University of PITTSBURGH | **School of Health and Rehabilitation Sciences**

Physician Assistant Studies Program

Clinical Year Student Handbook

Tips, Tools, and Guidance for the Physician Assistant Studies Program Students
Revised 8/2023

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University of Pittsburgh Mission:

The University of Pittsburgh, founded in 1787, is one of the oldest institutions of higher education in the United States. As one of the nation's distinguished comprehensive universities, the resources of the University constitute an invaluable asset for the intellectual, economic, and social enrichment of Pennsylvania, while the international prestige of the University enhances the image of Pennsylvania throughout the world.
The University's mission is to:
- Provide high-quality undergraduate programs in the arts and sciences and professional fields, with emphasis upon those of special benefit to the citizens of Pennsylvania
- Offer superior graduate programs in the arts and sciences and the professions that respond to the needs of Pennsylvania, as well as to the broader needs of the nation and the world
- Engage in research, artistic, and scholarly activities that advance learning through the extension of the frontiers of knowledge and creative endeavor
- Cooperate with industrial and governmental institutions to transfer knowledge in science, technology, and health care
- Offer continuing education programs adapted to the personal enrichment, professional upgrading, and career advancement interest and needs of adult Pennsylvanians; and
- Make available to local communities and public agencies the expertise of the University in ways that are consistent with the primary teaching and research functions and contribute to social, intellectual, and economic development in the Commonwealth, the nation, and the world.
- The trustees, faculty, staff, students, and administration of the University are dedicated to accomplishing this mission to which they pledge their individual and collective efforts, determined that the University shall continue to be counted among the prominent institutions of higher education throughout the world.
- This mission statement was approved by the University's Board of Trustees on February 16, 1995 and is unchanged to date.

Physician Assistant Studies On-campus Program Mission:

The mission of the Physician Assistant Program (PA) is to develop highly qualified Physician Assistants who will serve as collaborative leaders in patient care, professional service, and advocacy for all populations

The mission of the program will be achieved by pursing the following **program goals**:

Goal 1: To create and foster an atmosphere of learning and practice that emphasizes, promotes, and champions diversity, equity, and inclusion in our Programs, in our School and in the health care professions

Goal 2: To provide students with the required cognitive knowledge, affective behaviors, and psychomotor skills to function as a physician assistant consistently and reliably.

Goal 3: To graduate skilled physician assistants who practice patient-centered care

Goal 4: To inspire a lifelong desire and responsibility for continued learning, service to the community and advocacy within the health care profession

Goal 5: To encourage graduates to pursue educational, research and administrative activities within the health care profession

Goal 6: To advance PA education by incorporating clinical technology to prepare students to practice in the clinical environments of the future

The program goals will be attained by the students acquiring the following **associated program competencies / program learning outcomes**:

Competency #1: Gather clinical information, formulate differential diagnoses, order, and interpret laboratory and imaging, perform necessary core duty procedures, and diagnose, prevent, treat, and manage illness among acute, chronic and emerging disease states

Competency #2: Integrate into practice appropriate literature to make evidence-based decisions on patient care

Competency #3: Integrate into practice the cultural norms, needs, influences and socioeconomic, environmental, physiological, and other population-level determinants affecting the health of the individual and community being served

Competency #4: Integrate into practice the interventions that diminish health disparities involving race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location involving the individual patient and the community being served

Competency #5: Integrate into practice basic principles of public health including epidemiology, disease prevention, surveillance, reporting and intervention. Provide appropriate referrals involving the public health system to ensure patient advocacy and in the maintenance of population health

Competency #6: Communicate effectively and respectfully with patients, families, and other health care professionals

Competency #7: Coordinate care to optimize the health of patients and populations

Competency #8: Provide standard-of-care practice while demonstrating respect for the dignity and privacy of patients.

Competency #9: Incorporate a personal wellness plan to prevent impairment and burnout

Competency #10: Demonstrate professional accountability

Competency #11: Differentiate the types of health care systems and health insurance coverage, including Medicare, Medicaid, and the Children's Health Insurance Program

Competency #12: Practice health care informed by an understanding of the financial implications to patients, organizations, and society

Competency #13: Recognize personal limitations and incorporate a quality improvement process designed to maximize patient safety, prevention of medical errors and incorporation of risk management

School of Health and Rehabilitation Science Clinical Education:

The following is required for all SHRS programs in which students may participate in a clinical education experience:

- All clinical education sites must have current contracts with the University of Pittsburgh.
- Each program's clinical education coordinator will assign students to their clinical education site.
- Students must use an add/drop form (or enrollment form if student has not yet registered for other classes) to register for appropriate clinical education and submit other forms as directed by clinical education coordinator and listed below. (See Registration Process in this handbook)
- Students must provide proof of HIPAA certification with registration.
- Students must provide proof of HIPAA certification for UPMC clinical sites specifically.
- Students must provide proof of Blood Borne Pathogen certification with registration.
- Students must provide proof of coverage by professional liability insurance.
- Students are required to carry personal health insurance.
- Student must provide proof of having undergone a physical exam and blood work as well as proof of vaccinations. List of exam and vaccination requirements and required forms will be provided by the Clinical Education Coordinator.
- Some of our programs require that you complete clinical education at facilities external to the University and such facilities will or may require a criminal background check, an Act 33/34 clearance (child abuse clearance), Act 73 clearance, and perhaps a drug screen to determine whether you are qualified to participate in clinical education. Additional requirements may also include CPR training, attending orientation sessions, compliance with dress code, and personal transportation. Each program's Clinical Education Coordinator will advise the student of program or site-specific requirements. All requirements **MUST** be completed and kept current yearly by the student. The program will not police the requirements for the student. Each student is required to have all requirements on their person at every rotation site or the student will be removed from rotation.
- Students may be required to travel a distance or to relocate outside the city for their clinical education assignments. All expenses for transportation, housing, food, etc., are the student's responsibility.
- The student may incur onboarding costs that are required by the clinical site.
- Any student who misses clinical time for any reason must meet with his/her coordinator of clinical education to discuss any needed make-up time.
- If a student receives an unsatisfactory grade on any clinical rotation, the student will be permitted to repeat the internship at an alternative site. A second unsatisfactory grade is cause for dismissal from the program.

The University of Pittsburgh Physician Assistant On-campus Program has outlined the rules and regulations of the clinical rotations. It is of utmost importance that you, as a clinical year student, always observe these policies and guidelines. This clinical manual is available for your review and to refer when questions arise. If in doubt, contact the clinical coordinator or program director for clarification and guidance.

Remember that each student will have a different experience on his/her rotation. The goal of clinical education is to provide students with similar experiences. There are many variables that enter into each clinical site, and they are ever changing. Your experience may vary depending upon the site/discipline. As you progress through each clinical rotation, you should encourage feedback on your performance from the preceptor. Avoid the generic question "How am I doing?" but identify a specific skill. Know your capabilities

and legal limitations. Remember to sign and date all your documentation. Always identify yourself as a "PA student from the University of Pittsburgh" with all professional interactions. As a student, you are representing the program and the profession. Each clinical rotation is what you make of it!

Having a job is not consistent with the learning environment in the clinical year. It is the student's responsibility to not allow employment to interfere with clinical rotation responsibilities.

The primary goal of the clinical year is to provide each student with the essential experiences to apply their knowledge and skills as they develop into competent health care providers.

The clinical year experience will enable the student to:

- Incorporate ethical principles in clinical practice.
- Demonstrate professional behaviors.
- Integrate basic science concepts with clinical reasoning.
- Establish and maintain appropriate therapeutic relationships with patients.
- Obtain a sensitive, thorough medical history.
- Perform general clinical procedures.
- Perform a sensitive and accurate physical exam.
- Develop the knowledge, skills, and attitudes needed for culturally competent care.
- Participate in discussions and decision-making with patients and families.
- Work effectively with other providers in the health care arena.
- Communicate clearly, medical information in spoken and written form.
- Develop knowledge, skills, and attitudes to practice the basic principles of prevention.
- Demonstrate sound clinical reasoning.
- Appropriately assess patients with common signs and symptoms.
- Appropriately use testing to help guide diagnostic and therapeutic decisions.
- Diagnose and demonstrate basic understanding of common diseases and conditions.
- Define therapeutic options for the management of patients with common problems.
- Implement a plan of care for patients with common problems.
- Recognize acute life-threatening medical problems and initiate care.
- Acquire the knowledge and skills necessary to assist in the management of chronic diseases.
- Participate in patient care in a variety of clinical settings.
- Use information and educational technology to facilitate patient care.

Technical Standards

All candidates and graduates must possess the necessary intellectual ability and skills in observation, communication, motor, and behavior to enter and successfully complete the program.

Technical Standards, as distinguished from academic standards, refer to physical, cognitive, and behavioral abilities required for satisfactory completion of the curriculum.

Observation
- Candidates must be able to observe visual presentations in the classroom and laboratory and at the patient bedside.
- Candidates must be able to observe patients closely and at a distance to observe the patient's condition and complete a patient exam.
- Candidates must be able to immediately comprehend and respond to auditory instructions or requests.

Communication

- Candidates and graduates must be able to speak, hear and observe patients to obtain pertinent information
- Candidates and graduates must be able to communicate in a clear and effective manner with patients and their families both orally and in writing, using appropriate grammar, spelling, and vocabulary.
- Candidates and graduates must possess the skills of sensitivity and confidentiality in patient communication. They must abide by the HIPAA policy.
- Candidates and graduates must be able to communicate with the health care team effectively and efficiently

Motor Skills

- Candidates and graduates must be able to elicit information on patient exam by palpation, auscultation, and percussion as well as carry out diagnostic maneuvers.
- Candidates and graduates must be able to examine and treat patients with coordination of muscular movements, equilibrium, and sensation.
- Candidates and graduates must be able to manipulate equipment and instruments for basic laboratory tests and procedures such as airway management, suturing, needle placement & IV, stethoscope & ophthalmoscope, tongue blades, gynecologic speculum and scalpel.
- Candidates and graduates must be able to transport themselves from room to room and location to location in an efficient manner to see patients.
- Candidates and graduates must have the physical stamina to complete both the didactic and clinical portions of the training program which includes sitting, standing, and moving from classroom to laboratory to hospital.

Intellectual Ability

- Candidates and graduates must possess problem solving ability, think critically with sound judgment, emotional stability, maturity, empathy.
- Candidates and graduates must be able to collect, measure, organize, prioritize, analyze, and assimilate data in a limited time frame. Information presented in lecture must be successfully applied in the clinical setting by the candidate.
- Candidates and graduates must be able to read and understand the medical literature and use this knowledge in problem solving and patient care.
- Candidates and graduates must be able to interpret x-rays and EKG readings.

Behavior

- Candidates must be able to use their intellectual ability and exercise good judgment in completing their responsibilities for the diagnosis and treatment of patients.
- Candidates and graduates must have the capacity to respond to emergencies in a calm and reasoned manner.
- Candidates and graduates must be able to develop rapport with patients and their families and their colleagues.
- Candidates and graduates must be able to handle physical, mental, and emotional stress while functioning effectively.
- Candidates and graduates must demonstrate compassion, motivation, integrity, flexibility, and a consciousness of social values.
- Candidates and graduates must be able to interact with a diverse population.
- Candidates and graduates must be able to accept criticism and modify behavior and practice as needed.

- Candidates and graduates must work cooperatively preserving relationships with other members of the health care team.
- Candidates and graduates must understand and apply ethical standards in practice.
- Candidates and graduates must demonstrate emotional stability at a level necessary to deliver sound patient care in all settings and to interact with interdisciplinary health care teams.

At the end of each clinical experience, the student must demonstrate the ability to do the following:

- Develop an enhanced knowledge base for the primary rotation subject matter, in accordance with recommended text resource.
- Develop an enhanced knowledge base for concomitant medical problems not directly related to the primary rotation subject matter (e.g., enhance understanding of diabetes mellitus during the general surgical rotation).
- Maintain a satisfactory level of attendance/punctuality, initiative/motivation, and work relations.
- Maintain a proficient level of history and physical exam performance, clinical reasoning, case integration, therapeutic management, medical documentation, procedural skills, and patient counseling activities.
- Critically appraise the medical/surgical literature as it relates to the specific content area.

Required Clinical Rotation Experiences:

The clinical year is comprised of four-week rotations, in the following disciplines: outpatient medicine, inpatient medicine, pediatrics, surgery, behavioral health, emergency medicine, OB/GYN, 2 electives and Summative Evaluation.

Semester 4		
PAS2701	Clinical Rotation 1	4
PAS2702	Clinical Rotation 2	4
PAS2703	Clinical Rotation 3	4
		Term Total: 12
Semester 5		
PAS2704	Clinical Rotation 4	4
PAS2705	Clinical Rotation 5	4
PAS2706	Clinical Rotation 6	4
		Term Total: 12
Semester 6		
PAS2707	Clinical Rotation 8	4
PAS2713	Clinical Rotation 8	4
PAS2709	Clinical Rotation 9	4
PAS 2712	Summative Evaluation	1
		Term Total: 13
		Clinical Year Total: 37

General Goals of the Clinical Year:

The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. To this end, the goals of the clinical year include:

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

Physician Assistant Competencies:

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge; interpersonal and communication skills; patient care; professionalism; practice-based learning and improvement; systems-based practice; as well as an unwavering commitment to continual learning, professional growth, and the physician-PA team for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the practice setting. (NCCPA)

Definition of Preceptor Role:

The preceptor is an integral part of the teaching program. Preceptors will serve as role models for the student and, through guidance and teaching, will help students' perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

Preceptor Responsibilities:

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

- Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the clinical coordinator by submitting mid-rotation and end-of-rotation evaluations
- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care
- Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise
- 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)

o Assignment of outside readings and research to promote further learning

- Dialogue with faculty during site visits to evaluate student progress and assist the learning process
- Audit and co-sign charts in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans
- Complete and promptly return the evaluation forms provided by the program reflecting on student knowledge and skills as well as their improvement throughout the rotation
- Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
- Maintain an ethical approach to the care of patients by serving as a role model for the student
- Demonstrate cultural competency through interactions with patients
- Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationships
- Provide timely feedback to the student and the program regarding student performance

The Preceptor–Student Relationship:

The preceptor should maintain a professional relationship with the PA student and always 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, Twitter) should be avoided until the student graduates from the educational program. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must always be maintained in the clinical setting. Please consult the clinical coordinator regarding specific school or university policies regarding this issue.

Orientation and Communicating Student Expectations:

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

Prior to the first day of the rotation, the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional *site-specific* HIPAA training, if needed.

Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals regarding what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations can include:

- Hours
- Interactions with office and professional staff
- General attendance

- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary

Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation — in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the clinical coordinator well in advance of the clinical absence. Any absences must be pre-approved in advance.

Preparing Staff:

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient's visit. Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss:

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

Supervision of the PA Student:

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, NP,CNM or PA who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an

assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be always aware of the student's assigned activities.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen, and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student can document, and this is explained further in the following —Documentation‖ section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care:

Patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA student by wearing their appropriate ID badge and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Documentation:

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator. Students are reminded that the medical record is a legal document. All medical entries must be identified as —student and must include the PA student's signature with the designation —PA-S. The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one institution's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own edification, which should be reviewed by preceptors whenever possible for feedback.

Medicare Policy:

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

Prescription Writing:

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

Expected Progression of PA student:

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to come up with an assessment and plan more effectively, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should be allowed progressively to increase supervised autonomy.

Student Evaluation:

The evaluation is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important. On required rotations (i.e., core rotations required by the specific institution for all students prior to graduation), a passing evaluation from the preceptor is mandatory. If deemed —not passing, the student may be requested to repeat the rotation or undergo procedures specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty. The program will designate how often evaluations need to be completed.

Please contact the clinical coordinator for specific evaluation forms and policies, in accordance with the student handbook.

Feedback to Students:

While students may have only one formal evaluation during the clinical rotation, it is imperative that they receive regular positive and constructive feedback daily from their preceptors to help improve their clinical performance. Please contact the clinical coordinator for specific policies regarding student evaluation.

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 during the clinical year
- Familiarize themselves with the program competencies and learning outcomes, as well as the supervised clinical practice experience course learning outcomes and instructional objectives that are listed in this handbook and in each syllabus. If it is determined that a student is not adequately progressing towards attaining competence in any of these areas, their elective supervised clinical practice experience may be reassigned as deemed appropriate, to ensure attainment of competence in all program learning outcomes and competencies as well as course learning outcomes.

Standards of Professional Conduct:
As health care practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to:
- Respect
- Flexibility
- Academic integrity
- Honesty and trustworthiness
- Accountability
- Cultural competency

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

Specific Program Policies

Please refer to the On-campus Program Policy and Procedure Manual for program-specific policies on the following:

- 1.0 Attendance Policy
- 2.0 Dress Policy
- 3.0 Professional Development Policy
- 4.0 Advising Policy
- 5.0 Policy on resolving concerns, conflicts, and other matters
- 6.0 Exam Policy
- 7.0 Grading policy
- 8.0 Academic remediation policy and procedure
- 9.0 Academic Probation Policy
- 10.0 Graduation Requirements
- 11.0 Academic Integrity Policy
- 12.0 Documents and deadlines Policy
- 13.0 Correspondence Policy
- 14.0 Social Media Policy
- 15.0 Policy for Student Employment while Enrolled
- 16.0 Policy on Faculty as Healthcare Providers
- 17.0 Policy on Student Mistreatment
- 18.0 Department Space Usage Policy
- 19.0 Policy on Providing and Soliciting Clinical Sites or Preceptors
- 20.0 Student Records and Confidential Information Policy
- 21.0 Policy on Policies

The following link to the U.S. Department of Education's Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age discrimination: http://www2.ed.gov/about/offices/list/ocr/know.html

The Preceptor–Program Relationship:

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the clinical coordinator. All members of the team should share contact information.

If a preceptor has a question or concern about a student, they should contact the clinical coordinator. 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.

Liability Insurance:

Each PA student is fully covered for malpractice insurance by the PA program. Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer must maintain a student role in the clinic and should not assume responsibilities of an employee until after matriculation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and the employer in the case that legal action is sought by a

patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university's liability coverage does not cover the student in these circumstances.

In addition, if a PA student is working in a paid position in a different health-care related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. 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 the role for which they are being paid. Liability insurance will not cover any student assuming the PA student role outside of an assigned clinical rotation.

SHRS Impaired Student Policy

The School of Health and Rehabilitation Sciences (SHRS) has the responsibility to educate students to be responsible professionals prepared to provide quality services. Whether in the classroom, the clinical setting, or a research setting, students are expected to demonstrate professional behaviors aligned with respective Scopes of Practice, Codes of Ethics, and Technical Standards.
Safety is a critical component in the classroom, the clinical setting, and the research setting. The utmost responsibility of the University, the School, and the faculty is the protection and well-being of individuals in the classroom, the clinical setting, and in research, all of which supersedes the educational needs of the student to participate in a degree program.

When a student's psychological and/or physical condition has impaired their ability to participate and perform in the classroom, clinical setting, and/or research, the student will be asked to leave the area. As discussed below, the student will be given the opportunity to hear the reasons for the removal, to discuss the incident with a representative from the school and participate in a treatment plan if appropriate. Any expenses incurred because of assessment, treatment, transportation, and monitoring are solely the responsibility of the student.

The existence of a health or personal problem for a student is NOT synonymous with impairment under this policy.

In addition to this policy, the University of Pittsburgh has developed resources to assist faculty and staff with distressed students. The Faculty and Staff Guide to Helping Distressed Students is available as well as this document from student affairs.

When a partner site has a policy regarding fitness for duty, that policy will be followed in addition to the School of Health and Rehabilitation Sciences policy.

Purpose
This Policy is designed to:
- Identify and adequately address the needs of students with impairment
- Enhance awareness among faculty and students of the typical characteristics of an impaired student to identify students in need of help
- Protect patients from risks associated with care given by an impaired student
- Promote educational programs and other methods of primary prevention of impairment of all students

- Provide a mechanism for a fair, reasonable and confidential assessment of a student who is suspected of being impaired, including the development of a plan to address the student's academic progress
- Take administrative actions as necessary

Definitions

For the purposes of this policy, impairment is defined as a physical or mental condition, substance abuse, chemical dependence or any other circumstances that interferes with the student's ability to engage safely in patient care or clinical practice.

Reporting Possible Impairment

a. Self-reporting - Any student who is concerned that they might be impaired or likely to become impaired should contact their respective Program Director to formulate a plan of action to secure appropriate assistance and resources.

b. Report by others - Any person (e.g., student, faculty, staff, clinical partner, or administrator) who has reasonable cause to suspect that the ability of a student to safely perform their clinical duties may be impaired shall, in good faith, report the student to the respective Program Director.

c. If a report is determined to be made in bad faith or malicious, the reporting party will be identified to the Dean and may be subject to action under applicable institutional policies and/or laws and regulations.

Process

a. When there is concern that a student is impaired, a faculty member may remove the student from the applicable area. The student shall be informed of temporary suspension from clinical practice. If warranted by the student's condition, the clinical instructor, campus security, or a representative from the school may accompany the student to the nearest healthcare facility for emergency treatment.

b. When there is concern that a student poses a risk of harm, an immediate referral will be made to an appropriate service provider. If the behavior has occurred in the classroom, clinic, or research setting, the student will be temporarily removed from that setting.

c. Faculty involved in the identification of a possible impaired student must initially meet with the student and/or person who is reporting the student.

d. A subsequent meeting(s) will occur between the student, faculty involved in the identification of the problem, and Program Director. The documented and observable evidence of impaired performance will be reviewed with the student, and the student will have an opportunity to provide an explanation.

e. One representative from the University community chosen by the student may accompany the student to any meeting but they may not stand in place of the student during the discussions. Such a representative may not be legal counsel.

f. During the meeting(s) an individualized plan will be discussed and developed with the student that considers the impact of the student's behavior on the safety of the environment. During the meetings(s) the student may be asked to sign an Authorization for the Disclosure of Protected Health Information and may submit relevant medical records from their treating physician. If the student agrees with the recommended plan, the student will proceed with implementation.

g. If agreed to, the student must seek and select a treatment provider when recommended by the Program Director in a timely manner (not more than 2 weeks). Costs of treatment will be the student's responsibility.

h. If the student has been referred for treatment, the student will be permitted to return to practice only on the specific recommendation of an appropriate treatment provider that the student is capable of safe and skilled performance in accordance with School or Programs Scopes of Practice, Codes of Ethics, and Technical Standards.

      i.   The student has the right to refuse this assessment, treatment, and further monitoring. In which chase the student may file an appeal [see link below].

      j.   The school may not permit a student to return to practice without certification from a recognized healthcare provider that he/she has completed treatment, is undergoing treatment, or does not need treatment, and is fit for duty.

Monitoring

      a.   The student successfully completing the treatment period will be monitored by the Program Director or faculty designee for progression in the degree program.

Leave of Absence and Re-entry

      a.   An impaired student will be allowed a leave-of-absence in accordance with the policy outlined in the SHRS Student Handbooks.

      b.   If the student requests a medical leave-of-absence, procedures for the leave and re-entry will be followed as outlined in the SHRS Student Handbooks.

Unresponsiveness to Intervention

      a.   If the student does not responsibly cooperate or respond to the plan created by the Program Director or faculty designee, the student may be required to take a leave of absence, be suspended, or be dismissed. Students can appeal this decision using the SHRS appeals process

Confidentiality

      a.   Confidentiality for every student is to be maintained throughout the process consistent with the University's FERPA Policy and Procedure.

File

      a.   All files will be kept by the student's respective department/program after the student graduates in accordance with university policy

APPENDIX A – SUPPLEMENTAL FORMS

Name: _____

Physician Assistant Studies On-campus Program

Clinical Year Skill Competencies by SCPE

Please sign off on the skills which you have DIRECTLY observed and deem the student competent at entry-level (to the PA profession). It is understood that some procedures/skills may not be accomplished on this rotation. If the student is not able to perform the procedures/skills due to regulations, please discuss the applications of these procedures/skills to diagnose and treat specific disease states.

Clinical Skill	Clinical Site	Preceptor name	Date of sign-off	Rotation #
PAS 2701: Internal Medicine				
1. Perform admission H&P				
2. Perform daily progress H&P (rounding)				
3. Documentation: Admission H&P				
4. Documentation: Admission orders				
5. Documentation: Progress notes				
6. Documentation: Discharge summary				
PAS 2702: Family Medicine				
1. Perform wellness H&P				
2. Perform focused H&P				
3. Documentation: Wellness H&P				
4. Documentation: SOAP note				
5. Fundoscopic exam				
6. Visual screen				
7. Male genital & hernia exam				
8. Rectal exam				
9. Writing Prescriptions				

10. Dip stick urinalysis				
11. Finger stick				
12. Throat swab				
PAS 2703: Emergency Medicine				
1. Perform problem-focused H&P				
2. Documentation: SOAP note				
3. EKG interpretation				
4. CXR interpretation				
5. Abdominal x-rays interpretation				
6. Extremity x-rays interpretation				
7. Spine x-rays interpretation				
8. Phlebotomy				
9. IV cannulation				
10. Local anesthetic injection				
11. Incision and drainage (I&D)				
12. Sterile technique				
13. Simple interrupted suture				
PAS 2704: Pediatrics				
1. Physical exam of a child <1 yr				
2. Physical exam of a child >1 yr				
3. Otoscopic exam				
4. Perform well child H&P				
5. Perform problem focused H&P				
6. Documentation: SOAP note				
PAS 2705: Surgery				
1. Perform pre-op H&P				
2. Perform post-operative evaluation				

3. Provide discharge instructions to patient				
4. Documentation: Pre-op evaluation				
5. Documentation: Brief Op note				
6. Documentation: Post-op SOAP note				
7. Documentation: Discharge summary				
8. Sterile technique while surgical assisting in OR				
9. Self-gowning & gloving				
10. Scrubbing				
11. Intraoperative knot tying				
12. Wound closure & care				
13. Suture removal				
14. Staple insertion				
15. Staple removal				
PAS 2706: Behavioral Health				
1. Perform/participate in initial psychiatric evaluation				
2. Documentation: SOAP note				
PAS 2707: OB/GYN				
1. Pelvic exam x 2				
2. Pap smear &/or cervical cultures				
3. Breast exam				
4. Observe and/or assist in a normal spontaneous vaginal delivery				
5. Perform comprehensive gynecological & obstetrical history				

6. Perform prenatal visit to include measuring fundal height & taking fetal heart rate				
7. Perform postnatal evaluation				
8. Perform focused H&P for women's health complaint				
9. Documentation: SOAP note				

Content Blueprint for the
Physician Assistant National Certifying Examination (PANCE)
(effective beginning January 2019 for all PANCE administrations)

The PANCE content blueprint provides information on how exam questions are allocated to the different medical content and task categories that have been deemed important for entry-level practice as a certified physician assistant.

These exam specifications are based on the results of the most recent profession-wide practice analysis. The examples provided for each medical content and task category are indicative of the types of information that will be included on the exam. It is not possible to include all topics on a single exam, and it may be possible that some questions on the exam cover content that is not listed in the examples.

Medical Content Categories

	Percentage*
Cardiovascular System	13%
Dermatologic System	5%
Endocrine System	7%
Eyes, Ears, Nose, and Throat	7%
Gastrointestinal System/Nutrition	9%
Genitourinary System (Male and Female)	5%
Hematologic System	5%
Infectious Diseases	6%
Musculoskeletal System	8%
Neurologic System	7%
Psychiatry/Behavioral Science	6%
Pulmonary System	10%
Renal System	5%
Reproductive System (Male and Female)	7%

Task Categories

	Percentage*
History Taking and Performing Physical Examination	17%
Using Diagnostic and Laboratory Studies	12%
Formulating Most Likely Diagnosis	18%
Managing Patients	
Health Maintenance, Patient Education, and Preventive Measures	10%
Clinical Intervention	14%
Pharmaceutical Therapeutics	14%
Applying Basic Scientific Concepts	10%
Professional Practice	5%

*Medical content comprises 95% of the exam. All medical content questions are also coded to one of the task areas, with the exception of the professional practice task category. Questions related to professional practice issues comprise 5% of the exam. In addition, up to 20% of the exam may be related to general surgical topics. The specific percentage allocations may vary slightly on exams.

Medical Content Categories

Cardiovascular System (13%)

Cardiomyopathy
- Dilated
- Hypertrophic
- Restrictive

Conduction disorders/dysrhythmias
- Atrial fibrillation/flutter
- Atrioventricular block
- Bundle branch block
- Paroxysmal supraventricular tachycardia
- Premature beats
- Sick sinus syndrome
- Sinus arrhythmia
- Torsades de pointes
- Ventricular fibrillation
- Ventricular tachycardia

Congenital heart disease
- Atrial septal defect
- Coarctation of aorta
- Patent ductus arteriosus
- Tetralogy of Fallot
- Ventricular septal defect

Coronary artery disease
- Acute myocardial infarction
  - Non–ST-segment elevation
  - ST-segment elevation
- Angina pectoris
  - Prinzmetal variant
  - Stable
  - Unstable

Heart failure

Hypertension
- Essential hypertension
- Hypertensive emergencies
- Secondary hypertension

Hypotension
- Cardiogenic shock
- Orthostatic hypotension
- Vasovagal hypotension

Lipid disorders
- Hypercholesterolemia
- Hypertriglyceridemia

Traumatic, infectious, and inflammatory heart conditions
- Acute and subacute bacterial endocarditis
- Acute pericarditis
- Cardiac tamponade
- Pericardial effusion

Valvular disorders
- Aortic
- Mitral
- Pulmonary
- Tricuspid

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

Dermatologic System (5%)

Acneiform eruptions
- ☐ Acne vulgaris
- ☐ Folliculitis
- ☐ Rosacea

Desquamation
- ☐ Erythema multiforme
- ☐ Stevens-Johnson syndrome
- ☐ Toxic epidermal necrolysis

Diseases/disorders of the hair and nails
- ☐ Alopecia
- ☐ Onychomycosis
- ☐ Paronychia

Envenomations and arthropod bite reactions

Exanthems
- ☐ Erythema infectiosum (fifth disease)
- ☐ Hand-foot-and-mouth disease
- ☐ Measles

Infectious diseases
- ☐ Bacterial
  - o Cellulitis
  - o Erysipelas
  - o Impetigo
- ☐ Fungal
  - o Candidiasis
  - o Dermatophyte infections
- ☐ Parasitic
  - o Lice
  - o Scabies
- ☐ Viral
  - o Condyloma acuminatum
  - o Herpes simplex
  - o Molluscum contagiosum
  - o Varicella-zoster virus infections
  - o Verrucae

Keratotic disorders
- ☐ Actinic keratosis
- ☐ Seborrheic keratosis

Neoplasms
- ☐ Benign
- ☐ Malignant
- ☐ Premalignant

Papulosquamous disorders
- ☐ Contact dermatitis
- ☐ Drug eruptions
- ☐ Eczema
- ☐ Lichen planus
- ☐ Pityriasis rosea
- ☐ Psoriasis

Pigment disorders
- ☐ Melasma
- ☐ Vitiligo

Skin integrity
- ☐ Burns
- ☐ Lacerations
- ☐ Pressure ulcers
- ☐ Stasis dermatitis

Vascular abnormalities
- ☐ Cherry angioma
- ☐ Telangiectasia

Vesiculobullous disease
- ☐ Pemphigoid
- ☐ Pemphigus

Other dermatologic disorders
- ☐ Acanthosis nigricans
- ☐ Hidradenitis suppurativa
- ☐ Lipomas/epidermal inclusion cysts
- ☐ Photosensitivity reactions
- ☐ Pilonidal disease
- ☐ Urticaria

Endocrine System (7%)

Adrenal disorders
- Primary adrenal insufficiency
- Cushing syndrome

Diabetes mellitus
- Type 1
- Type 2

Hypogonadism

Neoplasms
- Multiple endocrine neoplasia
- Neoplastic syndrome
- Primary endocrine malignancy
- Syndrome of inappropriate antidiuretic hormone secretion (SIADH)

Parathyroid disorders
- Hyperparathyroidism
- Hypoparathyroidism

Pituitary disorders
- Acromegaly/gigantism
- Diabetes insipidus
- Dwarfism
- Pituitary adenoma

Thyroid disorders
- Hyperthyroidism
- Hypothyroidism
- Thyroiditis

Eyes, Ears, Nose, and Throat (7%)

Eye disorders
- Conjunctival disorders
  - Conjunctivitis
- Corneal disorders
  - Cataract
  - Corneal ulcer
  - Infectious
  - Keratitis
  - Pterygium
- Lacrimal disorders
  - Dacryocystitis
- Lid disorders
  - Blepharitis
  - Chalazion
  - Ectropion
  - Entropion
  - Hordeolum
- Neuro-ophthalmologic disorders
  - Nystagmus
  - Optic neuritis
  - Papilledema
- Orbital disorders
  - Orbital cellulitis
- Retinal disorders
  - Macular degeneration
  - Retinal detachment
  - Retinopathy
- Traumatic disorders
  - Blowout fracture
  - Corneal abrasion
  - Globe rupture
  - Hyphema
- Vascular disorders
  - Retinal vascular occlusion
- Vision abnormalities
  - Amaurosis fugax
  - Amblyopia
  - Glaucoma
  - Scleritis
  - Strabismus

Ear disorders
- External ear
  - Cerumen impaction
  - Otitis externa
  - Trauma
- Inner ear
  - Acoustic neuroma
  - Barotrauma
  - Dysfunction of eustachian tube
  - Labyrinthitis
  - Vertigo
- Middle ear
  - Cholesteatoma
  - Otitis media
  - Tympanic membrane perforation
- Hearing impairment
- Other abnormalities of the ear
  - Mastoiditis
  - Meniere disease
  - Tinnitus

Foreign bodies

Neoplasms
- Benign
- Malignant

Nose/sinus disorders
- Epistaxis
- Nasal polyps
- Rhinitis
- Sinusitis
- Trauma

Oropharyngeal disorders
- Diseases of the teeth/gums
- Infectious/inflammatory disorders
  - Aphthous ulcers
  - Candidiasis
  - Deep neck infection
  - Epiglottitis
  - Herpes simplex
  - Laryngitis
  - Peritonsillar abscess
  - Pharyngitis
- Salivary disorders
  - Sialadenitis
  - Parotitis
- Trauma
- Other oropharyngeal disorders
  - Leukoplakia

Gastrointestinal System/Nutrition (9%)

Biliary disorders
- ☐ Acute/chronic cholecystitis
- ☐ Cholangitis
- ☐ Cholelithiasis

Colorectal disorders
- ☐ Abscess/fistula
- ☐ Anal fissure
- ☐ Constipation
- ☐ Diverticulitis
- ☐ Fecal impaction
- ☐ Hemorrhoids
- ☐ Inflammatory bowel disease
- ☐ Irritable bowel syndrome
- ☐ Ischemic bowel disease
- ☐ Obstruction
- ☐ Polyps
- ☐ Toxic megacolon

Esophageal disorders
- ☐ Esophagitis
- ☐ Gastroesophageal reflux disease
- ☐ Mallory-Weiss tear
- ☐ Motility disorders
- ☐ Strictures
- ☐ Varices

Food allergies and food sensitivities
- ☐ Gluten intolerance
- ☐ Lactose intolerance
- ☐ Nut allergies

Gastric disorders
- ☐ Gastritis
- ☐ Peptic ulcer disease
- ☐ Pyloric stenosis

Hepatic disorders
- ☐ Acute/chronic hepatitis
- ☐ Cirrhosis

Hernias

Infectious diarrhea

Ingestion of toxic substances or foreign bodies

Metabolic disorders
- ☐ G6PD deficiency
- ☐ Paget disease
- ☐ Phenylketonuria
- ☐ Rickets

Neoplasms
- ☐ Benign
- ☐ Malignant

Nutritional and vitamin disorders
- ☐ Hypervitaminosis/hypovitaminosis
- ☐ Obesity

Pancreatic disorders
- ☐ Acute/chronic pancreatitis

Small intestine disorders
- ☐ Appendicitis
- ☐ Celiac disease
- ☐ Intussusception
- ☐ Obstruction
- ☐ Polyps

Genitourinary System (Male and Female) (5%)

Bladder disorders
- ☐ Incontinence
- ☐ Overactive bladder
- ☐ Prolapse

Congenital and acquired abnormalities
- ☐ Cryptorchidism
- ☐ Peyronie disease
- ☐ Trauma
- ☐ Vesicoureteral reflux

Human sexuality

Infectious disorders
- ☐ Cystitis
- ☐ Epididymitis
- ☐ Orchitis
- ☐ Prostatitis
- ☐ Pyelonephritis
- ☐ Urethritis

Neoplasms
- ☐ Bladder cancer
- ☐ Penile cancer
- ☐ Prostate cancer
- ☐ Testicular cancer

Nephrolithiasis/urolithiasis

Penile disorders
- ☐ Erectile dysfunction
- ☐ Hypospadias/epispadias
- ☐ Paraphimosis/phimosis

Prostate disorders
- ☐ Benign prostatic hyperplasia

Testicular disorders
- ☐ Hydrocele/varicocele
- ☐ Testicular torsion

Urethral disorders
- ☐ Prolapse
- ☐ Stricture

Hematologic System (5%)

Autoimmune disorders

Coagulation disorders
- ☐ Clotting factor disorders
- ☐ Thrombocytopenias

Cytopenias
- ☐ Anemia
- ☐ Leukopenia

Cytoses
- ☐ Polycythemia
- ☐ Thrombocytosis

Hemoglobinopathies
- ☐ Hemochromatosis
- ☐ Sickle cell disease
- ☐ Thalassemia

Immunologic disorders
- ☐ Transfusion reaction

Neoplasms, premalignancies, and malignancies
- ☐ Acute/chronic lymphocytic leukemia
- ☐ Acute/chronic myelogenous leukemia
- ☐ Lymphoma
- ☐ Multiple myeloma
- ☐ Myelodysplasia

Infectious Diseases (6%)

Bacterial diseases
- ☐ Botulism
- ☐ *Campylobacter jejuni* infection
- ☐ Chlamydia
- ☐ Cholera
- ☐ Diphtheria
- ☐ Gonococcal infections
- ☐ Gonorrhea
- ☐ Methicillin-resistant *Staphylococcus aureus* infection
- ☐ Rheumatic fever
- ☐ Rocky Mountain spotted fever
- ☐ Salmonellosis
- ☐ Shigellosis
- ☐ Tetanus

Fungal diseases
- ☐ Candidiasis
- ☐ Cryptococcosis
- ☐ Histoplasmosis
- ☐ Pneumocystis

Mycobacterial diseases
- ☐ Atypical mycobacterial disease
- ☐ Tuberculosis

Parasitic diseases
- ☐ Helminth infestations
- ☐ Malaria
- ☐ Pinworms
- ☐ Toxoplasmosis
- ☐ Trichomoniasis

Prenatal transmission of disorders
- ☐ Congenital varicella
- ☐ Herpes simplex virus
- ☐ Human papillomavirus
- ☐ Zika virus

Sepsis/systemic inflammatory response syndrome

Spirochetal diseases
- ☐ Lyme disease
- ☐ Syphilis

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

Musculoskeletal System (8%)

Chest/rib disorders
- ☐ Deformities
- ☐ Fractures

Compartment syndrome

Degenerative diseases
- ☐ Osteoarthritis

Infectious diseases
- ☐ Osteomyelitis
- ☐ Septic arthritis

Lower extremity disorders
- ☐ Avascular necrosis
- ☐ Developmental dysplasia
- ☐ Fractures/dislocations
- ☐ Osgood-Schlatter disease
- ☐ Slipped capital femoral epiphysis
- ☐ Soft-tissue injuries

Neoplasms
- ☐ Benign
- ☐ Malignant

Rheumatologic disorders
- ☐ Fibromyalgia
- ☐ Gout/pseudogout
- ☐ Juvenile rheumatoid arthritis
- ☐ Osteoporosis
- ☐ Polyarteritis nodosa
- ☐ Polymyalgia rheumatica
- ☐ Polymyositis
- ☐ Reactive arthritis
- ☐ Rheumatoid arthritis
- ☐ Sjögren syndrome
- ☐ Systemic lupus erythematosus
- ☐ Systemic sclerosis (Scleroderma)

Spinal disorders
- ☐ Ankylosing spondylitis
- ☐ Cauda equina syndrome
- ☐ Herniated nucleus pulposus
- ☐ Kyphosis
- ☐ Scoliosis
- ☐ Spinal stenosis
- ☐ Sprain/strain
- ☐ Thoracic outlet syndrome
- ☐ Torticollis
- ☐ Trauma

Upper extremity disorders
- ☐ Fractures/dislocations
- ☐ Soft-tissue injuries

Neurologic System (7%)

Closed head injuries
- ☐ Concussion
- ☐ Postconcussion syndrome
- ☐ Traumatic brain injury

Cranial nerve palsies

Encephalopathic disorders

Headaches
- ☐ Cluster headache
- ☐ Migraine
- ☐ Tension headache

Infectious disorders
- ☐ Encephalitis
- ☐ Meningitis

Movement disorders
- ☐ Essential tremor
- ☐ Huntington disease
- ☐ Parkinson disease
- ☐ Tourette disorder

Neoplasms
- ☐ Benign
- ☐ Malignant

Neurocognitive disorders
- ☐ Delirium
- ☐ Major/mild neurocognitive disorders

Neuromuscular disorders
- ☐ Cerebral palsy
- ☐ Multiple sclerosis
- ☐ Myasthenia gravis

Peripheral nerve disorders
- ☐ Carpal tunnel syndrome
- ☐ Complex regional pain syndrome
- ☐ Guillain-Barré syndrome
- ☐ Peripheral neuropathy

Seizure disorders
- ☐ Focal seizures
- ☐ Generalized seizures
- ☐ Status epilepticus

Vascular disorders
- ☐ Arteriovenous malformation
- ☐ Cerebral aneurysm
- ☐ Intracranial hemorrhage
- ☐ Stroke
- ☐ Syncope
- ☐ Transient ischemic attack

Psychiatry/Behavioral Science (6%)

Abuse and neglect
- ☐ Child abuse
- ☐ Domestic violence
- ☐ Elder abuse
- ☐ Sexual abuse

Anxiety disorders
- ☐ Generalized anxiety disorder
- ☐ Panic disorder
- ☐ Phobias

Bipolar and related disorders

Depressive disorders
- ☐ Major depressive disorder
- ☐ Persistent depressive disorder (dysthymia)
- ☐ Premenstrual dysphoric disorder
- ☐ Suicidal/homicidal behaviors

Disruptive, impulse-control, and conduct disorders
- ☐ Conduct disorder

Dissociative disorders

Feeding and eating disorders

Human sexuality

Obsessive-compulsive and related disorders

Neurodevelopmental disorders
- ☐ Attention-deficit/hyperactivity disorder
- ☐ Autism spectrum disorder

Personality disorders

Schizophrenia spectrum and other psychotic disorders

Sleep-wake disorders
- ☐ Narcolepsy
- ☐ Parasomnias

Somatic symptom and related disorders

Substance-related and addictive disorders

Trauma- and stressor-related disorders
- ☐ Adjustment disorders
- ☐ Post-traumatic stress disorder

Pulmonary System (10%)

Chronic obstructive pulmonary diseases
- Chronic bronchitis
- Emphysema

Infectious disorders
- Acute bronchiolitis
- Acute bronchitis
- Acute epiglottitis
- Croup
- Influenza
- Pertussis
- Pneumonias
  - Bacterial
  - Fungal
  - HIV-related
  - Viral
- Respiratory syncytial virus infection
- Tuberculosis

Neoplasms
- Carcinoid tumors
- Lung cancer
- Pulmonary nodules

Pleural diseases
- Pleural effusion
- Pneumothorax

Pulmonary circulation
- Cor pulmonale
- Pulmonary embolism
- Pulmonary hypertension

Restrictive pulmonary diseases
- Idiopathic pulmonary fibrosis
- Pneumoconiosis
- Sarcoidosis

Sleep apnea/Obesity hypoventilation syndrome

Other pulmonary disorders
- Acute respiratory distress syndrome
- Asthma
- Cystic fibrosis
- Foreign body aspiration
- Hyaline membrane disease

Renal System (5%)

Acute disorders
- Glomerulonephritis
- Nephrotic syndrome
- Pyelonephritis

Acute kidney injury (acute renal failure)

Chronic kidney disease

Congenital or structural renal disorders
- Horseshoe kidney
- Hydronephrosis
- Polycystic kidney disease
- Renal vascular disease

End-stage renal disease

Fluid and electrolyte disorders
- Acid-base disorders
- Dehydration
- Hyperkalemia/hypokalemia
- Hypervolemia
- Hyponatremia

Neoplasms
- Renal cell carcinoma
- Wilms tumor

Reproductive System (Male and Female) (7%)

Breast disorders
- ☐ Abscess
- ☐ Fibroadenoma
- ☐ Fibrocystic changes
- ☐ Galactorrhea
- ☐ Gynecomastia
- ☐ Mastitis

Cervical disorders
- ☐ Cervicitis
- ☐ Dysplasia

Complicated pregnancy
- ☐ Abortion
- ☐ Abruptio placentae
- ☐ Breech presentation
- ☐ Cesarean delivery
- ☐ Cord prolapse
- ☐ Dystocia
- ☐ Ectopic pregnancy
- ☐ Fetal distress
- ☐ Gestational diabetes
- ☐ Gestational trophoblastic disease
- ☐ Hypertension disorders in pregnancy
- ☐ Incompetent cervix
- ☐ Multiple gestation
- ☐ Placenta previa
- ☐ Postpartum hemorrhage
- ☐ Premature rupture of membranes
- ☐ Rh incompatibility
- ☐ Shoulder dystocia

Contraceptive methods

Human sexuality

Infertility

Menopause

Menstrual disorders

Neoplasms of the breast and reproductive tract
- ☐ Benign
- ☐ Malignant

Ovarian disorders
- ☐ Cysts
- ☐ Polycystic ovarian syndrome
- ☐ Torsion

Sexually transmitted infections/Pelvic inflammatory disease

Trauma
- ☐ Physical assault
- ☐ Sexual assault
- ☐ Trauma in pregnancy

Uncomplicated pregnancy
- ☐ Normal labor/delivery
- ☐ Postnatal/postpartum care
- ☐ Preconception/prenatal care

Uterine disorders
- ☐ Endometriosis
- ☐ Leiomyoma
- ☐ Prolapse

Vaginal/vulvar disorders
- ☐ Cystocele
- ☐ Prolapse
- ☐ Rectocele
- ☐ Vaginitis

Task Categories

History Taking and Performing Physical Examination (17%)

Knowledge of:

- ☐ General physical examination components and techniques
- ☐ Pertinent historical information
- ☐ Risk factors for development of significant medical conditions
- ☐ Significant physical examination findings
- ☐ Signs and symptoms of significant medical conditions

Skill in:

- ☐ Conducting comprehensive and/or problem-based interviews and physical examinations
- ☐ Eliciting patient information from other sources
- ☐ Identifying conditions requiring referral to or consultation with specialists
- ☐ Identifying pertinent patient and family historical information from patients and caregivers
- ☐ Identifying pertinent physical examination information
- ☐ Triaging of patients based on recognition of abnormal vital signs, examination findings, and/or general observations

Using Diagnostic and Laboratory Studies (12%)

Knowledge of:

- ☐ Appropriate patient education relating to diagnostic and laboratory studies
- ☐ Indications for initial and subsequent diagnostic and laboratory studies
- ☐ Indications for preventive screening tests
- ☐ Risks associated with diagnostic and laboratory studies

Skill in:

- ☐ Collecting diagnostic and laboratory specimens
- ☐ Communicating risks, benefits, and results effectively to other members of the health care team
- ☐ Communicating risks, benefits, and results effectively to patients, families, and caregivers
- ☐ Reviewing and interpreting results of diagnostic and laboratory studies, and correlating the results with history and physical examination findings
- ☐ Selecting appropriate diagnostic and/or laboratory studies
- ☐ Using diagnostic equipment safely and appropriately

Formulating Most Likely Diagnosis (18%)

Knowledge of:

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

Skill in:

- ☐ Developing multiple differential diagnoses for complicated and/or multisystem cases
- ☐ Formulating most likely differential diagnoses
- ☐ Incorporating history, physical examination findings, and diagnostic data into medical decision-making
- ☐ Recognizing the need for referral to a specialist
- ☐ Selecting the most likely diagnosis in light of presented data

Managing Patients - Health Maintenance, Patient Education, and Preventive Measures (10%)
Knowledge of:
- [ ] Appropriate patient education regarding preventable conditions and lifestyle modifications
- [ ] Early detection and prevention of medical conditions
- [ ] Effects of aging and changing family roles
- [ ] Genetic testing and counseling
- [ ] Human growth and development
- [ ] Human sexuality and gender identity, gender transition, and associated medical issues
- [ ] Immunization schedules and recommendations for infants, children, adults, and foreign travelers/adoptions
- [ ] Impact of patient demographics on risks for medical conditions
- [ ] Prevention of communicable diseases
- [ ] Preventive screening recommendations
- [ ] Psychosocial effects of illness, stress, and injury as well as related healthy coping strategies
- [ ] Signs of abuse and neglect

Skill in:
- [ ] Adapting health maintenance to an individual patient's context
- [ ] Communicating effectively with and educating patients, family members, and caregivers regarding medical conditions
- [ ] Conducting education on modifiable risk factors with an emphasis on primary and secondary prevention
- [ ] Using counseling techniques

Managing Patients - Clinical Intervention (14%)

Knowledge of:
- [ ] Clinical procedures and their indications, contraindications, complications, risks, benefits, and techniques
- [ ] Conditions that constitute medical emergencies
- [ ] Criteria for admission to or discharge from the hospital or other facilities
- [ ] Management, treatment, and follow-up of medical conditions
- [ ] Palliative care and end-of-life issues
- [ ] Roles of other health professionals
- [ ] Sterile technique
- [ ] Therapeutic regimens
- [ ] Universal precautions and special isolation conditions

Skill in:
- [ ] Demonstrating technical expertise related to performing specific procedures
- [ ] Evaluating patient response to treatment/intervention
- [ ] Facilitating patient/caregiver adherence to and active participation in treatment
- [ ] Formulating and implementing treatment plans in accordance with applicable practice guidelines
- [ ] Interfacing in multidisciplinary teams, including education of other health care professionals
- [ ] Making appropriate dispositions
- [ ] Monitoring and managing nutritional status
- [ ] Prioritizing tasks
- [ ] Recognizing and initiating treatment for life-threatening conditions
- [ ] Using community resources to meet the needs of patients/caregivers

Managing Patients - Pharmaceutical Therapeutics (14%)
Knowledge of:
- Adverse effects, reactions, and toxicities
- Common alternative/complementary therapies and their interactions and toxicities
- Contraindications
- Drug interactions, including presentation and treatment
- Indications for use
- Mechanism of action
- Methods to reduce medication errors
- Monitoring and follow-up of pharmacologic regimens
- Presentation and treatment of allergic reactions
- Regulation of controlled substances
- Special populations requiring drug/dose modification
- Substances of abuse

Skill in:
- Assessing patient adherence to drug regimens
- Drafting a prescription
- Evaluating, treating, and reporting adverse drug reactions and/or adverse effects
- Identifying and managing medication misuse
- Interacting with pharmacists to address medication issues
- Maintaining knowledge of relevant pharmacologic agents
- Monitoring pharmacologic regimens and adjusting as appropriate
- Prescribing controlled substances appropriately
- Selecting appropriate pharmacologic therapy and dosing

Applying Basic Scientific Concepts (10%)
Knowledge of:
- Basic biochemistry
- Basic genetics
- Human anatomy and physiology
- Microbiology
- Pathophysiology and immunology

Skill in:
- Evaluating emerging medical trends critically as they relate to patient care
- Maintaining awareness of trends in infectious disease
- Relating pathophysiologic principles to specific disease processes

Professional Practice (5%)
Legal/medical ethics
Knowledge of:
- Cultural and religious beliefs related to health care
- Informed consent and refusal process
- Living will, advance directives, organ donation, code status, do not resuscitate, do not intubate, medical power of attorney, etc.
- Medicolegal issues
- Patient/provider rights and responsibilities
- Privacy, security, and responsibility related to medical record documentation and management

Skill in:
- Caring for patients with cognitive impairment

Medical informatics
Knowledge of:
- Billing/coding to maintain accuracy and completeness for reimbursement and administrative purposes

Skill in:
- Demonstrating appropriate medical record documentation
- Using appropriate medical informatics sources

Patient care and communication (individual patients)
Knowledge of:
- Affordable and effective health care that is patient specific
- Cultural and religious diversity
- Stewardship of patient and community resources

Skill in:
- Acknowledging and applying patient/provider rights and responsibilities
- Ensuring patient satisfaction
- Providing patient advice and education regarding the informed consent and refusal process
- Providing patient advice and education related to end-of-life decisions

Physician/PA relationship
Knowledge of:
- Professional and clinical limitations, scope of practice, etc.
- Supervision parameters: malpractice, mandated reporting, conflict of interest, impaired provider, ethical principles

Skill in:
- Communicating and consulting with the supervising physician and/or other specialists/consultants

Professional development
Knowledge of:
- ☐ Continuing medical education resources

Skill in:
- ☐ Critically analyzing evidence-based medicine
- ☐ Identifying and interpreting data from medical informatics sources and identifying appropriate reference sources
- ☐ Using epidemiologic techniques to evaluate the spread of disease

Public health (population/society)
Knowledge of:
- ☐ Basic disaster preparedness
- ☐ Infection control measures and response to outbreaks
- ☐ Occupational health issues as they pertain to health care as well as non–health care workers
- ☐ Population health, travel health, and epidemiology of disease states

Skill in:
- ☐ Protecting vulnerable populations and recognizing disparities in provision of and access to health care

Risk management
Knowledge of:
- ☐ Quality improvement and patient safety
- ☐ Resource stewardship

Skill in:
- ☐ Ensuring patient safety and avoiding medical errors

University of Pittsburgh Accident/Incident Reporting Form

https://www.ehs.pitt.edu/sites/default/files/docs/Report-IncidentForm.pdf

Physician Assistant Program Clinical Evaluation:
Student Evaluation of Preceptor

1.Student's Name_____

2.Rotation (please mark one) s
- o Women's Health
- o General Surgery
- o Internal Medicine
- o Family Medicine
- o Pediatrics
- o Behavioral Health
- o Elective / Other

3.Is this the Midpoint of Rotation or End of Rotation Evaluation
- o Midpoint of Rotation
- o End of Rotation

Student Evaluation of Preceptor

1. KNOWLEDGE EVALUATION:

The preceptor has an appropriate level of knowledge of practice related Pathophysiology, Differential Diagnosis, Pathology, and Implementation of appropriate therapeutic treatments and procedures
- o Never
- o Fair / Infrequent
- o Often
- o Exceeds Expectations / Always

2. KNOWLEDGE EVALUATION:

The preceptor has an appropriate level of knowledge of practice related Pathophysiology, Differential Diagnosis, Pathology, and Implementation of appropriate therapeutic treatments and procedures
- o Never
- o Fair / Infrequent
- o Often
- o Exceeds Expectations / Always

3. PROFESSIONALISM

Does the preceptor create an environment that promotes a safe environment for learning and caring for assigned patients?
- o Acts inappropriately to students, staff, and/or patients; Felt uncomfortable or unsafe.
- o Professionalism is infrequent and needs improvement. Occasionally felt uncomfortable, but I never felt unsafe
- o Often Professional. Rarely felt uncomfortable or unsafe
- o Always Professional. Never felt uncomfortable or unsafe

4. EMPATHY AND CULTURAL SENSITIVITY

Does the preceptor demonstrate a supportive attitude within the department as well as with others in the unit/department and provides excellent customer service and advocacy for patients, families, visitors, and other caregivers?
- o Never

- o Sometimes
- o Often
- o Always

5. FEEDBACK AND COMMUNICATION WITH STUDENT

The preceptor encourages questions, communicates ideas, and concepts. Non-judgmental and provides productive feedback.
- o Never
- o Sometimes
- o Often
- o Always

6. CRITICAL THINKING

Does the preceptor exhibit effective problem-solving skills that are rooted in evidence-based practice?
- o Never
- o Sometimes
- o Often
- o Always

7. TEACHING

Does the preceptor exhibit a positive attitude toward the education of physician assistant students?
- o Never
- o Sometimes
- o Often
- o Always

8. TEAM DYNAMICS

Does the preceptor reiterate the physician assistant role as a valued member of the medical team?
- o Never
- o Sometimes
- o Often
- o Always

9. STUDENT MANAGEMENT

Does the preceptor make you feel like a valued member of the team and integrates you into the daily activities?
- o Never
- o Sometimes
- o Often
- o Always

10. SCHEDULE

Did the preceptor communicate the students' hours expectations, weekly schedule, and made accommodations if needed?
- o Schedule and weekly hour requirements were random and unclear without accommodation with student's academic schedule

- o Schedule and weekly hour requirements were vague, no accommodation with student's academic schedule

o   Schedule and weekly hour requirements were somewhat clear. Willing to compromise schedule to accommodate student's academic schedule

o   Schedule and weekly hour requirements were clear. Willing to accommodate student's academic schedule

11. SELF-ASSESMENT
o   What has been the most helpful/productive feedback you received on this rotation?
_____
_____

o   What has been the most challenging feedback you received on this rotation?
_____
_____

o   Reflect on the feedback you have received thus far, how did that feedback make you feel?
_____
_____

o   What positive action can you take from the feedback you were provided?
_____
_____

12. Would you recommend this rotation to other physician assistant students?
o   Yes
o   No
o   Maybe

13. Please write any additional comments regarding your clinical experience.
_____
_____
_____
_____
_____
_____
_____

IMMUNIZATION RECORD FORM

All incoming students to the Physician Assistant Studies program must complete this form and have it signed by their healthcare provider. Failure to comply with the requirements below may result in delayed matriculation or progression to the clinical component of the curriculum.

STUDENT INFORMATION

First Name: _____ Last Name: _____

Birthdate (MM/DD/YYYY): _____ Email Address: _____

Phone Number: _____ Any other names previously used: _____

REQUIRED IMMUNIZATIONS/SCREENINGS

VACCINE	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	DATE OF LAB/SEROLOGIC EVIDENCE[1]	RESULT
Measles, Mumps, Rubella (MMR[2])	____/____/_____	____/____/_____	____/____/_____	_____
Measles, Mumps, Rubella, Varicella (MMRV[2])	____/____/_____	____/____/_____	____/____/_____	_____
Measles	____/____/_____	____/____/_____	____/____/_____	_____
Mumps	____/____/_____	____/____/_____	____/____/_____	_____
Rubella	____/____/_____		____/____/_____	_____
Varicella[3]	____/____/_____ OR date of disease: ____/____/_____	____/____/_____	____/____/_____	_____
Hepatitis B	____/____/_____	____/____/_____	____/____/_____	
Hep A/B combination[4]	____/____/_____	____/____/_____	____/____/_____	

Vaccine	Date	Date	
Tetanus, Diphtheria, and Pertussis (Tdap)	_____/_____/_____		
Seasonal Influenza[5]	_____/_____/_____		
COVID-19 List name/type of each dose: Type: _____	_____/_____/_____	_____/_____/_____	
Type: _____	_____/_____/_____	_____/_____/_____	
Type: _____	_____/_____/_____	_____/_____/_____	
Type: _____	_____/_____/_____	_____/_____/_____	

1. If using a titer result/serological evidence for proof of immunization, a copy of the result must accompany this form for review; please indicate the date of the titer in the appropriate field.
2. To meet this requirement, you must have either two doses of MMR OR MMRV OR two doses of measles and mumps and one dose of rubella
3. A positive varicella antibody or two doses of vaccine given at least one month apart are required.
4. To meet the Hep B vaccine requirement, you must have either a Hep B OR a combination Hep B/Hep A vaccine
5. Recommended by the CDC for healthcare workers

ADDITIONAL RECOMMENDED IMMUNIZATIONS

VACCINE	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)	DATE (MM/DD/YYYY)
Hepatitis A[5]	_____/_____/_____	_____/_____/_____	

Meningococcal B5	____/____/_____		
Meningococcal ACWY6	____/____/_____		

6. One dose after the age of 16 meets requirement, if living in university housing Meg ACWY is required and must be administered after the age of 16 to meet the requirement.

I ACKNOWLEDGE THAT THE ABOVE IMMUNIZATION INFORMATION IS ACCURATE AND COMPLETE

_____

MD/DO/PA/CRNP Name

_____

MD/DO/PA/CRNP Signature

_____

MD/DO/PA/CRNP State license number

_____

DATE

_____

HEALTHCARE PROVIDER'S ADDRESS/PHONE NUMBER

HEALTH HISTORY QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Name *(Last, First, M.I.):*		**DOB:**
Previous or referring doctor:	**Date of last physical exam:**	

<table>
<tr><td colspan="3">PERSONAL HEALTH HISTORY</td></tr>
</table>

List any medical conditions that other health care providers have diagnosed

Surgeries

Year	Reason	Hospital

Other hospitalizations

Year	Reason	Hospital

List your prescribed and over-the-counter medications

Name the Drug	Strength	Frequency Taken

Allergies to medications	
Name the Drug	Reaction You Had

	AGE	SIGNIFICANT HEALTH CONDITIONS		AGE	SIGNIFICANT HEALTH CONDITIONS
Parent			**Children**		
Parent					
Sibling					
			Grandparent		
			Grandparent		
			Grandparent		
			Grandparent		

OTHER HEALTH CONCERNS

Check if you have, or have had, any symptoms in the following areas to a significant degree and briefly explain.

☐ Skin	☐ Chest/Heart	☐ Recent changes in:
☐ Head/Neck	☐ Back	☐ Weight
☐ Ears	☐ Intestinal	☐ Energy level
☐ Nose	☐ Bladder	☐ Ability to sleep
☐ Throat	☐ Bowel	☐ Other pain/discomfort:
☐ Lungs	☐ Circulation	

PHYSICAL EXAMINATION

VITAL SIGNS	
HEIGHT	
WEIGHT	
BLOOD PRESSURE	
PULSE	
RESPIRATIONS	
O2 SAT	

CATEGORY	EXAMINED	IF ABNORMALITIES, DESCRIBE BELOW
General Appearance	☐ Yes ☐ No	
VISUAL ACUITY: OD: ___/____ OS: ___/____ OU: ___/____	☐ Yes ☐ No	
HEENT	☐ Yes ☐ No	
Neck	☐ Yes ☐ No	
Chest and Lungs	☐ Yes ☐ No	
Cardiovascular	☐ Yes ☐ No	
Abdomen	☐ Yes ☐ No	
Genitourinary	☐ Yes ☐ No	

Musculoskeletal	☐ Yes ☐ No	
Lymph Nodes	☐ Yes ☐ No	
Skin	☐ Yes ☐ No	
Neurological	☐ Yes ☐ No	
Other: _____	☐ Yes ☐ No	

FURTHER EXAM COMMENTS:

_____

_____

_____

MY SIGNATURE BELOW ATTESTS THAT I HAVE EXAMINED THE ABOVE-NAMED INDIVIDUAL AND MAKE THE FOLLOWING RECOMMENDATION REGARDING THEIR PROGRAM PARTICIPATION:

☐ CLEARED WITHOUT LIMITATIONS

☐ CLEARED WITH LIMITATIONS (PENDING FURTHER EVALUATION)

☐ NOT CLEARED

COMMENTS/RECOMMENDATIONS:

_____

_____

_____

_____

SIGNATURE OF EXAMINER (MD/DO/PA/CRNP)   DATE

_____

NAME OF EXAMINER (MD/DO/PA/CRNP)   LICENSE NUMBER/ISSUING STATE

_____

ADDRESS   PHONE

University of Pittsburgh
Clinical Handbook Acknowledgement Form

I acknowledge that I have received and reviewed the entire University of Pittsburgh Physician Assistant Studies On-campus Program Clinical Handbook.

Initials: _____

I understand that I am responsible for the policies and procedures stipulated in this handbook.

I have reviewed the program competencies and learning outcomes, as well as the supervised clinical practice experience course learning outcomes and instructional objectives. I understand that if I am determined to not be adequately progressing towards attaining competence in any of these areas, my elective supervised clinical practice experience may be reassigned as deemed appropriate, to ensure attainment of competence in all program learning outcomes and competencies as well as course learning outcomes.

If I have additional questions regarding any of the material covered in this handbook, I will contact the Director of Clinical Education or the Program Director.

Student Name (Print): _____

Student Signature: _____

Date: _____