes       frequently

21. I participated in the care of patients related to **GENERAL SURGERY**.

never / rarely       sometimes       frequently

22. I participated in the care of patients related to **PEDIATRICS**.

never / rarely       sometimes       frequently

23. I participated in the care of patients related to **GERIATRICS**.

never / rarely       sometimes       frequently

24. I participated in the care of patients related to **BEHAVIORAL & MENTAL HEALTH**.

never / rarely       sometimes       frequently

25. I participated in **PRE-NATAL** care.

never / rarely       sometimes       frequently

26. I participated in **GYNECOLOGIC** care.

never / rarely       sometimes       frequently

27. I participated in **PRE-OPERATIVE** care.

never / rarely       sometimes       frequently

28. I participated in **INTRA-OPERATIVE** care in an **OPERATING ROOM**.

never / rarely       sometimes       frequently

29. I participated in **POST-OPERATIVE** care.

never / rarely       sometimes       frequently

30. I participated in **REHABILITATIVE** care.

never / rarely       sometimes       frequently

31. I participated in **PALLIATIVE / END-OF-LIFE** care.

never / rarely       sometimes       frequently

32. Please comment on additional, unique opportunities for patient encounters at this rotation site

## Appendix G - Clinical Site Visit Evaluation Form



**WICHITA STATE  
UNIVERSITY**

**COLLEGE OF  
HEALTH PROFESSIONS**

*Department of Physician Assistant*

### Clinical Site Visit Evaluation Form

Name of Faculty Reviewer: \_\_\_\_\_

Date of Eval: \_\_\_\_\_

Name of Clinical Site: \_\_\_\_\_

Rotation Type: \_\_\_\_\_

Related to facilities, resources, and learning opportunities: <sup>C4.02</sup>	Yes	No	Unsure
Are physical facilities adequate to meet Program expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do students have reliable internet access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are patient populations adequate to meet Program expectations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the preceptor provide appropriate supervision for the student?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If housing is available, is housing situation adequate and safe? <sup>A1.03</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related to preceptor mentoring and feedback: <sup>C4.02</sup>	Yes	No	Unsure
Does the preceptor possess adequate teaching abilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do preceptor/staff communicate problems/concerns to the Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the preceptor provide students with adequate mentoring/feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the preceptor maintain appropriate rapport with the students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the preceptor maintain a professional demeanor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were aggregate/summary student evaluation feedback discussed with preceptor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related to the Program's expected learning outcomes for clinical rotations, does this site adequately assist students in meeting the following competencies: <sup>B1.09,C4.02</sup>	Yes	No	Unsure
Medical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal & communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning and self-improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System-based practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If No or Unsure Explain:

Provider profile verification:     Verified, no changes needed     Unable to verify at this time  
 Verified with the following changes:

Recommendations for other clinical rotation sites in the area:

Should this site be continued?     Yes             Recommend with reservation             Do not recommend

Other Comments:

## Appendix H - PANCE Content Blueprint

### TASK Areas

#### History Taking & Physical Examinations

##### Knowledge of:

- Pertinent historical information associated with selected medical conditions
- Risk factors for development of selected medical conditions
- Signs and symptoms of selected medical conditions
- Physical examination techniques
- Physical examination findings associated with selected medical conditions
- Differential diagnosis associated with presenting symptoms or physical findings

##### Cognitive skills in:

- Conducting comprehensive and focused interviews
- Identifying pertinent historical information
- Performing comprehensive and focused physical examinations
- Associating current complaint with presented history
- Identifying pertinent physical examination information

#### Using Laboratory & Diagnostic Studies

##### Knowledge of:

- Indications for initial and subsequent diagnostic or laboratory studies
- Cost effectiveness of diagnostic studies or procedures
- Relevance of common screening tests for selected medical conditions
- Normal and abnormal domestic ranges
- Risks associated with diagnostic studies or procedures
- Appropriate patient education related to laboratory or diagnostic studies

##### Cognitive skills in:

- Using diagnostic equipment safely/appropriately
- Selecting appropriate diagnostic/lab studies
- Collecting diagnostic or laboratory specimens
- Interpreting diagnostic or lab study results

#### Formulating Most Likely Diagnosis

##### Knowledge of:

- Significance of history as it relates to differential diagnosis
- Significance of physical findings as they relate to diagnosis
- Significance of diagnostic and laboratory studies as they relate to diagnosis

##### Cognitive skills in:

- Correlating normal and abnormal diagnostic data
- Formulating differential diagnosis
- Selecting the most likely diagnosis in light of presented data

#### Health Maintenance

##### Knowledge of:

- Epidemiology of selected medical conditions
- Early detection and prevention of selected medical conditions
- Relative value of common screening tests
- Appropriate patient education regarding preventable conditions or lifestyle modification
- Healthy lifestyles
- Prevention of communicable diseases
- Immunization schedules and recommendations for infants, children, adults, and foreign travelers
- Risks and benefits of immunization
- Human growth and development
- Human sexuality
- Occupational and environmental exposure
- Impact of stress on health
- Psychological manifestations of illness and injury
- Effects of aging and changing family roles on health maintenance and disease prevention
- Signs of abuse and neglect
- Barriers to care

##### Cognitive skills in:

- Using counseling and patient education techniques
- Communicating effectively with patients to enhance health maintenance
- Adapting health maintenance to patient context
- Using informational databases

## Clinical Intervention

### Knowledge of:

- Management and treatment of selected medical conditions
- Indications, contraindications, complications, risks, benefits, and techniques for selected procedures
- Standard precautions and special isolation conditions
- Sterile technique
- Follow-up and monitoring of therapeutic regimens
- Conditions that constitute medical emergencies
- Indications for admission to or discharge from hospitals or other facilities
- Discharge planning
- Available/appropriate community resources
- Appropriate community resources
- Appropriate patient education
- Roles of other health professionals
- End-of-life issues
- Risks and benefits of alternative medicine

### Cognitive skills in:

- Formulating and implementing treatment plans
- Recognizing and initiating treatment for life-threatening emergencies
- Demonstrating technical expertise related to performing specific procedures
- Communicating effectively
- Using counseling techniques
- Facilitating patient adherence and active participation in treatment
- Interacting effectively in multidisciplinary teams



## Pharmaceutical Therapeutics

### Knowledge of:

- Mechanism of action
- Indications for use
- Contraindications
- Side effects
- Adverse reactions
- Follow-up and monitoring of drug regimens
- Risks for drug interactions
- Clinical presentation of drug interactions
- Treatment of drug interactions
- Drug toxicity
- Methods to reduce medication errors
- Cross reactivity of similar medications
- Recognition and treatment of allergic reactions

### Cognitive skills in:

- Selecting appropriate pharmacologic therapy for selected medical conditions
- Monitoring pharmacologic regimens and adjusting as appropriate
- Evaluating and reporting adverse drug reactions

## Applying Basic Science Concepts

### Knowledge of:

- Human anatomy and physiology
- Underlying pathophysiology
- Microbiology and biochemistry

### Cognitive skills in:

- Recognizing normal and abnormal anatomy and physiology
- Relating pathophysiologic principles to specific disease processes
- Correlating abnormal physical examination findings to a given disease process
- Correlating abnormal results of diagnostic tests to a given disease process

Available at PANCE website:

<http://www.nccpa.net/ExamsContentBPTasks>



## ORGAN Areas

### The Cardiovascular System

#### Cardiomyopathy

Dilated  
Hypertrophic  
Restrictive

#### Conduction Disorders

Atrial fibrillation/flutter  
Atrioventricular block  
Bundle branch block  
Paroxysmal supraventricular  
tachycardia  
Premature beats

Sick sinus syndrome  
Ventricular tachycardia  
Ventricular fibrillation

Torsades de pointes

#### Congenital Heart Disease

Atrial septal defect  
Coarctation of aorta  
Patent ductus arteriosus  
Tetralogy of Fallot  
Ventricular septal defect

#### Heart Failure

##### Hypertension

Essential  
Secondary  
Hypertensive emergencies

##### Hypotension

Cardiogenic shock  
Orthostatic hypotension

##### Coronary Heart Disease

Acute myocardial infarction  
-STEMI & Non-STEMI  
Angina pectoris  
-Stable, Unstable, Variant

##### Vascular Disease

Aortic aneurysm/dissection  
Arterial embolism/thrombosis  
Giant cell arteritis  
Peripheral artery disease  
Phlebitis/thrombophlebitis  
Varicose veins  
Venous insufficiency/thrombosis

#### Valvular Disease

Aortic stenosis  
Aortic regurgitation  
Mitral stenosis  
Mitral regurgitation  
Mitral valve prolapse  
Tricuspid stenosis  
Tricuspid regurgitation  
Pulmonary stenosis  
Pulmonary regurgitation

#### Other Forms of Heart Disease

Acute and subacute bacterial  
endocarditis  
Acute pericarditis  
Cardiac tamponade  
Pericardial effusion

### The Dermatologic System

#### Eczematous Eruptions

Dermatitis  
Dyshidrosis  
Lichen simplex chronicus

#### Papulosquamous Diseases

Drug eruptions  
Lichen planus  
Pityriasis rosea  
Psoriasis

#### Desquamation

Erythema multiforme  
Stevens-Johnson syndrome  
Toxic epidermal necrolysis

#### Vesicular Bullae

Bullous pemphigoid

#### Acneiform Lesions

Acne vulgaris  
Rosacea

#### Verrucous Lesions

Actinic keratosis  
Seborrheic keratosis

#### Insects/Parasites

Lice, Scabies  
Spider bites

#### Neoplasms

Basal cell carcinoma  
Kaposi sarcoma  
Melanoma  
Squamous cell carcinoma

#### Hair and Nails

Alopecia  
Onychomycosis  
Paronychia

#### Viral Diseases

Condyloma acuminatum  
Exanthems  
Herpes simplex  
Molluscum contagiosum  
Varicella-zoster virus infections  
Verrucae

#### Bacterial Infections

Cellulitis  
Erysipelas  
Impetigo  
**Fungal Infections**  
Candidiasis  
Dermatophyte infections

#### Other

Acanthosis nigricans  
Burns  
Hidradenitis suppurativa  
Lipomas/epithelial inclusion cysts  
Melasma  
Pilonidal disease  
Pressure ulcers  
Urticaria  
Vitiligo

## EENT (Eyes, Ears, Nose and Throat)

### Eye Disorders

Blepharitis  
Blowout fracture  
Cataract  
Chalazion  
Conjunctivitis  
Corneal abrasion  
Corneal ulcer  
Dacryoadenitis  
Ectropion  
Entropion  
Foreign body  
Glaucoma  
Hordeolum  
Hyphema  
Macular degeneration  
Nystagmus  
Optic neuritis  
Orbital cellulitis  
Papilledema  
Pterygium

### Eye Disorders continued

Retinal detachment  
Retinal vascular occlusion  
Retinopathy  
Strabismus  
Ear Disorders  
Acute/chronic otitis media  
Acoustic neuroma  
Barotrauma  
Cholesteatoma  
Dysfunction of eustachian tube  
Foreign body  
Hearing impairment  
Hematoma of external ear  
Labyrinthitis  
Mastoiditis  
Meniere disease  
Otitis externa  
Tinnitus  
Tympanic membrane perforation  
Vertigo

### Nose/Sinus Disorders

Acute/chronic sinusitis  
Allergic rhinitis  
Epistaxis  
Foreign body  
Nasal polyps

### Mouth/Throat Disorders

Acute pharyngitis  
Apthous ulcers  
Diseases of the teeth/gums  
Epiglottitis  
Laryngitis  
Oral candidiasis  
Oral herpes simplex  
Oral leukoplakia  
Peritonsillar abscess  
Parotitis  
Sialadenitis

### Benign and malignant neoplasms

## The Endocrine System

### Diseases of the Thyroid Gland

Hyperparathyroidism  
Hypoparathyroidism  
Hyperthyroidism  
Hypothyroidism  
Neoplastic disease  
Thyroiditis

### Diseases of the Adrenal Glands

Corticoadrenal insufficiency  
Cushing syndrome  
Neoplastic disease  
Diabetes (Type 1 & Type 2)  
Lipid Disorders  
Hypercholesterolemia  
Hypertriglyceridemia

### Diseases of the Pituitary Gland

Acromegaly/gigantism  
Diabetes insipidus  
Dwarfism  
Neoplastic disease  
Pituitary adenoma

## The Gastrointestinal System/Nutrition

### Esophagus

Esophagitis  
Motility disorders  
Mallory-Weiss tear  
Neoplasms  
Strictures  
Varices

### Stomach

Gastroesophageal reflux disease  
Gastritis  
Neoplasms  
Peptic ulcer disease  
Pyloric stenosis

### Gallbladder

Acute/chronic cholecystitis  
Cholangitis

### Pancreas

Acute/chronic pancreatitis  
Neoplasms

### Small Intestine/Colon

Appendicitis  
Celiac disease  
Constipation  
Diverticular disease  
Inflammatory bowel disease  
Intussusception  
Irritable bowel syndrome  
Ischemic bowel disease  
Lactose intolerance  
Neoplasms  
Obstruction  
Polyps

### Rectum

Anal fissure  
Abscess/fistula  
Fecal impaction  
Hemorrhoids  
Neoplasms

### Hernia

### Infectious and Noninfectious

### Diarrhea

### Vitamin and Nutritional

### Deficiencies

### Metabolic Disorders

Phenylketonuria

### Liver

Acute/chronic hepatitis  
Cirrhosis

Cholelithiasis

Toxic megacolon

Neoplasms

## The Genitourinary System

### GU Tract Conditions

Benign prostatic hyperplasia  
Congenital abnormalities  
Cryptorchidism  
Erectile dysfunction  
Hydrocele/varicocele  
Incontinence  
Nephrolithiasis/uroolithiasis  
Paraphimosis/phimosis  
Testicular torsion

### Infectious/Inflammatory

#### Conditions

Cystitis  
Epididymitis  
Orchitis  
Prostatitis  
Pyelonephritis  
Urethritis

#### Neoplastic Diseases

Bladder cancer  
Prostate cancer  
Renal cell carcinoma  
Testicular cancer  
Wilms tumor

### Renal Diseases

Acute renal failure  
Chronic kidney disease  
Glomerulonephritis  
Hydronephrosis  
Nephrotic syndrome  
Polycystic kidney disease  
Renal vascular disease

### Fluid and Electrolyte Disorders

Hypervolemia  
Hypovolemia

### Acid/Base Disorders

## The Hematologic System

### Anemias

Anemia of chronic disease  
Aplastic anemia  
Folate deficiency  
G6PD deficiency  
Hemolytic anemia  
Iron deficiency  
Sickle cell anemia  
Thalassemia  
Vitamin B12 deficiency

### Coagulation Disorders

Clotting factor disorders  
Hypercoagulable states  
Thrombocytopenia  
• Idiopathic thrombocytopenic purpura  
• Thrombotic thrombocytopenic purpura

### Malignancies

Acute/chronic lymphocytic leukemia  
Acute/chronic myelogenous leukemia  
Lymphoma  
Multiple myeloma

## Infectious Diseases

### Fungal Disease

Candidiasis  
Cryptococcosis  
Histoplasmosis  
Pneumocystis

### Bacterial Disease

Acute rheumatic fever  
Botulism  
Chlamydia  
Cholera  
Diphtheria  
Gonococcal infections  
Salmonellosis  
Shigellosis  
Tetanus

### Mycobacterial Disease

Atypical mycobacterial disease  
Tuberculosis

### Parasitic Disease

Helminth infestations  
Malaria

Pinworms

Toxoplasmosis

### Spirochetal Disease

Lyme disease  
Rocky Mountain spotted fever  
Syphilis

### Viral Disease

Cytomegalovirus infections  
Epstein-Barr virus infections  
Erythema infectiosum  
Herpes simplex  
HIV infection  
Human papillomavirus infections  
Influenza  
Measles  
Mumps  
Rabies  
Roseola  
Rubella  
Varicella-zoster virus infections

## The Musculoskeletal System

### Disorders of the Shoulder

Fractures/dislocations  
Soft tissue injuries

### Disorders of the Forearm/Wrist/Hand

Fractures/dislocations  
Soft tissue injuries

### Disorders of the Back/Spine

Ankylosing spondylitis  
Back strain/sprain  
Cauda equina  
Herniated nucleus pulposus  
Kyphosis  
Lower back pain  
Scoliosis  
Spinal stenosis

### Disorders of the Hip

Avascular necrosis  
Development dysplasia  
Fractures/dislocations  
Slipped capital femoral epiphysis

### Disorders of the Knee

Fractures/dislocations  
Osgood-Schlatter disease  
Soft tissue injuries

### Disorders of the Ankle/Foot

Fractures/dislocations  
Soft tissue injuries

### Infectious Diseases

Acute/chronic osteomyelitis  
Septic arthritis

### Neoplastic Disease

Bone cysts/tumors  
Ganglion

### Osteoarthritis

### Osteoporosis

### Compartment Syndrome

### Rheumatologic Conditions

Fibromyalgia  
Gout/pseudogout  
Juvenile rheumatoid arthritis  
Polyarteritis nodosa  
Polymyositis  
Polymyalgia rheumatica  
Reactive arthritis (Reiter syndrome)  
Rheumatoid arthritis  
Systemic lupus erythematosus  
Systemic sclerosis (Scleroderma)  
Sjögren syndrome

## The Neurologic System

### Diseases of Peripheral Nerves

Complex regional pain syndrome  
Peripheral neuropathies

### Headaches

Cluster headache  
Migraine  
Tension headache

### Infectious Disorders

Encephalitis  
Meningitis

### Movement Disorders

Essential tremor  
Huntington disease  
Parkinson disease

### Vascular Disorders

Cerebral aneurysm  
Intracranial hemorrhage  
Stroke  
Transient ischemic attack

### Other Neurologic Disorders

Altered level of consciousness  
Cerebral palsy  
Concussion  
Dementias  
Delirium  
Guillain-Barré syndrome  
Multiple sclerosis  
Myasthenia gravis  
Postconcussion syndrome  
Seizure disorders  
Status epilepticus  
Syncope  
Tourette disorder

## Psychiatry/Behavioral Science

### Anxiety Disorders

Generalized anxiety disorder  
Panic disorder  
Phobias  
Post-traumatic stress disorder

### Attention-Deficit/Hyperactivity Disorder

### Autistic Disorder

### Eating Disorders

Anorexia nervosa  
Bulimia nervosa  
Obesity

### Mood Disorders

Adjustment  
Bipolar  
Depressive  
Dysthymic

### Personality Disorders

### Psychoses

Delusional disorder  
Schizophrenia

### Somatoform Disorders

### Substance Use Disorders

Abuse  
Dependence  
Withdrawal

### Other Behavior/Emotional Disorders

Acute reaction to stress  
Child/elder abuse  
Conduct disorders  
Domestic violence  
Grief reaction  
Suicide

## The Pulmonary System

### Infectious Disorders

Acute bronchitis  
Acute bronchiolitis  
Acute epiglottitis  
Croup  
Influenza  
Pertussis  
Pneumonias

- Bacterial
- Viral
- Fungal
- HIV-related

Respiratory syncytial virus infection  
Tuberculosis

### Neoplastic Disease

Carcinoid tumors  
Lung cancer  
Pulmonary nodules

### Obstructive Pulmonary Disease

Asthma  
Bronchiectasis  
Chronic bronchitis  
Cystic fibrosis  
Emphysema

### Pleural Diseases

Pleural effusion  
Pneumothorax

### Pulmonary Circulation

Cor pulmonale  
Pulmonary embolism  
Pulmonary hypertension

### Restrictive Pulmonary Disease

Idiopathic pulmonary fibrosis  
Pneumoconiosis  
Sarcoidosis

### Other Pulmonary Disease

Acute respiratory distress syndrome  
Hyaline membrane disease  
Foreign body aspiration

## The Reproductive System

### Uterus

Dysfunctional uterine bleeding  
Endometrial cancer  
Endometriosis  
Leiomyoma  
Prolapse

### Ovary

Cysts  
Neoplasms

### Cervix

Cancer  
Cervicitis  
Dysplasia  
Incompetent

### Vagina/Vulva

Cystocele  
Neoplasm  
Prolapse  
Rectocele  
Vaginitis

### Menstrual Disorders

Amenorrhea  
Dysmenorrhea  
Premenstrual syndrome

### Menopause

#### Breast

Abscess  
Cancer  
Fibroadenoma  
Fibrocystic disease  
Gynecomastia  
Galactorrhea  
Mastitis

### Pelvic Inflammatory Disease

#### Contraceptive Methods

#### Uncomplicated Pregnancy

Normal labor/delivery  
Prenatal diagnosis/care

### Complicated Pregnancy

Abortion  
Abruptio placentae  
Cesarean section  
Dystocia  
Ectopic pregnancy  
Fetal distress  
Gestational diabetes  
Gestational trophoblastic disease  
Hypertension disorders in pregnancy  
Multiple gestation  
Placenta previa  
Postpartum hemorrhage  
Premature rupture of membranes  
Rh incompatibility

## Appendix I - Preceptor Development Tools

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### Integrating the Student into a Busy Practice

#### ***Integrating the Learner into the Busy Office Practice***

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

<https://www.ohio.edu/medicine/about/offices/academic-affairs/faculty-development/teaching/clinical.cfm>

#### ***Time-Efficient Preceptors in Ambulatory Care Settings***

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

[http://journals.lww.com/academicmedicine/Fulltext/2000/06000/Time\\_efficient\\_Preceptors\\_in\\_Ambulatory\\_Care.16.aspx](http://journals.lww.com/academicmedicine/Fulltext/2000/06000/Time_efficient_Preceptors_in_Ambulatory_Care.16.aspx)

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### Evaluation and Teaching Strategies

#### ***Evaluation Using the GRADE Strategy***

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

<http://www.stfm.org/Portals/49/Documents/FMPDF/FamilyMedicineVol33Issue3Langlois158.pdf>

#### ***The One-Minute Preceptor***

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

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

<https://ohio.app.box.com/s/w74u8y0s4iwhk9yqewvzoibtj6xbjpl> (audio version)

#### ***Feedback and Reflection: Teaching Methods for Clinical Settings***

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

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

#### ***Characteristics of Effective Clinical Teachers***

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

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### Providing Effective Feedback

#### ***It's Not Just What You Know: The Non-Cognitive Attributes of Great Clinical Teachers***

This article outlines why the skills and strategies of great clinical teachers

<http://pediatrics.aappublications.org/content/pediatrics/134/5/852.full.pdf>

#### ***Feedback in Clinical Medical Education***

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

### ***Feedback: An Educational Model for Community-Based Teachers***

This document provides insightful tips on giving feedback, describes differences between feedback and evaluation, addresses barriers to giving feedback, and gives the reader case-based practice scenarios.

<http://www.snhahec.org/feedback.cfm>

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## **Managing Difficult Learning Situations**

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

These documents outline strategies for both preventing and managing difficult learning situations.

<http://www.snhahec.org/diffman.cfm>

### ***Providing Difficult Feedback: TIPS for the Problem Learner***

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

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

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## **Developing Expectations**

### ***Setting Expectations: An Educational Monograph for Community-Based Teachers***

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

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## **Conflict Resolution**

### ***Aspects of Conflict Resolution***

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

<http://www.traqprogram.ca/index.php/en/resources/traq-library/item/303-aspects-of-conflict-resolution>

## **One Pagers for Preceptors**

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Physician Assistant Education Association (PAEA) has developed “one pagers for preceptors”, a set of brief articles offering “time-tested methods for making the precepting experience as efficient and reward as possible. Each of these resources are included in this appendix, links to all of the following topics can be found on this webpage:

<http://paeaonline.org/publications/preceptor-handbook/>

- Ask-Tell-Ask Feedback Model
- Incorporating Students in Patient Care Workflow
- Introducing/Orienting a PA Student to Your Practice
- SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education
- Tailoring Clinical Teaching to an Individual Student
- The One-Minute Preceptor