



University of
Pittsburgh

School of Health and
Rehabilitation Sciences

Physician Assistant Studies Hybrid Program

Preceptor Handbook

**Tips, Tools, and Guidance for the Physician Assistant Studies Hybrid
Program Preceptors**

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Welcome:

We would like to take this opportunity to welcome you to our educational team and to thank you for your hard work and dedication to the University of Pittsburgh Physician Assistant Hybrid Program and students. As a clinical preceptor, you are an integral part of our program and key to successful learning experiences in the clinical setting. 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 and our University of Pittsburgh Physician Assistant Hybrid students, as well as our 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.

Thank you for your commitment to PA education,



Christine Rodgers, MPAS, PA-C, MPH

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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 Hybrid Program Mission:

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

Program Goals and Plans for Measuring our Effectiveness:

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.

Measured by the following instrumentation:

- a. Didactic Student Survey
 - i. Benchmark: Each cohort of enrolled didactic students will provide a rating of 3.5 or above in regard to the Program 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.
- b. Exit survey of students
 - i. Benchmark: Each graduating cohort of students will provide a rating of 3.5 or above regarding the Program 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.
 - c. Annual survey of Staff, Instructional Faculty, Principal Faculty, Medical Director, and Program Director
 - i. Benchmark: The collective response from these groups will provide a rating of 3.5 or above regarding the Program 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.

Measured by the following instrumentation:

- a. The preceptor evaluation of students
 - i. Benchmark: Each graduating cohort of students will receive a rating at or above 3.5 on the preceptor evaluation of students in cognitive knowledge, affect the behavior, and psychomotor skills.
- b. First-time taker pass rate on the PANCE
 - i. Benchmark: The program will achieve at or above the national average for first-time taker pass rates and performance on all organ system and task areas.
- c. Final summative examination -OSCE, cognitive exam, professionalism summative, and critical thinking summative
 - i. Benchmark: 90% of all students will pass all components of the final summative examination in cognitive knowledge, affective behaviors, and psychomotor skills on the first attempt.
- d. Exit survey of students
 - i. Benchmark: Each graduating cohort of students will provide a rating of 3.5 or above regarding preparation in affective behaviors, cognitive knowledge, and psychomotor skills in the practice of medicine.

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

Measured by the following instrumentation:

- a. The preceptor evaluation of students.
 - i. Benchmark: Each graduating cohort of students will receive a rating at or above 3.5 on the preceptor evaluation of students in patient centered care.
- b. Final summative examination (including the OSLE, cognitive exam, professionalism, and critical thinking assessments)
 - i. Benchmark: 90% of all students will pass all components of the final summative examination in patient centered care on the first attempt.
- c. Exit survey of students



- i. Benchmark: Each graduating cohort of students will provide a rating of 3.5 or above regarding preparation for the practice of 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.

Measured by the following instrumentation:

- a. Exit survey of students
 - i. Benchmark: Each graduating cohort of students will provide a rating of 3.5 or above regarding preparation for continued learning, community service, and advocacy.
- b. Alumni surveys
 - i. Benchmark: Alumni will provide a rating of 3.5 or above regarding preparation for continued learning, community service, and advocacy.

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

Measured by the following instrumentation:

- a. Exit survey of students
 - i. Benchmark: Each graduating cohort of students will provide a rating of 3.5 or above regarding preparation to pursue educational, research and administrative activities.
- b. Alumni surveys
 - i. Benchmark: Alumni will provide a rating of 3.5 or above regarding preparation to pursue educational, research and administrative activities.

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

Measured by the following instrumentation:

- c. Preceptor evaluation of students
 - ii. Benchmark: Each graduating cohort of students will receive a rating at or above 3.5 on the preceptor evaluation of students in clinical technology in medicine.
- d. Completion of telemedicine curricular thread
 - iii. Benchmark: 100% of students will successfully complete all elements involving the telemedicine curricular thread
- e. Exit survey of students
 - iv. Benchmark: Each graduating cohort of students will provide a rating of 3.5 or above on the exit survey involving clinical technology and preparation to practice in the clinical environments of the future.

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.
- 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 Hybrid Program has outlined the rules and regulations of the clinical rotations. It is of utmost importance that you, as a clinical year student, observe these policies and guidelines at all times. 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 of 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 seven five-week rotations, in the following disciplines: outpatient medicine, inpatient medicine, pediatrics, surgery, behavioral health, emergency medicine, OB/GYN. There will also be one five-week rotation in a clinical elective. The fourth semester will coincide with the fall term of the university academic calendar for that year. The clinical year will conclude with the Transition to Professional Practice course.

Semester 4		
PAS2421	Clinical Practicum I	4
PAS2422	Clinical Practicum II	4
PAS2423	Clinical Practicum III	4
		Term Total: 12
Semester 5		
PAS2424	Clinical Practicum IV	4
PAS2425	Clinical Practicum V	4
PAS2426	Clinical Practicum VI	4
		Term Total: 12
Semester 6		
PAS2427	Clinical Practicum VII	4



PAS2428	Clinical Practicum VIII	4
PAS 2714	Transition to Professional Practice	5
		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 fully matriculates through the educational program or completes the rotation where the supervision is occurring. 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 clinic absence.

Many sites find it helpful to create their own written orientation manual, which is given to the student prior to the first day of the rotation. This helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students you host, with each subsequent student adding to a document that you as the preceptor maintain and edit.

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, 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 is able to 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:

The 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 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 in 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. 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/gdelinesteachgresfctst.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.

Preceptors should 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.

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

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.

If preceptors observe any concerns about a student's professionalism, please contact the clinical coordinator immediately.

Specific Program Policies

Please refer to the following link [Hybrid Program Policy and Procedure Manual](#) for program-specific policies on the following:

- Drugs and alcohol
- Timeliness and lateness
- Needle stick procedure
- HIPAA training
- Blood-borne pathogens training
- Immunization requirements
- Background check
- Drug testing
- Sexual harassment and assault resources

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.



The One-Minute Preceptor teaching method guides the preceptor-student encounter via five microskills. This method is a brief teaching tool that fosters assessment of student knowledge as well as provision of timely feedback. The strengths of this teaching method include: increased involvement with patients, increased clinical reasoning by the students, and the student receiving concise, high-quality feedback from the preceptor.

When to use this: During the "pregnant pause" (i.e., when you find yourself wanting to rush things along and give the students the answer, rather than asking for their thoughts)

What not to do: Ask the student for more information about the case or fill in all of the gaps that you noted in the student's knowledge base and presentation skills at once

Microskills

1 Get a Commitment

Focus on one learning point. Encourage students to develop their critical thinking and clinical reasoning skills. Actively engage the student, establishing their readiness and level of competence. Push the student just beyond their comfort zone and encourage them to make a decision about something, be it a diagnosis or a plan.

Ex: "So, tell me what you think is going on with this patient."

2 Probe for Supporting Evidence

Uncover the basis for the student's decision — was it a guess or was it based on a reasonable foundation of knowledge? Establish the student's readiness and level of competency.

Ex: "What other factors in the HPI support your diagnosis?"

3 Reinforce What Was Done Well

The student might not realize they have done something well. Positive feedback reinforces desired behaviors, knowledge, skills, or attitudes.

Ex: "You kept in mind the patient's finances when you chose a medication, which will foster compliance, thereby decreasing the risk of antibiotic resistance."

4 Give Guidance About Errors/Omissions

Approach the student respectfully while concurrently addressing areas of need/improvement. Without timely feedback, it is difficult to improve. If mistakes are not pointed out, students may never discover that they are making these errors and hence repeat them.

Ex: "I agree, at some point PPTs will be helpful, but when the patient is acutely ill, the results likely won't reflect his baseline. We could gain some important information with a peak flow and pulse ox instead."

5 Teach a General Principle

Sharing a pearl of wisdom is your opportunity to shine, so embrace the moment! Students will apply what is shared to future experiences. Students tend to recall guiding principles, and often the individual patient may serve as a cue to recall a general rule that was taught.

Ex: "Deciding whether or not someone with a sore throat should be started on empiric antibiotics prior to culture results can be challenging. Fortunately, there are some tested criteria that can help..."

Summarize

Consider summarizing or concluding, ending with next steps (e.g., plan for the patient, reading assignment for the student, schedule for follow-up with the student, etc.).

REFERENCE

Neher J, Gordon K, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. *Journal of American Board of Family Practice*, 1992; 5: 419-424.





Incorporating Students into Patient Care/Workflow

Authored by: PAEA's Committee on Clinical Education
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1-PAGERS for PRECEPTORS

This 1-Pager for Preceptors serves as a resource for strategies that can be utilized to more effectively integrate students into clinical practice. Many clinicians express interest in precepting clinical students with the desire to "give back" to the profession, to serve as a role model for future clinicians, and to share their passion for clinical practice. However, there are perceived challenges to incorporating students into a clinical practice or workflow. Two of the most commonly cited challenges are time management and maintaining efficient patient throughput.

Share the Teaching Responsibilities	<ul style="list-style-type: none"> • Involve other clinician(s) (MDs, DOs, PAs, NPs) in the practice to work with the student • Utilize nurses, MAs, techs, etc., to instruct students about procedures they perform (injections, phlebotomy, performing PFTs and EKGs, etc.)
Plan Ahead with Patients	<ul style="list-style-type: none"> • Preselect the patients most appropriate for the student to see (more straight-forward cases, open to students, etc.) • Double-book/wave-schedule patients – have the student see a patient in one room while the preceptor sees one (or sometimes more) patient(s) in another room • In general, students are not expected to see every patient that the provider does over the course of a day
Teamwork	<ul style="list-style-type: none"> • Have the student obtain the history and/or perform the physical exam while the preceptor observes and documents information in the electronic medical record • Have the student observe encounters with complex patients
Fully Utilize Student	<ul style="list-style-type: none"> • Although the primary learning objective for the PA student is focused on the provision of patient care, there are some tasks that the MA might otherwise perform (take vital signs) that the student can do for the patient while the MA prepares another patient for the preceptor • Have students call patients with test results after discussing them with the preceptor • Have students provide patient education after confirming the information to be communicated
Summarize and Clarify	<ul style="list-style-type: none"> • Don't repeat every aspect of the patient history – summarize and clarify information obtained from the student about the patient • Don't repeat the entire physical exam performed by the student – the preceptor should perform and document only those elements requiring evaluation and/or clarification
Set Time Limits	<ul style="list-style-type: none"> • If you have specific time constraints for a patient room, let the student know – "you have 15 minutes to see this patient"
Utilize Educational Strategies for Effective Teaching	<ul style="list-style-type: none"> • See the 1-Pagers for Preceptors: SNAPPS, One-Minute Preceptor, and Ask-Tell-Ask Feedback to maximize your teaching time

REFERENCES

Seim HC, Johnson OG. Clinical Preceptors: Tips for effective teaching with minimal downtime. *Fam Med* 1999;31(8):538-9.
Cayley Jr. WE. Effective Clinical Education: Strategies for teaching medical students and residents in the office. *WMJ* 2011;110(4):178-81.





Tailoring Clinical Teaching to an Individual Student

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1-PAGERS
for
PRECEPTORS

PA students from the same or different programs may come to the clinical setting for training with differences in clinical knowledge and skills based on a number of factors, including:

- Experience level in their clinical training – students on a first rotation may require more direction than those later in their training.
- Whether your practice is primary care or a specialty. Nearly all PA students are trained as generalists.
- Patient care experiences prior to PA school. An IMG or independent Duty Corpsman might be expected to have more advanced skills than a former phlebotomist or scribe.

Suggestions for assessing student on first day of training

- Determine the student's status – early, mid, or late clinical training
- Ask what clinical experiences they had prior to PA school
- Ask how confident they feel in their ability to function clinically in your specialty
- Determine what their general goals are for the rotation (knowledge and skills they wish to acquire)
- Tailor the student's early experiences based on the factors above
- Provide observational experiences in the earliest days of the rotation for less comfortable students
- Note that more accomplished and comfortable students may be able to begin seeing patients independently while you see another patient
- Communicate with students that you expect them to evolve over your time together
- Directly observe certain students to assess skills in Hx, PE, and procedures

✓ Behaviors that indicate the student is "getting it"

- Presents thorough, focused history and physical
- Consistently articulates sound decision-making in differential and in working toward a diagnosis
- Develops and implements a reasonable plan of care
- Connects with patients interpersonally in caring manner
- Is organized, independent, and time-efficient
- Is self-confident but knows their limits, asks for help
- Has holistic view of care; includes health promotion and disease prevention
- Provides concise and accurate charting and oral presentations

⊘ "Red flag" behaviors

- Is hesitant, anxious, defensive, or not collegial
- Has uneasy rapport with patients and misses cues
- Presents less-focused history and physical with excessive incomplete data
- Performs physical examination poorly, or inconsistently
- Is unable to explain reasoning for diagnosis
- Is unable to prioritize patient problems
- Is unable to create plans independently
- Misses health education and disease prevention opportunities in plan
- Is unsure of tests to order
- Is unable to provide clear charting and presentations

*For students who consistently display any of the "red flag" behaviors, please document this for the PA program's clinical faculty as a part of the student evaluation. Students and the clinical staff must be aware of these issues to be able to provide appropriate remediation. Early contact with program faculty allows the development of a remediation plan during the time the student is rotating with you.

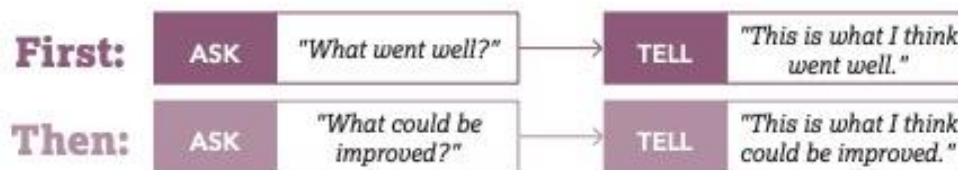
REFERENCE

Modified from: [https://www.midwestern.edu/Documents/AZ%20PA/Mastering_the_preceptor_role\(0\).pdf](https://www.midwestern.edu/Documents/AZ%20PA/Mastering_the_preceptor_role(0).pdf)





The Ask-Tell-Ask Feedback method fosters students' abilities to identify their own strengths and areas for improvement as well as provides preceptors with the opportunity to share positive and constructive feedback to students. The strengths of this model include that it is learner-centered, fosters students' self-assessment skills, increases students' accountability for learning, gives the preceptors insight into students' perceptions of performance, encourages preceptors to provide specific feedback, and can be used across a variety of settings.



Example 1

Setting: Outpatient

Task Area: Patient Assessment (History-Taking, Physical Exam)

Preceptor: What parts of your assessment of the patient went well?

Student: My problem-focused history-taking seemed complete and only took about five minutes to do.

Preceptor: I agree, your history-taking was thorough and efficient. You also clarified important information that the patient shared during the pertinent review of systems.

Preceptor: What do you think could be improved?

Student: My approach to the physical exam felt disjointed and took longer than I thought necessary.

Preceptor: Yes, while you included essential elements of the physical exam, it was not systematic and the patient had to be repositioned several times. A strategic way to avoid this in the future is to develop a plan for the physical exam before you initiate the exam.

Example 2

Setting: Inpatient

Task Area: Medical Knowledge, Clinical Reasoning

Preceptor: What elements of the diagnosis and treatment planning went well?

Student: I am confident in the most likely diagnosis, and the first-line therapy was appropriate for this patient.

Preceptor: Yes, I believe you came to the correct conclusion about the diagnosis. In addition to knowing which medication is first-line therapy, remember to specify dose/route/frequency and any patient education that is indicated.

Preceptor: What do you think could be improved?

Student: Well, I only had three disorders on my differential diagnosis.

Preceptor: I agree that it is important to have a broader differential diagnosis. I encourage you to read more about the most likely diagnosis and related conditions tonight, then tomorrow we can discuss the clinical reasoning about the diagnosis.





Introducing/Orienting a PA Student to your Practice

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1-PAGERS
for
PRECEPTORS

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 helps students develop the functional capacity to work more efficiently. Orientation should include several components:

- Preparing your **staff** to have a student
- Preparing your **patients** to have a student
- Orienting the student to your practice
- Giving an overview of the rotation/preceptor expectations
- Orienting the student to your community

If you plan to take students often, it may be easiest to create an Orientation Checklist or a Student Orientation Guide/Manual so that you are consistent each time. A more detailed description of each of these components is included below:

Preparing your staff to have a student:

The staff of an office/hospital setting play a key role in ensuring that each student has a successful rotation. 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 and schedule
- Student's expected role in patient care
- Expected effect of the student on office operations

Preparing your patients to have a student:

There are several ways for sites to notify patients that students will be participating in patient care:

- Post a sign at the check-in desk
- Nursing staff or preceptor notify patients directly (but not in front of the student)
- Preceptor identifies patients on the daily schedule that would be good cases for student participation

Orienting the student to your practice:

On the first day of the student's clinical rotation have a dedicated time and place to:

- Introduce the student to the staff and other medical providers that you work with
- Ask the office manager/HR to provide the student with an ID badge and computer access, EMR training, and the office policies and procedures; also give the student a tour of the clinic/hospital
- Ask one of your nurses/staff to show the student the patient flow process
- Let the student know what to do in the case of an emergency in the office/hospital

Overview of the rotation/preceptor expectations:

Within the first day or two of the student's clinical rotation, find time to discuss the following aspects of the rotation and your expectations of the student:

- The main things that you would like the student to learn/experience during the rotation
- The student's goals for the rotation (Help them to prioritize these)
- Roles and responsibilities of the student and interactions with the staff
- Student's schedule, hours worked, call, and extra opportunities (grand rounds, conferences, etc.)
- Medical documentation, oral presentations, and additional assignments
- Expected attire, medical equipment needed, and recommended texts/resources

Orienting the student to your community:

Discuss with the student early in the rotation characteristics of your local community or patient population that affect patient care as well as available community resources that your practice uses on a regular basis.

*Also be sure to take student and program feedback on your orientation process into consideration moving forward.

REFERENCES

<http://paesonline.org/publications/preceptor-handbook/>
<https://www.med-ed.virginia.edu/courses/lnv/precept/module1/index.htm>



APPENDIX A – LEARNING OUTCOMES AND INSTRUCTIONAL OBJECTIVES FOR THE CLINICAL YEAR

SCPE LEARNING OUTCOMES:

Learning outcomes are focused into five equally relevant skills sets: Knowledge, Clinical and Technical Skills, Clinical Reasoning, Interpersonal Skills, and Behaviors, whose mastery is essential for the delivery of optimal patient care. Below are the learning outcomes for the SCPE. The learning outcomes are evaluated using the preceptor evaluation of student form and the corresponding question number is in parenthesis.

LEARNING OUTCOMES - FAMILY MEDICINE:

A. Knowledge

1. Students will demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of adult and elderly patients in family medicine. (PES 5)
2. Students will demonstrate an understanding of medical research and evidence-based medicine as it applies to the clinical practice of family medicine. (PES 6)
3. Students will understand the epidemiology, anatomy, physiology, pathophysiology, presentation, diagnosis, management, and prognosis of disease processes listed in the Family Medicine PAEA end of rotation exam topic list. (Evaluation: PAEA Family Medicine EOR exam and PES 5) <https://paeaonline.org/assessment/end-of-rotation/content/>

B. Clinical and Technical Skills

1. Students will be able to utilize a range of communication and interpersonal skills to elicit an accurate and relevant medical history of adult and elderly patients. (PES 7)
2. Students will be able to perform an accurate, focused physical exam on adult or elderly patients, recognizing normal and abnormal findings. (PES 8)
3. With direct preceptor supervision, students will perform and/or assist in the performance of common medical procedures in family medicine. (PES 9)
 - a. Perform wellness H&P
 - b. Perform focused H&P
 - c. Documentation: Wellness H&P



- d. Documentation: SOAP note
- e. Fundoscopic exam
- f. Visual screen
- g. Male genital & hernia exam
- h. Rectal exam
- i. Writing prescriptions
- j. Dip stick urinalysis
- k. Finger stick
- l. Throat swab

C. Clinical Reasoning and Problem Solving

1. Students will be able to organize information from the interview, diagnostic tests, and physical examination to formulate a differential diagnosis and assessment for patients presenting for acute, chronic, or preventive care in family medicine. (PES 10)
2. Students will have the ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for acute, chronic, or preventive care in family medicine. (PES 11)
3. Students will be able to develop, initiate and follow-through appropriate management plans that are consistent with the patient's needs and preferences for common family medicine problems in acute, chronic, and preventive encounters. (PES 12)

D. Interpersonal Skills

1. Students will be able to present clinical information in a concise and coherent manner to the preceptor and other members of the health care team. (PES 13)
2. Students will be able to document clinical information in an accurate and concise manner. (PES 14)
3. Students will provide appropriate health education and counseling to adult and elderly patients and their families, if appropriate. (PES 15)
4. Students will interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (PES 16)

E. Behaviors

1. Students will work with other members of the healthcare team, showing respect for peers, preceptors, and staff. (PES 17)
2. Students will demonstrate self-directed learning, take initiative to participate in patient care and be an active member of the health care team. (PES 18)
3. Students will be punctual, be available when needed and follow through on assigned work. (PES 19)
4. Students will demonstrate behavior that is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (PES 20)

INSTRUCTIONAL OBJECTIVES – FAMILY MEDICINE:**A. Basic and Medical Science Knowledge**

1. Outline, as they relate to each of the disorders listed in the topic list for the PAEA (Physician Assistant Education Association) EOR (End of Rotation™) Exam in family medicine (<https://paeaonline.org/wp-content/uploads/2018/06/family-medicine-topic-list-20180621.pdf>), concepts in the following areas:
 - a. Scientific Concepts: Etiology, Pathophysiology, Anatomy, Epidemiology, Risk factors
 - b. History & Physical Findings
 - c. Diagnostic Studies
 - d. Differential Diagnosis
 - e. Diagnosis
 - f. Health Maintenance & Counseling
 - g. Clinical Intervention & Therapeutics
 - h. Complications

PANCE Preparation

1. Complete 120 ROSH Review questions, prior to end of SCPE callback days
2. Additional activities required of students deemed at risk for PANCE failure

B. History

1. Obtain, report, and document an age-appropriate patient history for primary care conditions and complaints of preventive, emergent, acute, and chronic nature in infants, children, adolescents, adults, and elderly patients
2. Discriminate the required elements of patient visits for routine health maintenance, initial evaluation of new complaints, and for follow-up care for established diagnoses in infants, children, adolescents, adults, and elderly patients

C. Physical

1. Perform, report, and document an age-appropriate physical examination for primary care conditions and complaints of preventive, emergent, acute, and chronic nature in infants, children, adolescents, adults, and elderly patients

D. Clinical Skills

1. Seek opportunities to perform the core technical skills listed on the checklist, which is appended, at the program expected level of competency specific to the current point in training. Please reference the preceptor checklist appended. (SCPE 1-3: active guidance, 4-6 intermediate guidance, 7-8 minimal guidance)

2. Develop an understanding of and, if encountered, document observation of or participation in non-core technical skills related to the care of the infant, child, adolescent, adult, or elderly family patient, under the instruction and supervision of a preceptor

E. Medical Decision Making

1. Formulate an appropriate differential diagnosis based on the initial history and physical exam findings for complaints and disorders of the primary care patient of preventive, emergent, acute, and chronic nature in infant, child, adolescent, adult, and elderly
2. Utilize the preliminary differential diagnosis to determine the need for and selection of appropriate diagnostic studies
3. Accurately interpret diagnostic studies to establish the most likely diagnosis
4. Create a detailed therapeutic plan using all available information tailored to the patient's medical conditions, preferences, and abilities
5. Make appropriate adjustments to the therapeutic plan as needed, guided by patient preference, with sensitivity to age, gender, culture, and abilities
6. Incorporate health maintenance into care of the patient in a primary care setting with consideration for age, gender, culture, and abilities

F. Written and Oral Presentation Skills

1. Present concise, succinct, and organized oral presentations to preceptor
2. Practice writing routine notes for your patients to include SOAP notes and H&Ps

G. Interpersonal Skills and Communication

1. Employ effective strategies to educate the patient and family regarding the proposed treatment plan including discussion of the risks and benefits, cost considerations, limitations, potential side effects and complications versus alternative approaches
2. Utilize effective communication with the patient's health care team, the patient and family as appropriate to ensure patient-centered care

H. Professionalism

1. Deliver care in an ethical and patient-centered manner
2. Practice timely self-evaluation assessments using the PA competencies as a guide, including seeking out and responding to feedback in a positive and useful manner, to develop effective life-long learning habits for continuous improvement
3. Demonstrates preparedness for assignments, engaging in self-directed learning, seeking out learning and remediation opportunities
4. Meet requirements for on-time attendance at clinical site, evidenced in part by complete clinical logging, as well as punctual and continued attendance at all call-back days.
5. Works as a member of a team, in a responsible, respectful, honest, ethical, and cooperative manner with patients, families, staff and other health professionals.

6. Exhibit flexibility, adaptability, and tolerance for change
7. Display awareness of limitations and ability to seek consultation when appropriate

I. **Knowledge of the Healthcare System**

1. Employ strategies to minimize and/or mitigate medical error, utilizing best practices and adhering to standards of care
2. Compare and contrast the different roles of health care professionals that collaborate in the care of the primary care patient
3. Describe potential challenges and strategies to the patient/family's successful navigation of the health care system including issues of insurance/payment, access, potential disparities, and coordination of care
4. Adheres to the policies in the Pitt PA Hybrid Studies Student Policy Manual

LEARNING OUTCOMES – INTERNAL MEDICINE:

A. Knowledge

1. Students will demonstrate a strong fund of knowledge of anatomy, pathophysiology, pharmacology, and the clinical and behavioral manifestations of disease, and apply these to the care of adult and elderly patients in internal medicine. (PES 5)
2. Students will demonstrate an understanding of medical research and evidence-based medicine as it applies to the clinical practice of internal medicine. (PES 6)
3. Students will understand the epidemiology, anatomy, physiology, pathophysiology, presentation, diagnosis, management, and prognosis of disease processes listed in the Internal Medicine PAEA end of rotation exam topic list. (Evaluation: PAEA Internal Medicine EOR exam and PES 5) <https://paeaonline.org/assessment/end-of-rotation/content/>

B. Clinical and Technical Skills

1. Students will be able to utilize a range of communication and interpersonal skills to elicit an accurate and relevant medical history of adult and elderly patients. (PES 7)
2. Students will be able to perform an accurate, focused physical examination on adult and elderly patients, recognizing normal and abnormal findings. (PES 8)
3. With direct preceptor supervision students will perform or assist in the performance of common medical procedures in internal medicine. (PES 9)
 - a. Perform a complete cardiovascular exam (normal or abnormal)



- b. Perform a complete pulmonary exam (normal or abnormal)
- c. Perform admission H&P
- d. Perform daily progress H&P
- e. Documentation: Admission H&P
- f. Documentation: Admission orders
- g. Documentation: Progress notes
- h. Documentation: Discharge summary

C. Clinical Reasoning and Problem Solving

1. Students will be able to organize information from the interview, diagnostic test, and physical examination to formulate a differential diagnosis and assessment for patients presenting for acute, chronic, and preventive care in internal medicine. (PES 10)
2. Students will have the ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for acute, chronic, or preventive care in internal medicine. (PES 11)
3. Students will be able to develop, initiate and follow-through appropriate management plans that are consistent with the patient's needs and preferences for common internal medicine problems in acute, chronic, and preventive encounters. (PES 12)

D. Interpersonal Skills

1. Students will be able to present clinical information in a concise and coherent manner to the preceptor and other members of the health care team. (PES 13)
2. Students will be to document clinical information in an accurate and concise manner. (PES 14)
3. Students will provide appropriate health education and counseling for adult and elderly patients, and their families, if appropriate. (PES 15)
4. Students will interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (PES 16)

E. Behaviors

1. Students will work with other members of the healthcare team, showing respect for peers, preceptors, and staff. (PES 17)
2. Students will demonstrate self-directed learning, take initiative to participate in patient care and be an active member of the health care team. (PES 18)

3. Students will be punctual, be available when needed and follow through on assigned work. (PES 19)
4. Students will demonstrate behavior that is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (PES 20)

INSTRUCTIONAL OBJECTIVES – INTERNAL MEDICINE:

A. Basic and Medical Science Knowledge

1. Outline, as they relate to each of the disorders listed in the topic list for the PAEA EOR Exam™ in inpatient medicine (<https://paeaonline.org/wp-content/uploads/2018/06/internal-medicine-topic-list-20180608.pdf>), concepts in the following areas:
 - a. History & Physical
 - b. Diagnostic Studies
 - c. Diagnosis
 - d. Health Maintenance
 - e. Clinical Intervention
 - f. Clinical Therapeutics
 - g. Scientific Concepts
2. Exhibit the ability to anticipate, recognize and prevent the potential risks to hospitalized patients such as falls, DVT, infection, etc.
3. Incorporate health maintenance issues such as risk reduction and prevention into the care of the admitted patient
4. Demonstrate proficiency in the use of point-of-care resources to guide patient care decisions
5. Recognize the need for rehabilitative care in select admitted patients before returning to the home environment

PANCE Preparation

1. Complete 120 ROSH Review questions, prior to end of SCPE callback days
2. Additional activities required of students deemed at risk for PANCE failure

B. History

1. Obtain, report, and document an age and acuity appropriate patient history related to the patient's admission and diagnoses
2. Discriminate the required elements of patient visits for initial evaluation of new complaints of emergent or acute nature and for exacerbations of chronic conditions

C. Physical

1. Perform, report, and document an accurate problem focused physical examination of admitted patients

- D. **Clinical Skills**
1. Seek opportunities to perform the core technical skills listed in the syllabus and on the preceptor evaluation of student form, which is appended, at the program expected level of competency specific to the current point in training. Please reference the preceptor checklist appended. (SCPE 1-3: active guidance, 4-6 intermediate guidance, 7-8 minimal guidance)
 2. Develop an understanding of and, if encountered, document observation of or participation in non-core technical skills related to the care of the inpatient adult and elderly patient, under the instruction and supervision of a preceptor
- E. **Medical Decision Making**
1. Formulate an appropriate differential diagnosis, inclusive of immediate life threats as well as most probable diagnosis, based on the initial history and physical exam findings for admitted patients with complaints of emergent, acute, or chronic nature
 2. Utilize the preliminary differential diagnosis to determine need for and selection of appropriate diagnostic studies
 3. Accurately interpret diagnostic studies to establish the most likely diagnosis
 4. Create a detailed therapeutic plan using all available information tailored to the patient's conditions, acuity, comorbidities, preferences, and abilities, including consideration of the patient's disposition
 5. Make appropriate adjustments to the therapeutic plan as needed, guided by patient/family preference, with sensitivity to age, gender, culture, and abilities
 6. Recognize the need for and participate in arranging follow-up, as guided by the clinical team
- F. **Written and Oral Presentation Skills**
1. Present concise, succinct, and organized oral presentations to preceptor
 2. Practice writing routine notes for your patients to include admission H&P's, progress notes and discharge summaries
 3. Develop the ability to deliver an effective "sign-out" of a patient to the on-coming shift, including notation of such activity in the patient's record
- G. **Interpersonal Skills and Communication**
1. Effectively educate the patient and family regarding the proposed treatment plan including discussion of the risks and benefits, cost considerations, limitations, potential side effects and complications versus alternative approaches
 2. Utilize effective communication with the patient's health care team, the patient and family as appropriate to ensure patient-centered care
- H. **Professionalism**
1. Deliver care in an ethical and patient-centered manner

2. Practice timely self-evaluation assessments using the PA competencies as a guide, including seeking out and responding to feedback in a positive and useful manner, in order to develop effective life-long learning habits for continuous improvement
 3. Demonstrate preparedness for assignments, engaging in self-directed learning, seeking out learning and remediation opportunities
 4. Meet requirements for on-time attendance at clinical site, evidenced in part by complete clinical logging, as well as punctual and continued attendance at all call-back days.
 5. Work as a member of a team, in a responsible, respectful, honest, ethical, and cooperative manner with patients, families, staff and other health professionals.
 6. Exhibit flexibility, adaptability, and tolerance for change
 7. Display awareness of limitations and ability to seek consultation when appropriate
- I. **Knowledge of the Healthcare System**
1. Employ strategies to minimize and mitigate medical error, utilizing best practices and adhering to standards of care
 2. Compare and contrast the different roles of health care professionals that collaborate in the care of the admitted patient
 3. Describe potential challenges and strategies to the patient/family's successful navigation of the health care system including issues of insurance/payment, access, potential disparities, and coordination of care
 4. Compare and contrast the various admission statuses available for inpatient care
 5. Describe the requirements for inpatient stay from various payers
 6. Adheres to the policies in the Pitt PA Hybrid Studies Student Policy Manual

LEARNING OUTCOMES – EMERGENCY MEDICINE:

A. Knowledge

1. Students will demonstrate a strong fund of knowledge of anatomy, pathophysiology, pharmacology, and the clinical and behavioral manifestations of disease, and apply these to the care of adult and elderly patients in emergency medicine. (PES 5)
2. Students will demonstrate an understanding of medical research and evidence-based medicine as it applies to the clinical practice of emergency medicine. (PES 6)
3. Students will understand the epidemiology, anatomy, physiology, pathophysiology, presentation, diagnosis, management, and prognosis of disease processes listed in the Emergency Medicine PAEA end of rotation exam topic

list. <https://paeaonline.org/assessment/end-of-rotation/content/> (Evaluation: PAEA Emergency Medicine EOR exam AND PES 5)

B. Clinical and Technical Skills

1. Students will be able to utilize a range of communication and interpersonal skills to elicit an accurate and relevant medical history of adult and elderly patients. (PES 7)
2. Students will be able to perform an accurate, focused physical examination on an adult and elderly patient, recognizing normal and abnormal findings. (PES 8)
3. With direct preceptor supervision students will perform or assist in the performance of common medical procedures in emergency medicine. (PES 9)
 - a. CXR interpretation
 - b. EKG interpretation
 - c. Abdominal x-rays interpretation
 - d. Extremity x-rays interpretation
 - e. Spine x-rays interpretation
 - f. Phlebotomy
 - g. IV cannulation
 - h. Local anesthetic injection
 - i. Incision and drainage (I&D) and procedure note
 - j. Sterile technique
 - k. Simple interrupted suture and procedure note
 - l. Documentation: problem-focused H&P
 - m. Documentation: SOAP notes

C. Clinical Reasoning and Problem Solving

1. Students will be able to organize information from the interview, diagnostic test and physical examination to formulate a differential diagnosis and assessment for patients presenting for acute, chronic, and emergent care in emergency medicine. (PES 10)
2. Students will have the ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting acute, chronic, and emergent care in emergency medicine. (PES 11)
3. Students will be able to develop, initiate and follow-through on appropriate management plans, that are consistent with the patient's needs and preferences, for acute, chronic, and emergent encounters. (PES 12)

D. Interpersonal Skills

1. Students will be able to present clinical information in a concise and coherent manner to the preceptor and other members of the health care team. (PES 13)

2. Students will be to document clinical information in an accurate and concise manner. (PES 14)
3. Students will provide appropriate health education and counseling for adult and elderly patients, and their families, if appropriate. (PES 15)
4. Students will interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (PES 16)

E. Behaviors

1. Students will work with other members of the healthcare team, showing respect for peers, preceptors, and staff. (PES 17)
2. Students will demonstrate self-directed learning, take initiative to participate in patient care and be an active member of the health care team. (PES 18)
3. Students will be punctual, be available when needed and follow through on assigned work. (PES 19)
4. Students will demonstrate behavior that is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (PES 20)

INSTRUCTIONAL OBJECTIVES – EMERGENCY MEDICINE:

A. Basic and Medical Science Knowledge

1. Outline, as they relate to each of the disorders listed in the topic list for the PAEA EOR Exam™ in emergency medicine (<https://paeaonline.org/wp-content/uploads/2019/02/emergency-medicine-topic-list-20190225.pdf>), concepts in the following areas:
 - a. History & Physical
 - b. Diagnostic Studies
 - c. Diagnosis
 - d. Health Maintenance
 - e. Clinical Intervention
 - f. Clinical Therapeutics
 - g. Scientific Concepts
2. Exhibit the ability to recognize the emergent and unstable patient and initiate stabilization based upon presentation and complaint
3. Incorporate health maintenance issues such as risk reduction and prevention into the care of the emergency patient

4. Demonstrate proficiency in the use of point-of-care resources to guide patient care decisions for patients with emergent and acute complaints

PANCE Preparation

1. Complete 120 ROSH Review questions, prior to end of SCPE callback days
2. Additional activities required of students deemed at risk for PANCE failure

B. History

1. Obtain, report, and document an age and acuity appropriate patient history for common emergency medicine conditions of acute and emergent nature in infant, child, adolescent, adult, and elderly patients
2. Discriminate the required elements of patient visits for initial evaluation of new acute and emergent complaints and for exacerbations of chronic conditions

C. Physical

1. Perform, report, and document an accurate acuity based and problem focused physical examination of emergent and acute patients

D. Clinical Skills

1. Seek opportunities to perform the core technical skills listed on the checklist, which is appended, at the program expected level of competency specific to the current point in training. Please reference the preceptor checklist appended. (SCPE 1-3: active guidance, 4-6 intermediate guidance, 7-8 minimal guidance)
2. Develop an understanding of and, if encountered, document observation of or participation in non-core technical skills related to the care of emergent patient, under the instruction and supervision of a preceptor

E. Medical Decision Making

1. Formulate an appropriate differential diagnosis, inclusive of immediate life threats as well as most diagnosis, based on the initial history and physical exam findings for common emergency conditions and complaints of acute and emergent nature in infant, child, adolescent, adult and elderly patients
2. Utilize the preliminary differential diagnosis to determine need for and selection of appropriate diagnostic studies in acute and emergent patients
3. Accurately interpret diagnostic studies in order to establish the most likely diagnosis
4. Create a detailed therapeutic plan using all available information tailored to the patient's conditions, acuity, comorbidities, preferences and abilities, including consideration of the patients disposition
5. Make appropriate adjustments to the therapeutic plan of the emergent and acute patient as needed, guided by patient/family preference, with sensitivity to age, gender, culture and abilities
6. Recognize the need for and participate in arranging follow-up, as guided by the clinical team

F. **Written and Oral Presentation Skills**

1. Present concise, succinct, and organized oral presentations to preceptor
2. Practice writing routine notes for your patients to include the process of medical decision making in emergency medicine
3. Develop the ability to deliver an effective “sign-out” of a patient to the on-coming shift, including notation of such activity in the patient’s record

G. **Interpersonal Skills and Communication**

1. Effectively educate the emergent patient and family regarding the proposed treatment plan including discussion of the risks and benefits, cost considerations, limitations, potential side effects and complications versus alternative approaches
2. Utilize effective communication with the emergent patient’s health care team, the patient and family as appropriate to ensure patient-centered care

H. **Professionalism**

1. Deliver care in an ethical and patient-centered manner
2. Practice timely self-evaluation assessments using the PA competencies as a guide, including seeking out and responding to feedback in a positive and useful manner, in order to develop effective life-long learning habits for continuous improvement
3. Demonstrate preparedness for assignments, engaging in self-directed learning, seeking out learning and remediation opportunities
4. Meet requirements for on-time attendance at clinical site, evidenced in part by complete clinical logging, as well as punctual and continued attendance at all call-back days.
5. Work as a member of a team, in a responsible, respectful, honest, ethical, and cooperative manner with patients, families, staff and other health professionals.
6. Exhibit flexibility, adaptability and tolerance for change
7. Display awareness of limitations and ability to seek consultation when appropriate

I. **Knowledge of the Healthcare System**

1. Employ strategies to minimize and mitigate medical error, utilizing best practices and adhering to standards of care
 2. Compare and contrast the different roles of health care professionals that collaborate in the care of the emergency medicine patient
 3. Describe potential challenges and strategies to the patient/family’s successful navigation of the health care system including issues of insurance/payment, access, potential disparities and coordination of care
 4. Describe the current state of the emergency healthcare system and challenges faced by patients and providers
- Adheres to the policies in the Pitt PA Hybrid Studies Student Policy Manual

LEARNING OUTCOMES – PEDIATRICS:

A. Knowledge

1. Students will demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of infants, children, and adolescent patients. (PES 5)
2. Student will demonstrate an understanding of medical research and evidence based medicine as it applies to the clinical practice of pediatric medicine. (PES 6)
3. Students will understand the epidemiology, anatomy, physiology, pathophysiology, presentation, diagnosis, management, and prognosis of disease processes listed in the Pediatric Medicine PAEA end of rotation exam topic list. (Evaluation: PAEA Pediatrics EOR exam) (PES 5)
- 5) <https://paeaonline.org/assessment/end-of-rotation/content/>

B. Clinical and Technical Skills

1. Students will be able to utilize a range of communication and interpersonal skills to elicit an accurate and relevant medical history from the family member of an infant, child, or adolescent and from the patient, if age appropriate. (PES 7)
2. Students will be able to perform an accurate, focused physical exam on infant, child, or adolescent patients, recognizing normal and abnormal findings. (PES 8)
3. With direct preceptor supervision, students will perform and/or assist in the performance of common medical procedures in pediatric medicine. (PES 9)
 - a. Physical exam of an infant (<1 yr)
 - b. Physical exam of a child
 - c. Otoscopic exam
 - d. Well child H&P
 - e. Problem focused H&P
 - f. Documentation: SOAP note

C. Clinical Reasoning and Problem Solving

1. Students will be able to organize information from the interview, diagnostic tests and physical examination to formulate a differential diagnosis and assessment for patients presenting for acute, chronic, or preventive care in pediatric medicine. (PES 10)
2. Students will have the ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for acute, chronic, or preventive care in pediatric medicine. (PES 11)

3. Students will be able to develop, initiate and follow-through appropriate management plans, that are consistent with the patient's needs and preferences, for common pediatric problems in acute, chronic, and preventive encounters. (PES 12)

D. Interpersonal Skills

1. Students will be able to present clinical information in a concise and coherent manner to the preceptor and other members of the health care team. (PES 13)
2. Students will be able to document clinical information in an accurate and concise manner. (PES 14)
3. Students will provide appropriate health education and counseling to the families of infant, child, and adolescent patients and to the patients, if age appropriate. (PES 15)
4. Students will interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (PES 16)

E. Behaviors

1. Students will work with other members of the healthcare team, showing respect for peers, preceptors, and staff. (PES 17)
2. Students will demonstrate self-directed learning, take initiative to participate in patient care and be an active member of the health care team. (PES 18)
3. Students will be punctual, be available when needed and follow through on assigned work. (PES 19)
4. Students will demonstrate behavior that is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (PES 20)

INSTRUCTIONAL OBJECTIVES – PEDIATRICS:

A. Basic and Medical Science Knowledge

1. Outline, as they relate to each of the disorders listed in the topic list for the PAEA EOR Exam™ in pediatrics (<https://paeaonline.org/wp-content/uploads/2018/06/pediatrics-topic-list-20180608.pdf>), concepts in the following areas:
 - a. History & Physical
 - b. Diagnostic Studies
 - c. Diagnosis



- d. Health Maintenance
 - e. Clinical Intervention
 - f. Clinical Therapeutics
 - g. Scientific Concepts
2. Incorporate appropriate health maintenance and anticipatory guidance into care of the pediatric patient to include infants, children, and adolescents

PANCE Preparation

1. Complete 120 ROSH Review questions, prior to end of SCPE callback days
2. Additional activities required of students deemed at risk for PANCE failure

B. History

1. Obtain, report, and document an age-appropriate patient history for common pediatric conditions and complaints in the infant, child and adolescent
2. Discriminate the required elements of infant, child and adolescent patient visits for routine health maintenance, emergent, initial evaluation of new complaints, and for follow-up care for established diagnoses

C. Physical

1. Perform, report, and document an accurate basic physical examination of pediatric patients to include infants, children, and adolescents
2. Display the ability to perform an age-appropriate examination incorporating review of appropriate developmental milestones for infants, children, and adolescents

D. Clinical Skills

1. Seek opportunities to perform the core technical skills, listed in the syllabus and on the preceptor evaluation of student form, which is appended, at the program expected level of competency specific to the current point in training. Please reference the preceptor checklist appended.

(SCPE 1-3: active guidance, 4-6 intermediate guidance, 7-8 minimal guidance)

2. Develop an understanding of and, if encountered, document observation of or participation in non-core technical skills related to the care of infant, child, and adolescent patients, under the instruction and supervision of a preceptor

E. Medical Decision Making

1. Formulate an appropriate differential diagnosis for infant, child and adolescent patients based on the initial history and physical exam findings for common pediatric conditions and complaints
2. Utilize the preliminary differential diagnosis to determine the need for and selection of appropriate diagnostic studies for infants, children, and adolescents
3. Accurately interpret diagnostic studies to establish the most likely diagnosis
4. Create a detailed therapeutic plan for an infant, child and adolescent using all available information tailored to the patient's medical conditions, preferences, and abilities

5. Make appropriate adjustments to the therapeutic plan as needed for an infant, child, and adolescent, guided by patient/family preference, with sensitivity to age, gender, culture, and abilities
 6. Recognize the need for and participate in arranging follow-up for the infant, child, and adolescent, as guided by the clinical team
- F. **Written and Oral Presentation Skills**
1. Present concise, succinct, and organized oral presentations to preceptor
 2. Practice writing routine notes for your patients to include SOAP notes and H&Ps
- G. **Interpersonal Skills and Communication**
1. Effectively educate the infant, child and adolescent patient and family regarding the proposed treatment plan including discussion of the risks and benefits, cost considerations, limitations, potential side effects and complications versus alternative approaches
 2. Utilize effective communication with the infant, child and adolescent patient's health care team, the patient and family as appropriate to ensure patient-centered care
- H. **Professionalism**
1. Deliver care in an ethical and patient-centered manner
 2. Practice timely self-evaluation assessments using the PA competencies as a guide, including seeking out and responding to feedback in a positive and useful manner, to develop effective life-long learning habits for continuous improvement
 3. Demonstrate preparedness for assignments, engaging in self-directed learning, seeking out learning and remediation opportunities
 4. Meet requirements for on-time attendance at clinical site, evidenced in part by complete clinical logging, as well as punctual and continued attendance at all call-back days.
 5. Work as a member of a team, in a responsible, respectful, honest, ethical, and cooperative manner with patients, families, staff and other health professionals.
 6. Exhibit flexibility, adaptability, and tolerance for change
 7. Display awareness of limitations and ability to seek consultation when appropriate
- I. **Knowledge of the Healthcare System**
1. Employ strategies to minimize and mitigate medical error, utilizing best practices and adhering to standards of care
 2. Compare and contrast the different roles of health care professionals that collaborate in the care of the infant, child, and adolescent patient
 3. Describe potential challenges and strategies to the patient/family's successful navigation of the health care system including issues of insurance/payment, access, potential disparities, and coordination of care
 4. Adheres to the policies in the Pitt PA Hybrid Studies Student Policy Manual

LEARNING OUTCOMES – OBGYN:

A. Knowledge

1. Students will demonstrate a strong fund of knowledge of anatomy, pathophysiology, pharmacology and the clinical and behavioral manifestations of disease, and apply these to the care of adolescent, adult and elderly patients seeking women’s health. (PES 5)
2. Students will demonstrate an understanding of medical research and evidence-based medicine as it applies to the clinical practice of obstetrics and gynecology. (PES 6)
3. Students will understand the epidemiology, anatomy, physiology, pathophysiology, presentation, diagnosis, management and prognosis of disease processes listed in the Women’s Health PAEA end of rotation exam topic list. (Evaluation: PAEA Women’s Health EOR exam) (PES 5) <https://paeonline.org/assessment/end-of-rotation/content/>

B. Clinical and Technical Skills

1. Students will be able to utilize a range of communication and interpersonal skills to elicit an accurate and relevant medical, obstetrical and gynecological history from an adolescent, adult and elderly patients seeking women’s health. (PES 7)
2. Students will be able to perform a focused physical exam, including prenatal, pelvic and breast exam, on adolescent, adult and elderly patients seeking women’s health, recognizing normal and abnormal findings. (PES 8)
3. With direct preceptor supervision students will perform or assist in the performance of common medical and surgical procedures in obstetrics and gynecology. (PES 9)
 - a. Pelvic exam x 2
 - b. Pap smear &/or cervical cultures
 - c. Breast exam
 - d. Perform comprehensive gynecological & obstetrical history
 - e. Perform prenatal visit to include measuring fundal height & taking fetal heart rate
 - f. Perform postnatal evaluation
 - g. Perform focused H&P for women’s health complaint
 - h. Documentation: SOAP note

C. Clinical Reasoning and Problem-Solving

1. Student will be able to organize information from the interview, diagnostic tests and physical examination to formulate a differential diagnosis and assessment for patients seeking women’s health presenting for prenatal, and acute, chronic, and preventive gynecologic care. (PES 10)

2. Students will have the ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients seeking women's health presenting for prenatal, acute, chronic, and preventive care. (PES 11)
3. Student will be able to develop, initiate and follow-through on appropriate management plans for the patient seeking women's health for prenatal, and acute, chronic, and preventive gynecologic issues, which are consistent with the patient's needs and preferences. (PES 12)

D. Interpersonal Skills

1. Students will be able to present clinical information in a concise and coherent manner to the preceptor and other members of the health care team. (PES 13)
2. Students will be able to document clinical information in an accurate and concise manner. (PES 14)
3. Students will provide appropriate health education and counseling for adolescent, adult and elderly patients seeking women's health, and their families, if appropriate. (PES 15)
4. Students will interact with patients and their families with respect, trust, positive affect and cultural sensitivity. (PES 16)

E. Behaviors

1. Students will work with other members of the healthcare team, showing respect for peers, preceptors and staff. (PES 17)
2. Students will demonstrate self-directed learning, take initiative to participate in patient care and be an active member of the health care team. (PES 18)
3. Students will be punctual, be available when needed and follow through on assigned work. (PES 19)
4. Students will demonstrate behavior that is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (PES 20)

INSTRUCTIONAL OBJECTIVES – OBGYN:

A. Basic and Medical Science Knowledge

1. Outline, as they relate to each of the disorders listed in the topic list for the PAEA EOR Exam™ in women's health (<https://paeaonline.org/wp-content/uploads/2018/07/womens-health-topic-list-20180719.pdf>), concepts in the following areas:
 - a. History & Physical

- b. Diagnostic Studies
 - c. Diagnosis
 - d. Health Maintenance
 - e. Clinical Intervention
 - f. Clinical Therapeutics
 - g. Scientific Concepts
2. Articulate the basics of the intra-operative management of patients undergoing surgery for common OB/GYN conditions, including choice of surgical approach and closure as well as operative safety practices (e.g., basic OR aseptic technique, patient positioning, checklists), if applicable
 3. Demonstrate understanding of post-operative patient management through selection of appropriate diet, activity and pain control, if applicable
 4. Anticipate, recognize and manage common post-operative complications, if applicable
- PANCE Preparation**
1. Complete 120 ROSH Review questions, prior to end of SCPE callback days
 2. Additional activities required of students deemed at risk for PANCE failure
- B. History**
1. Obtain, report and document a basic gynecologic and obstetric patient history utilizing the standard OB/GYN terms (e.g., GP, TPAL)
 2. Discriminate the required elements of patient visits for routine health maintenance, emergent complaints, initial evaluation of new complaints, and for follow-up care for established diagnoses of the obstetric and gynecologic patient
- C. Physical**
1. Perform, report and document an accurate basic physical examination of obstetric and gynecologic patients
- D. Clinical Skills**
1. Seek opportunities to perform the core technical skills, at the program expected level of competency specific to the current point in training. (SCPE 1-3: active guidance, 4-6 intermediate guidance, 7-8 minimal guidance)
 - a. Pelvic exam
 - b. Pap smear &/or cervical cultures
 - c. Breast exam
 - d. Perform comprehensive gynecological & obstetrical history
 - e. Perform prenatal visit to include measuring fundal height & taking fetal heart rate
 - f. Perform postnatal evaluation
 - g. Perform focused H&P for women's health complaint
 - h. Documentation: SOAP note
 2. Develop an understanding of and, if encountered, document observation of or participation in non-core technical skills related to the care of the gynecologic and obstetric patient, under the instruction and supervision of a preceptor

E. Medical Decision Making

1. Formulate an appropriate differential diagnosis based on the initial history and physical exam findings for common gynecologic and obstetric conditions and complaints
2. Utilize the preliminary differential diagnosis to determine the need for and selection of appropriate diagnostic studies for the obstetric and gynecologic patient
3. Accurately interpret diagnostic studies, (including basic US) studies in order to establish the most likely diagnosis for the obstetric and gynecologic patient
4. Create a detailed therapeutic plan for the obstetric or gynecologic patient using all available information for preventative, emergent, acute, and chronic conditions, tailored to the patient's medical conditions, preferences and abilities
5. Make appropriate adjustments to the therapeutic plan for the gynecologic and obstetric patient as needed, guided by patient preference, with sensitivity to age (child, adolescent, adult or elderly), gender, culture and abilities
6. Recognize the need for and participate in arranging follow-up for the obstetric or gynecologic patient as guided by the clinical team

F. Written and Oral Presentation Skills

1. Present concise, succinct, and organized oral presentations to preceptor
2. Practice writing routine notes and post-op orders as requested

G. Interpersonal Skills and Communication

1. Effectively educate the gynecologic and obstetric patient and family regarding the proposed treatment plan including discussion of the risks and benefits, cost considerations, limitations, potential side effects and complications versus alternative approaches, including non-operative approaches when applicable
2. Utilize effective communication with the obstetric and gynecological patient's health care team, the patient and family as appropriate to ensure patient-centered care

H. Professionalism

1. Deliver care in an ethical and patient-centered manner
2. Practice timely self-evaluation assessments using the PA competencies as a guide, including seeking out and responding to feedback in a positive and useful manner, in order to develop effective life-long learning habits for continuous improvement
3. Demonstrate preparedness for assignments, engaging in self-directed learning, seeking out learning and remediation opportunities
4. Meet requirements for on-time attendance at clinical site, evidenced in part by complete clinical logging, as well as punctual and continued attendance at all call-back days.
5. Work as a member of a team, in a responsible, respectful, honest, ethical, and cooperative manner with patients, families, staff and other health professionals.
6. Exhibit flexibility, adaptability and tolerance for change
7. Display awareness of limitations and ability to seek consultation when appropriate

I. Knowledge of the Healthcare System

1. Employ strategies to minimize and mitigate medical error, utilizing best practices and adhering to standards of care
2. Compare and contrast the different roles of health care professionals that collaborate in the care of the OB/GYN patient
3. Describe potential challenges and strategies to the patient/family's successful navigation of the health care system including issues of insurance/payment, access, potential disparities and coordination of care
4. Adheres to the policies in the Pitt PA Hybrid Studies Student Policy Manual

LEARNING OUTCOMES – SURGERY:

A. Knowledge

1. Students will demonstrate a strong fund of knowledge of anatomy, pathophysiology, pharmacology and the clinical and behavioral manifestations of disease, and apply these to the care of adult and elderly patients presenting with conditions requiring surgical care. (PES 5)
2. Students will demonstrate an understanding of medical research and evidence-based medicine as it applies to the care of patients with conditions requiring surgical management. (PES 6)
3. Students will understand the epidemiology, anatomy, physiology, pathophysiology, presentation, diagnosis, management and prognosis of conditions requiring surgical management listed in the General Surgery PAEA end of rotation exam topic list. (Evaluation: PAEA General Surgery EOR exam) <https://paeaonline.org/assessment/end-of-rotation/content/> (PES 5)

B. Clinical and Technical Skills

1. Students will be able to utilize a range of communication and interpersonal skills to elicit an accurate and relevant medical history from adult and elderly patients presenting with conditions requiring surgical management. (PES 7)
2. Students will be able to perform a focused physical exam on a patient with a condition requiring surgical management in the pre-operative and postoperative setting, recognizing normal and abnormal findings. (PES 8)
3. With direct preceptor supervision students will perform or assist in the performance of common procedures during the pre-operative, post-operative and intra-operative care of the patient with a condition requiring surgical management. (PES 9)
 - a. **Pre-operative**
 - i. Perform pre-op H&P
 - ii. Documentation: Pre-op evaluation



- iii. Documentation: Pre-op evaluation
- iv. Self-gowning & gloving
- v. Scrubbing
- b. **Intra-operative**
 - i. Sterile technique while assisting in OR
 - ii. Intraoperative knot tying
 - iii. Wound closure
 - iv. Staple insertion
 - v. Documentation: Brief operative note
 - vi. Staple insertion
- c. **Post-operative**
 - i. Perform post-operative evaluation
 - ii. Provide discharge instructions to patients
 - iii. Documentation: Discharge summary
 - iv. Documentation: Post-op SOAP note
 - v. Wound care
 - vi. Suture removal
 - vii. Staple removal

C. Clinical Reasoning and Problem Solving

1. Student will be able to organize information from the interview, diagnostic test and physical examination to formulate a differential diagnosis and assessment for patients with a condition requiring surgical management in an acute, chronic, and emergent encounter. (PES 10)
2. Students will have the ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients with a condition requiring surgical management in the pre-operative and post-operative setting. (PES 11)
3. Students will be able to develop, initiate and follow-through on appropriate management plans that are consistent with the patient's needs and preferences in the pre-operative and post-operative surgical setting. (PES 12)

D. Interpersonal Skills

1. Students will be able to present clinical information in a concise and coherent manner to the preceptor and other members of the health care team. (PES 13)
2. Students will be able to document clinical information in an accurate and concise manner. (PES 14)
3. Students will provide patients with a condition requiring surgical management with appropriate health education and counseling regarding pre-operative and post-operative care. (PES 15)

4. Students will interact with patients and their families with respect, trust, positive affect and cultural sensitivity. (PES 16)

E. Behaviors

1. Students will work with other members of the healthcare team, showing respect for peers, preceptors and staff. (PES 17)
2. Students will demonstrate self-directed learning, take the initiative to participate in patient care and be an active member of the health care team. (PES 18)
3. Students will be punctual, be available when needed and follow through on assigned work. (PES 19)
4. Students will demonstrate behavior that is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (PES 20)

INSTRUCTIONAL OBJECTIVES – SURGERY:

A. Basic and Medical Science Knowledge

1. Outline, as they relate to each of the disorders listed in the topic list for the PAEA EOR Exam™ in general surgery (<http://www.endofrotation.org/wp-content/uploads/2015/07/General-Surgery-Topic-List-2015.pdf>), concepts in the following areas:
 - a. History & Physical
 - b. Diagnostic Studies
 - c. Diagnosis
 - d. Health Maintenance
 - e. Clinical Intervention
 - f. Clinical Therapeutics
 - g. Scientific Concepts
2. Articulate the basics of the pre-operative and intra-operative management of patients undergoing surgery for common surgical conditions, including choice of surgical approach and closure as well as operative safety and sterility practices
3. Demonstrate understanding of post-operative patient management through selection of appropriate diet, activity, and pain control
4. Anticipate, recognize, and manage common post-operative complications
5. Incorporate best practices for health maintenance and rehabilitation into the care of the surgical patient

PANCE Preparation



1. Complete 120 ROSH Review questions, prior to end of SCPE callback days
 2. Additional activities required of students deemed at risk for PANCE failure
- B. **History**
1. Obtain, report and document an age-appropriate patient history for common surgical conditions
 2. Discriminate the required elements of patient visits for initial evaluation of new complaints and for follow-up care for established diagnoses and post-operative care
- C. **Physical**
1. Perform, report and document an accurate basic physical examination of surgical patients in the pre- and post-operative settings
- D. **Clinical Skills**
1. Seek opportunities to perform the core technical skills listed on the checklist, which is appended, at the program expected level of competency specific to the current point in training. Please reference the preceptor checklist appended. (SCPE 1-3: active guidance, 4-6 intermediate guidance, 7-8 minimal guidance)
 2. Develop an understanding of and, if encountered, document observation of or participation in non-core technical skills related to the care of the pre, intra and post-operative surgical patient, under the instruction and supervision of a preceptor
- E. **Medical Decision Making**
1. Formulate an appropriate differential diagnosis based on the initial history and physical exam findings for common surgical conditions and complaints of preventive, emergent, acute and chronic nature in the pre- and post-operative patient
 2. Utilize the preliminary differential diagnosis to determine the need for and selection of appropriate diagnostic studies in the pre, intra and post-operative patient
 3. Accurately interpret diagnostic studies in order to establish the most likely diagnosis for the pre, intra and post-operative patient
 4. Create a detailed therapeutic plan for the pre, intra and post-operative patient using all available information tailored to the patient's medical conditions, preferences and abilities
 5. Make appropriate adjustments to the therapeutic plan for the pre- and post-operative patients as needed, guided by patient/family preference, with sensitivity to age, gender, culture and abilities
 6. Recognize the need for and participate in arranging follow-up for the pre- and post-operative patient, as guided by the clinical team
- F. **Written and Oral Presentation Skills**
1. Present concise, succinct, and organized oral presentations to preceptor
 2. Practice writing routine notes for your patients to include pre-operative history, op notes, orders, progress notes and discharge summaries
 3. Participate in rounds for inpatient surgical patients, having pre-rounded on assigned patients when possible



4. Accurately and succinctly present your patients expressing new clinical findings or changes in condition, diagnostic results and your daily assessment and plans specific for each pre- and post-operative patient

G. **Interpersonal Skills and Communication**

1. Effectively educate the patient and family regarding the proposed treatment plan including discussion of the risks and benefits, cost considerations, limitations, potential side effects and complications versus alternative approaches, including non-operative management when appropriate
2. Utilize effective communication with the surgical patient's health care team, the patient and family as appropriate to ensure patient-centered care

H. **Professionalism**

1. Deliver care in an ethical and patient-centered manner
2. Practice timely self-evaluation assessments using the PA competencies as a guide, including seeking out and responding to feedback in a positive and useful manner, in order to develop effective life-long learning habits for continuous improvement
3. Demonstrate preparedness for assignments, engaging in self-directed learning, seeking out learning and remediation opportunities
4. Meet requirements for on-time attendance at clinical site, evidenced in part by complete clinical logging, as well as punctual and continued attendance at all call-back days.
5. Work as a member of a team, in a responsible, respectful, honest, ethical, and cooperative manner with patients, families, staff and other health professionals.
6. Exhibit flexibility, adaptability, and tolerance for change
7. Display awareness of limitations and ability to seek consultation when appropriate

I. **Knowledge of the Healthcare System**

1. Employ strategies to minimize and mitigate medical error, utilizing best practices and adhering to standards of care
2. Compare and contrast the different roles of health care professionals that collaborate in the care of the surgical patient
3. Describe potential challenges and strategies to the patient/family's successful navigation of the health care system including issues of insurance/payment, access, potential disparities and coordination of care

Adheres to the policies in the Pitt PA Hybrid Studies Student Policy Manual

LEARNING OUTCOMES – BEHAVIORAL HEALTH:

A. **Knowledge**

1. Students will demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients with behavioral and mental health conditions. (PES 5)
 2. Students will demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in psychiatry and behavioral health. (PES 6)
 3. Students will understand the epidemiology, anatomy, physiology, pathophysiology, presentation, diagnosis, management, and prognosis of disease processes listed in the Behavioral Health PAEA end of rotation exam topic list. (Evaluation: PAEA Family Medicine EOR exam and PES 5) <https://paeaonline.org/assessment/end-of-rotation/content/>
- B. Clinical and Technical Skills**
1. Students will utilize a range of communication and interpersonal skills to elicit an accurate and relevant medical history from patients with behavioral and mental health conditions. (PES 7)
 2. Students will perform an accurate, focused assessment of patients with behavioral and mental health conditions, recognizing normal and abnormal (PES 8)
 3. With direct preceptor supervision, Student ability to utilize appropriate screening tools and diagnostic tests to assess patients with behavioral and mental health conditions. (PES 9)
 - a. Perform/participate in initial psychiatric evaluation
 - b. Completion of SOAP notes
- C. Clinical Reasoning and Problem Solving**
1. Students will organize information gathered from the interview, physical exam, and diagnostics tests to formulate a differential diagnosis, and assessment for patients with behavioral and mental health conditions presenting for the following types of care. (PES 10)
 2. Students will choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients with behavioral and mental health conditions presenting for the following types of care. (PES 11)
 3. Students will develop, initiate and follow through on appropriate management plans, that are consistent with patient's needs and preferences, in the following types of encounters. (PES 12)
- D. Interpersonal Skills**

4. Students will be able to present clinical information in a concise and coherent manner to the preceptor and other members of the health care team. (PES 13)
 5. Students will be able to document clinical information in an accurate and concise manner. (PES 14)
 6. Students will provide appropriate health education and counseling to patients and their families if appropriate. (PES 15)
 7. Students will interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (PES 16)
- E. **Behaviors**
8. Students will work with other members of the healthcare team, showing respect for peers, preceptors, and staff. (PES 17)
 9. Students will demonstrate self-directed learning, take initiative to participate in patient care and be an active member of the health care team. (PES 18)
 10. Students will be punctual, be available when needed and follow through on assigned work. (PES 19)
 11. Students will demonstrate behavior that is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (PES 20)

INSTRUCTIONAL OBJECTIVES – BEHAVIORAL HEALTH:

- A. **Basic and Medical Science Knowledge**
1. Outline, as they relate to each of the disorders listed in the topic list for the PAEA EOR Exam™ in psychiatry (<http://www.endofrotation.org/wp-content/uploads/2015/07/Psychiatry-Topic-List-2015.pdf>), concepts in the following areas:
 - a. History & Physical
 - b. Diagnostic Studies
 - c. Diagnosis
 - d. Health Maintenance
 - e. Clinical Intervention
 - f. Clinical Therapeutics
 - g. Scientific Concepts

2. Incorporate best practices for health maintenance and rehabilitation into the care of the behavioral health patient, when appropriate
3. Articulate the basics of the DSM V classification system, including how it is applied in practice and research
4. Compare and contrast the basic tenets of the commonly utilized approaches to psychotherapy and mental health counseling (e.g., Cognitive Behavioral Therapy, drug cessation counseling)

PANCE Preparation

1. Complete 120 ROSH Review questions, prior to end of SCPE callback days
2. Additional activities required of students deemed at risk for PANCE failure

B. History

1. Obtain, report and document an age-appropriate patient history for common behavioral health conditions of emergent, acute and chronic nature
2. Incorporate a detailed psychosocial history into the patient interview, exhibiting appropriate sensitivity
3. Discriminate the required elements of patient visits for initial evaluation of new complaints and for follow-up care for established diagnoses

C. Physical

1. Perform, report and document an accurate basic physical examination of behavioral health patients
2. Demonstrate ability to accurately perform and interpret a mental status examination

D. Clinical Skills

1. Seek opportunities to perform the core technical skills listed on the checklist, which is appended, at the program expected level of competency specific to the current point in training. Please reference the preceptor checklist appended.

(SCPE 1-3: active guidance, 4-6 intermediate guidance, 7-8 minimal guidance)

2. Develop an understanding of and, if encountered, document observation of or participation in non-core technical skills related to the care of the psychiatric patient, under the instruction and supervision of a preceptor

E. Medical Decision Making

1. Formulate an appropriate differential diagnosis based on the initial history and physical exam findings for common psychiatric conditions and complaints of emergent, acute and chronic nature in child, adolescent, adult and elderly patients
2. Utilize the preliminary differential diagnosis to determine the need for and selection of appropriate diagnostic studies including those specific to psychiatry

3. Accurately interpret diagnostic studies in order to establish the most likely diagnosis
 4. Create a detailed therapeutic plan using all available information tailored to the patient's psychiatric conditions, acuity, comorbidities, preferences and abilities
 5. Make appropriate adjustments to the therapeutic plan as needed, guided by patient/family preference, with sensitivity to age, gender, culture and abilities
 6. Recognize the need for and participate in arranging follow-up, as guided by the clinical team
- F. Written and Oral Presentation Skills**
1. Present concise, succinct, and organized oral presentations to preceptor
 2. Practice writing routine notes for your patients to include SOAP notes, H&Ps, progress notes and discharge summaries
- G. Interpersonal Skills and Communication**
1. Effectively educate the psychiatric patient and family regarding the proposed treatment plan including discussion of the risks and benefits, cost considerations, limitations, potential side effects and complications versus alternative approaches
 2. Utilize effective communication with the psychiatric patient's health care team, the patient and family as appropriate to ensure patient-centered care, adhering to ethical and legal guidelines pertinent to psychiatric practice
- H. Professionalism**
1. Deliver care in an ethical and patient-centered manner
 2. Practice timely self-evaluation assessments using the PA competencies as a guide, including seeking out and responding to feedback in a positive and useful manner, in order to develop effective life-long learning habits for continuous improvement
 3. Demonstrate preparedness for assignments, engaging in self-directed learning, seeking out learning and remediation opportunities
 4. Meet requirements for on-time attendance at clinical site, evidenced in part by complete clinical logging, as well as punctual and continued attendance at all call-back days.
 5. Work as a member of a team, in a responsible, respectful, honest, ethical, and cooperative manner with patients, families, staff and other health professionals.
 6. Exhibit flexibility, adaptability and tolerance for change
 7. Display awareness of limitations and ability to seek consultation when appropriate
- I. Knowledge of the Healthcare System**



1. Employ strategies to minimize and mitigate medical error, utilizing best practices and adhering to standards of care
2. Compare and contrast the different roles of health care professionals that collaborate in the care of the behavioral medicine patient
3. Describe potential challenges and strategies to the patient/family's successful navigation of the health care system including issues of insurance/payment, access, potential disparities and coordination of care
4. Exhibit an understanding of community-based resources available to aid in keeping patients stable and in outpatient care
5. Describe the current state of the mental healthcare system and challenges faced by patients and providers
6. Adheres to the policies in the Pitt PA Hybrid Studies Student Policy Manual

LEARNING OUTCOMES – ELECTIVE:

A. Medical Knowledge

1. Use medical knowledge to formulate decisions regarding patient care for acute, chronic, and preventive conditions which commonly occur in the practice of medicine. (PES 5)
 - a. Using knowledge of basic biomedical sciences (biochemistry, genetics, human anatomy & physiology, microbiology, pathology, and immunology) analyze the links between genetics, pathophysiologic principles of disease, and treatment.
2. Students will demonstrate an understanding of medical research and evidence-based medicine as it applies to the clinical practice. (PES 6)
 - a. Critically appraise evidence-based medicine by interpreting data from medical informatics sources and identifying appropriate reference sources.
 - b. Compare diverse sources of medical literature
 - c. Choose diagnosis based on history and presentation that is validated by research
 - d. Combine information for various sources to support/disprove diagnoses.

B. Clinical and Technical Skills

1. *History:* (PES 7)
 - a. Given the scope of the assessment, compose either comprehensive or problem-focused patient history relevant to the presentation (acute, chronic, or preventive) and age of the patient.

- i. Collect pertinent historical information relevant to the purpose of the visit and the scope of assessment.
 - ii. Compare and contrast pertinent patient and family history information from patients and caregivers.
 - iii. Construct a twelve-point review of systems applicable to the appropriate patient age.
 - iv. Differentiate the signs/symptoms and risk factors found in the medical history.
 2. *Physical Examination: (PES 8)*
 - a. Evaluate a patient by performing a comprehensive or problem-focused physical examination relevant to the presentation (acute, chronic, or preventive) of the patient.
 - i. Differentiate physical examination information as pertinent positives and pertinent negatives and correlate in the context of the medical history.
 - ii. Distinguish abnormal vital signs, abnormal physical examination findings, and abnormal general observations in order to triage treatment.
 - iii. Differentiate conditions requiring immediate treatment.
 3. *Clinical Procedures: (PES 9)*
 - a. With direct preceptor supervision, students will perform and/or assist in the performance of common medical procedures encountered.
- C. **Clinical Reasoning and Problem Solving**
 1. *Diagnosis (PES 10)*
 - i. Students will be able to organize information from the interview, diagnostic tests, and physical examination to formulate a differential diagnosis and assessment for patients presenting for evaluation.
 1. Formulate a differential diagnosis relevant to the presentation of the patient.
 2. Formulate a prioritized differential diagnosis based and modify based clinical course.
 3. Appraise the significance of the information gained in the medical history, physical examination, and diagnostic data, and incorporate the relevant information into the medical decision-making process to select the most likely diagnosis.
 4. Given the selection of the most likely diagnosis, propose a referral to a specialist when needed.
 2. *Diagnostic Studies (PES 11)*
 - i. Students will have the ability to choose appropriate diagnostic studies and interpret the results for the purpose of

diagnosis and disease management for patients presenting for evaluation

1. Formulate recommendations for the use of diagnostic studies.
2. Appraise the risks, benefits, and indications for preventive screening tests, initial/subsequent diagnostic studies, and initial/subsequent laboratory studies.
3. Compare and contrast diagnostic studies to select the most appropriate for the patient based on presentation, history, and physical examination.
4. Evaluate the results of chosen diagnostic studies by correlating with the history and physical examination findings.

3. *Patient Management* (PES 12)

- i. Students will be able to develop, initiate and follow-through appropriate management plans that are consistent with the patient's needs and preferences for common family medicine problems in acute, chronic, and preventive encounters.
1. Create age-appropriate education regarding preventable conditions and lifestyle modifications.
 2. Formulate health maintenance routines.
 3. Propose early detection and prevention of medical conditions applicable to the patient's age.
 4. Evaluate and counsel patients on treatment strategies for cessation of alcohol, tobacco, and illegal drug use.
 5. Analyze the impact of socioeconomic variables and patient demographics on risk for disease.
 - a. Evaluate disparities in provision of and access to healthcare.
 6. Formulate age-appropriate health screening recommendations specific patient populations.

Clinical Intervention

- iv. Compare and contrast the indications, contraindications, complications, risks, and benefits of procedures.
- v. Differentiate conditions that constitute medical emergencies.
- vi. Formulate treatment algorithms for the management, treatment, and follow up of common medical conditions encountered in the elective rotation.
 2. Evaluate patient response to treatment.
- vii. Propose multimodal therapeutic treatment regimens appropriate for presentation of the patient.

- viii. Prepare patients to actively participate in treatment and adhere to treatment guidelines.

Pharmaceutical Intervention

- ix. Formulate a comprehensive treatment plan for the pharmacologic treatment of diseases.
3. Construct a comprehensive pharmaceutical intervention plan that encompasses indications, contraindications, mechanism of action, related allergies, and drug interaction recognition/treatment.
 4. Formulate a plan to monitor, follow up, and adjust a regimen of pharmaceutical intervention as appropriate.
 - a. Assess patient compliance to drug regimen.
 - b. Manage medication misuse through recognition and identification.
 5. Compare and contrast adverse effects, allergic reactions, and toxicities.
 - c. Formulate a plan to evaluate, treat, and report adverse drug reactions and effects.
 - d. Formulate a plan to recognize and treat allergic reactions and toxicities.
 6. Select appropriate pharmacologic therapy and dosing.
 7. Manage and prescribe controlled substances appropriately.
 - e. Analyze controlled substance regulations pertinent to prescribing providers.
 - f. Evaluate patients for misuse of controlled substances.
 8. Value maintaining knowledge of relevant pharmacologic agents.
 - g. Propose consultations with pharmacists as needed to address medication issues specific questions regarding pharmacotherapeutics.
 1. Formulate a plan to reduce medication errors.
 - a. Prepare a written prescription with necessary information to eliminate error.
 - b. Prepare an electronic prescription with necessary information to eliminate error.

D. Interpersonal Skills



1. Students will be able to present clinical information in a concise and coherent manner to the preceptor and other members of the health care team. (PES 13)
 2. Students will be able to document clinical information in an accurate and concise manner. (PES 14)
 3. Students will provide appropriate health education and counseling to adult and elderly patients and their families, if appropriate. (PES 15)
 4. Students will interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (PES 16)
 - a. Compose effective communication strategies to build rapport, establish patient/ provider rights and responsibilities, and advise/educate culturally diverse patient populations.
 - i. Support family members while delivering news
 - ii. Validate patients' feelings and emotions with diagnosis/treatment/prognosis
 - iii. Compare supportive discussions with family/patients and discussions that could use improvement in empathy/delivery
 - iv. Integrate professional personality to conversations with patients
- E. **Professional Behaviors**
1. Students will work with other members of the healthcare team, showing respect for peers, preceptors, and staff. (PES 17)
 2. Students will demonstrate self-directed learning, take initiative to participate in patient care and be an active member of the health care team. (PES 18)
 3. Students will be punctual, be available when needed and follow through on assigned work. (PES 19)
 4. Students will demonstrate behavior that is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (PES 20)
 - a. Build professional behaviors with emphasis on punctuality and eagerness to learn/collaborate with other health professionals.
 - b. Prioritize professional responsibilities.
 - c. Produce timely follow through with work initiatives and assignments.
 - d. Improve work ethic with regards to punctuality and timeliness.
 - e. Avoid implicit and explicit bias to provide altruistic medical care to all regardless of:

- i. disability status or special health care needs,
- ii. ethnicity/race,
- iii. gender identity,
- iv. religion/spirituality,
- v. sexual orientation, and
- vi. social determinants of health

INSTRUCTIONAL OBJECTIVES – ELECTIVE:

A. **Basic and Medical Science Knowledge**

1. Outline, as they relate to each of the disorders listed in the topic list for the PAEA EOR Exam™ in outpatient medicine (<https://paeaonline.org/wp-content/uploads/2018/06/family-medicine-topic-list-20180621.pdf>), concepts in the following areas:
 - a. Scientific Concepts: Etiology, Pathophysiology, Anatomy, Epidemiology, Risk factors
 - b. History & Physical Findings
 - c. Diagnostic Studies
 - d. Differential Diagnosis
 - e. Diagnosis
 - f. Health Maintenance & Counseling
 - g. Clinical Intervention & Therapeutics
 - h. Complications

PANCE Preparation

1. Completion of ROSH pre-EOR exam review, prior to end of SCPE callback days
2. Additional activities required of students deemed at risk for PANCE failure

B. **History**

1. Obtain, report, and document an age-appropriate patient history
2. Discriminate the required elements of patient visits for routine health maintenance, initial evaluation of new complaint, and for follow-up care for established diagnoses in infants, children, adolescents, adults, and elderly patients as applicable to practice

C. **Physical**

1. Perform, report, and document an age-appropriate physical examination and complaints of preventive, emergent, acute, and chronic nature in infants, children, adolescents, adults, and elderly patients as applicable to practice
- D. **Clinical Skills**
1. Seek opportunities to perform the core technical skills listed on the checklist, which is appended, at the program expected level of competency specific to the current point in training. Please reference the preceptor checklist appended. (SCPE 1-3: active guidance, 4-6 intermediate guidance, 7-8 minimal guidance)
 2. Develop an understanding of and, if encountered, document observation of or participation in non-core technical skills related to the care of the infant, child, adolescent, adult, or elderly family patient, under the instruction and supervision of a preceptor
- E. **Medical Decision Making**
1. Formulate an appropriate differential diagnosis based on the initial history and physical exam findings for complaints and disorders in a patient related to preventive, emergent, acute, and chronic nature in infant, child, adolescent, adult, and elderly
 2. Utilize the preliminary differential diagnosis to determine the need for and selection of appropriate diagnostic studies
 3. Accurately interpret diagnostic studies in order to establish the most likely diagnosis
 4. Create a detailed therapeutic plan using all available information tailored to the patient's medical conditions, preferences, and abilities
 5. Make appropriate adjustments to the therapeutic plan as needed, guided by patient preference, with sensitivity to age, gender, culture, and abilities
 6. Incorporate health maintenance into care of the patient in a primary care setting with consideration for age, gender, culture, and abilities
- F. **Written and Oral Presentation Skills**
1. Present concise, succinct, and organized oral presentations to preceptor
 2. Practice writing routine notes for your patients to include SOAP notes and H&Ps
- G. **Interpersonal Skills and Communication**
1. Employ effective strategies to educate the patient and family regarding the proposed treatment plan including discussion of the risks and benefits, cost considerations, limitations, potential side effects and complications versus alternative approaches
 2. Utilize effective communication with the patient's health care team, the patient and family as appropriate to ensure patient-centered care

H. Professionalism

1. Deliver care in an ethical and patient-centered manner
2. Practice timely self-evaluation assessments using the PA competencies as a guide, including seeking out and responding to feedback in a positive and useful manner, in order to develop effective life-long learning habits for continuous improvement
3. Demonstrates preparedness for assignments, engaging in self-directed learning, seeking out learning and remediation opportunities
4. Meet requirements for on-time attendance at clinical site, evidenced in part by complete clinical logging, as well as punctual and continued attendance at all call-back days.
5. Works as a member of a team, in a responsible, respectful, honest, ethical, and cooperative manner with patients, families, staff and other health professionals.
6. Exhibit flexibility, adaptability, and tolerance for change
7. Display awareness of limitations and ability to seek consultation when appropriate

I. Knowledge of the Healthcare System

1. Employ strategies to minimize and/or mitigate medical error, utilizing best practices and adhering to standards of care
2. Compare and contrast the different roles of health care professionals that collaborate in the care of the primary care patient
3. Describe potential challenges and strategies to the patient/family's successful navigation of the health care system including issues of insurance/payment, access, potential disparities, and coordination of care
4. Adheres to the policies in the Pitt PA Hybrid Studies Student Policy Manual

**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
 - Cellulitis
 - Erysipelas
 - Impetigo
- Fungal
 - Candidiasis
 - Dermatophyte infections
- Parasitic
 - Lice
 - Scabies
- Viral
 - Condyloma acuminatum
 - Herpes simplex
 - Molluscum contagiosum
 - Varicella-zoster virus infections
 - 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

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

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

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
- Abruption 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

Family medicine clerkship (SCPE) - Preceptor Evaluation of the Student (PES)

Family medicine Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

BLOCK:

SESSION START DATE:

SESSION END DATE:

1. Is this a composite rotation? If no, please proceed to question 3.

Yes	No
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2. If this is **a composite evaluation, please list the names of the preceptors contributing to this evaluation:**

3. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

4. During the Outpatient medicine rotation, the student experienced patient encounters in the following settings. (Check all that apply) **B3.04**

Outpatient	Inpatient	Emergency Department	Operating Room

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

Infant: 0-2 years old

Child: 2-12 years old

Adolescents: 13-18 years old

Adult: 19-65 years old

Elderly: >65 years old

Encounter Types:

Acute: symptoms or conditions for <6mos

Chronic: symptoms or condition for >6mos

Preventive: wellness visits or for preventative treatment

Emergent: life threatening condition or likely to become life threatening

Please rate the student on each of the following elements using the following Likert scale:

0- Unable to evaluate - Not observed

1- Poor - Poor knowledge and/or skills; failing to improve

2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving

3- Average - Adequate knowledge and skills; meets expectations and improving

4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations

5- Outstanding - Excellent and consistent application of knowledge with superb skills

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups. **B3.03a** (Learning Outcome A1)

	0	1	2	3	4	5
Adults						
Elderly						

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence based medicine and apply it to clinical practice in family medicine. (Learning Outcome A2)

0	1	2	3	4	5
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7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients in the following age groups **B3.03a** (Learning Outcome B1)

	0	1	2	3	4	5
Adults						
Elderly						

8. Physical Examination- Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups recognizing normal and abnormal findings **B3.03a** (Learning Outcome B 2)

	0	1	2	3	4	5
Adults						
Elderly						

9. Clinical Procedures– Student ability to perform or assist in procedures appropriate to the outpatient medicine setting and level of training . indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list(Learning Outcome B3)

0	1	2	3	4	5

Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in family medicine. **B3.02** (Learning Outcome C1)

	0	1	2	3	4	5
Acute						
Chronic						
Preventive						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in family medicine. **B3.02** (Learning Outcome C2)

	0	1	2	3	4	5
Acute						
Chronic						
Preventive						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, in the following types of encounters. **B3.02** (Learning Outcome C3)

	0	1	2	3	4	5
Acute						
Chronic						
Preventive						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

0	1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

0	1	2	3	4	5
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15. Patient Education- Student’s ability to provide appropriate health education and counseling to patients in the following age groups and their families if appropriate. **B3.03a** (Learning Outcome D3)

	0	1	2	3	4	5
Adults						
Elderly						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
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Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
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18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

0	1	2	3	4	5
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19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
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20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
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Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

21. During the Outpatient medicine rotation, the student demonstrated competency at providing care to patients in the following age groups. B3.03a

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				

Children				
Adolescents				
Adults				
Elderly				

22. During the Outpatient medicine rotation, the student demonstrated competency at providing care in the following types of encounters. B3.02

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				

23. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

24. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

25. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student's performance?

Internal medicine Clerkship (SCPE) - Preceptor Evaluation of the Student (PES)

Internal medicine Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

BLOCK:

SESSION START DATE:

SESSION END DATE:

1. Is this a composite rotation? If no, please proceed to question 3.

Yes	No
-----	----

2. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

3. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

4. During the Inpatient medicine rotation, the student experienced patient encounters in the following settings. (Check all that apply) B3.04

Outpatient	Inpatient	Emergency Department	Operating Room

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

Infant: 0-2 years old

Child: 2-12 years old

Adolescents: 13-18 years old

Adult: 19-65 years old

Elderly: >65 years old

Encounter Types:

Acute: symptoms or conditions for <6mos

Chronic: symptoms or condition for >6mos

Preventive: wellness visits or for preventative treatment

Emergent: life threatening condition or likely to become life threatening

Please rate the student on each of the following elements using the following Likert scale:

0- Unable to evaluate - Not observed

1- Poor - Poor knowledge and/or skills; failing to improve

2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving

3- Average - Adequate knowledge and skills; meets expectations and improving

4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations

5- Outstanding - Excellent and consistent application of knowledge with superb skills

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups. **B3.03a** (Learning Outcome A1)

	0	1	2	3	4	5
Adults						
Elderly						

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence based medicine and apply it to clinical practice in inpatient medicine. (Learning Outcome A2)

0	1	2	3	4	5
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7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients in the following age groups **B3.03a** (Learning Outcome B1)

	0	1	2	3	4	5
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Adults						
Elderly						

8. Physical Examination- Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups recognizing normal and abnormal findings **B3.03a** (Learning Outcome B 2)

	0	1	2	3	4	5
Adults						
Elderly						

9. Clinical Procedures– Student ability to perform or assist in procedures appropriate to the inpatient medicine setting and level of training. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

0	1	2	3	4	5
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Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in inpatient medicine. **B3.02** (Learning Outcome C1)

	0	1	2	3	4	5
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Acute						
Chronic						
Preventive						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in inpatient medicine. **B3.02** (Learning Outcome C2)

	0	1	2	3	4	5
Acute						
Chronic						
Preventive						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, in the following types of encounters. **B3.02** (Learning Outcome C3)

	0	1	2	3	4	5
Acute						
Chronic						
Preventive						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

0	1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

0	1	2	3	4	5
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15. Patient Education- Student’s ability to provide appropriate health education and counseling to patients in the following age groups and their families if appropriate. **B3.03a** (Learning Outcome D3)

	0	1	2	3	4	5
Adults						
Elderly						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
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Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care

team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
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18. Proactive Behavior- Student's ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

0	1	2	3	4	5
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19. Attendance and Effort- Student's ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
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20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
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Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

21. During the Inpatient medicine rotation, the student demonstrated competency at providing care to patients in the following age groups. B3.03a

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				
Adolescents				
Adults				
Elderly				

22. During the Inpatient medicine rotation, the student demonstrated competency at providing care in the following types of encounters. B3.02

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				

23. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

24. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student's future learning. This information will be used as formative feedback.

25. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student's performance?

Emergency Medicine Clerkship (SCPE) - Preceptor Evaluation of the Student (PES)

Emergency Medicine Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

BLOCK:

SESSION START DATE:

SESSION END DATE:

1. Is this a composite rotation? If no, please proceed to question 3.

Yes	No
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2. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

3. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

4. During Emergency Medicine rotation, the student experienced patient encounters in the following settings. (Check all that apply) B3.04

Outpatient	Inpatient	Emergency Department	Operating Room
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Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

Infant: 0-2 years old

Child: 2-12 years old

Adolescents: 13-18 years old

Adult: 19-65 years old

Elderly: >65 years old

Encounter Types:

Acute: symptoms or conditions for <6mos

Chronic: symptoms or condition for >6mos

Preventive: wellness visits or for preventative treatment

Emergent: life threatening condition or likely to become life threatening

Please rate the student on each of the following elements using the following Likert scale:

0- Unable to evaluate - Not observed

1- Poor - Poor knowledge and/or skills; failing to improve

2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving

3- Average - Adequate knowledge and skills; meets expectations and improving

4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations

5- Outstanding - Excellent and consistent application of knowledge with superb skills

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups in emergency medicine. **B3.03a** (Learning Outcome A1)

	0	1	2	3	4	5
Adults						
Elderly						

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence based medicine and apply it to clinical practice in emergency medicine. (Learning Outcome A2)

0	1	2	3	4	5
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7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients in the following age groups **B3.03a** (Learning Outcome B1)

	0	1	2	3	4	5
Adults						
Elderly						

8. Physical Examination- Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups recognizing normal and abnormal findings **B3.03a** (Learning Outcome B 2)

	0	1	2	3	4	5
Adults						
Elderly						

9. Clinical Procedures– Student ability to perform or assist in procedures appropriate to the emergency medicine setting and level of training. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

0	1	2	3	4	5

Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in emergency medicine. **B3.02** (Learning Outcome C1)

	0	1	2	3	4	5
Acute						
Chronic						
Emergent						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in emergency medicine. **B3.02** (Learning Outcome C2)

	0	1	2	3	4	5
Acute						
Chronic						
Emergent						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, in the following types of encounters. **B3.02** (Learning Outcome C3)

	0	1	2	3	4	5
Acute						
Chronic						
Emergent						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

0	1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

0	1	2	3	4	5
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15. Patient Education- Student’s ability to provide appropriate health education and counseling to patients in the following age groups, and their families if appropriate. **B3.03a** (Learning Outcome D3)

	0	1	2	3	4	5
Adults						
Elderly						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
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Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
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18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome

E2)

0	1	2	3	4	5
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19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
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20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
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Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

21. During the Emergency Medicine rotation, the student demonstrated competency at providing care to patients in the following age groups. B3.03a

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				
Adolescents				

Adults				
Elderly				

22. During the Emergency Medicine rotation, the student demonstrated competency at providing care in the following types of encounters. B3.02

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				

23. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

24. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

25. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student's performance?

Pediatric Medicine Clerkship (SCPE) - Preceptor Evaluation of the Student (PES)

Pediatric Medicine Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

BLOCK:

SESSION START DATE:

SESSION END DATE:

Yes	No
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1. Is this a composite rotation? If no, please proceed to question 3.

2. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

3. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

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4. During Pediatric Medicine rotation, the student experienced patient encounters in the following settings. (Check all that apply) B3.04

Outpatient	Inpatient	Emergency Department	Operating Room

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

Infant: 0-2 years old

Child: 2-12 years old

Adolescents: 13-18 years old

Adult: 19-65 years old

Elderly: >65 years old

Encounter Types:

Acute: symptoms or conditions for <6mos

Chronic: symptoms or condition for >6mos

Preventive: wellness visits or for preventative treatment

Emergent: life threatening condition or likely to become life threatening

Please rate the student on each of the following elements using the following Likert scale:

0- Unable to evaluate - Not observed

1- Poor - Poor knowledge and/or skills; failing to improve

2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving

- 3- Average - Adequate knowledge and skills; meets expectations and improving
- 4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations
- 5- Outstanding - Excellent and consistent application of knowledge with superb skills

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups. **B3.03a** (Learning Outcome A1)

	0	1	2	3	4	5
Infants						
Children						
Adolescents						

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence based medicine and apply it to clinical practice in pediatric medicine. (Learning Outcome A2)

0	1	2	3	4	5
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7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients, or their family members, in the following age groups **B3.03a** (Learning Outcome B1)

	0	1	2	3	4	5
Infants						
Children						
Adolescents						

8. Physical Examination- Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups recognizing normal and abnormal findings **B3.03a** (Learning Outcome B 2)

	0	1	2	3	4	5
Infants						
Children						
Adolescents						

9. Clinical Procedures– Student ability to perform or assist in procedures appropriate to the pediatric medicine setting and level of training. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

0	1	2	3	4	5
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Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for

patients presenting for the following types of care in pediatric medicine. **B3.02** (Learning Outcome C1)

	0	1	2	3	4	5
Acute						
Chronic						
Preventive						

11. Diagnostic Studies- Student's ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in pediatric medicine. **B3.02** (Learning Outcome C2)

	0	1	2	3	4	5
Acute						
Chronic						
Preventive						

12. Management Plans- Student's ability to develop, initiate and follow through on appropriate management plans, that are consistent with patient's needs and preferences, in the following types of encounters. **B3.02** (Learning Outcome C3)

	0	1	2	3	4	5
Acute						
Chronic						
Preventive						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

0	1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

0	1	2	3	4	5
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15. Patient Education- Student’s ability to provide appropriate health education and counseling to the family member of a patient in the following age groups and to the patient, if age appropriate. **B3.03a** (Learning Outcome D3)

	0	1	2	3	4	5
Infants						
Children						
Adolescents						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
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Behaviors

17. Professional Relationships- Student's ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
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18. Proactive Behavior- Student's ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

0	1	2	3	4	5
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19. Attendance and Effort- Student's ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
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20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
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Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

21. During the Pediatrics rotation, the student demonstrated competency at providing care to patients in the following age groups. B3.03a

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				
Adolescents				
Adults				
Elderly				

22. During the Pediatrics rotation, the student demonstrated competency at providing care in the following types of encounters. B3.02

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				

23. Narrative Comments

Please use the space below to elaborate on aspects of this student's performance. Portions of this narrative may be used in program letters of recommendation.

24. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student's future learning. This information will be used as formative feedback.

25. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student's performance?

OB-Gyn Clerkship (SCPE) - Preceptor Evaluation of the Student (PES)

OB-Gyn Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

BLOCK:

SESSION START DATE:

SESSION END DATE:

1. Is this a composite rotation? If no, please proceed to question 3.

Yes	No
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2. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

3. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

4. During Obstetrics and Gynecology rotation, the student experienced patient encounters in the following settings. (Check all that apply) B3.04

Outpatient	Inpatient	Emergency Department	Operating Room
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Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

Infant: 0-2 years old

Child: 2-12 years old

Adolescents: 13-18 years old

Adult: 19-65 years old

Elderly: >65 years old

Encounter Types:

Acute: symptoms or conditions for <6mos

Chronic: symptoms or condition for >6mos

Preventive: wellness visits or for preventative treatment

Emergent: life threatening condition or likely to become life threatening

Please rate the student on each of the following elements using the following Likert scale:

0- Unable to evaluate - Not observed

1- Poor - Poor knowledge and/or skills; failing to improve

2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving

3- Average - Adequate knowledge and skills; meets expectations and improving

4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations

5- Outstanding - Excellent and consistent application of knowledge with superb skills

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of

pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients seeking women’s health in the following age groups. **B3.03a, B3.03b** (Learning Outcome A1)

	0	1	2	3	4	5
Adolescents						
Adults						
Elderly						

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in obstetrics and gynecology. (Learning Outcome A2)

0	1	2	3	4	5
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7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients seeking women’s health in the following age groups **B3.03a, B3.03b** (Learning Outcome B1)

	0	1	2	3	4	5
Adolescents						
Adults						
Elderly						

8. Physical Examination- Student’s ability to perform an appropriate, specific, and accurate physical examination on patients seeking women’s health in the following age groups recognizing normal and abnormal findings **B3.03a, B3.03b** (Learning Outcome B 2)

	0	1	2	3	4	5
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Adolescents						
Adults						
Elderly						

9. Clinical Procedures– Student ability to perform or assist in medical and surgical procedures appropriate to the obstetrics and gynecology setting and level of training. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list (Learning Outcome B3)

0	1	2	3	4	5
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Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients seeking women’s health presenting for the following types of care. **B3.02, B3.03b** (Learning Outcome C1)

	0	1	2	3	4	5
Gynecologic						
--Acute						
--Chronic						
--Preventive						
Prenatal						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in obstetrics and gynecology. **B3.02, B3.03b** (Learning Outcome C2)

	0	1	2	3	4	5
Gynecologic						
--Acute						
--Chronic						
--Preventive						
Prenatal						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans for the patient seeking women’s health that are consistent with patient’s needs and preferences in the following types of encounters. **B3.02 B3.03b** (Learning Outcome C3)

	0	1	2	3	4	5
Gynecologic						
--Acute						
--Chronic						
--Preventive						
Prenatal						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

0	1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

0	1	2	3	4	5
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15. Patient Education- Student’s ability to provide appropriate health education and counseling to patients seeking women’s health in the following age groups and their families if appropriate. **B3.03a, B303b** (Learning Outcome D3)

	0	1	2	3	4	5
Adolescents						
Adults						
Elderly						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
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Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
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18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

0	1	2	3	4	5
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19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
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Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

21. During obstetrics and gynecology rotation, the student demonstrated competency at providing care to patients in the following age groups. B3.03a

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				
Adolescents				
Adults				
Elderly				

22. During the obstetrics and gynecology rotation, the student demonstrated competency at providing care in the following types of encounters. (Please score 0 if not observed)
B3.02, B3.03b

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				
Prenatal				
Gynecologic				

23. Narrative Comments

Please use the space below to elaborate on aspects of this student's performance. Portions of this narrative may be used in program letters of recommendation.

24. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student's future learning. This information will be used as formative feedback.

25. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student's performance?

Surgery Clerkship (SCPE) - Preceptor Evaluation of the Student (PES)

Surgery Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis

STUDENT NAME:

BLOCK:

SESSION START DATE:

SESSION END DATE:

1. Is this a composite rotation? If no, please proceed to question 3.

2. If this

Yes	No
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is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

3. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

4. During the Surgery rotation, the student experienced patient encounters in the following settings. (Check all that apply) B3.04

Outpatient	Inpatient	Emergency Department	Operating Room

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

Infant: 0-2 years old

Child: 2-12 years old

Adolescents: 13-18 years old

Adult: 19-65 years old

Elderly: >65 years old

Encounter Types:

Acute: symptoms or conditions for <6mos

Chronic: symptoms or condition for >6mos

Preventive: wellness visits or for preventative treatment

Emergent: life threatening conditions or likely to become life threatening.

Please rate the student on each of the following elements using the following Likert scale:

0- Unable to evaluate - Not observed

1- Poor - Poor knowledge and/or skills; failing to improve

2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving

3- Average - Adequate knowledge and skills; meets expectations and improving

4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations

5- Outstanding - Excellent and consistent application of knowledge with superb skills

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student's ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of the patients presenting with conditions requiring surgical management in the following age groups. **B3.03a** (Learning Outcome A1)

	0	1	2	3	4	5
Adults						
Elderly						

6. Evidence-Based Medicine- Student's ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to the care of a patient presenting with a condition requiring surgical management. (Learning Outcome A2)

0	1	2	3	4	5
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7. Medical Interview- Student's ability to utilize a range of communication and interpersonal skills to elicit a thorough history from a patient presenting with a condition requiring surgical management in the following age groups. **B3.03a** (Learning Outcome B1)

	0	1	2	3	4	5
Adults						
Elderly						

8. Physical Examination- Student’s ability to perform a focused physical examination on a patient with a condition requiring surgical management in the following setting, recognizing normal and abnormal findings **B3.03c** (Learning Outcome B 2)

	0	1	2	3	4	5
Pre-operative						
Post-operative						

9. Clinical Procedures-- Student ability to perform or assist in the performance of common procedures during the care of the patient with a condition requiring surgical care in the following settings. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list **B3.03c** (Learning Outcome B3)

	0	1	2	3	4	5
Pre-operative						
Intra-operative						
Post-operative						

Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment of patients presenting with a condition requiring surgical management in the following types of encounters. **B3.02** (Learning Outcome C1)

	0	1	2	3	4	5
Acute						
Chronic						
Emergent						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients with a condition requiring surgical management in the following settings. **B3.03c** (Learning Outcome C2)

	0	1	2	3	4	5
Pre-operative						
Post-operative						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans that are consistent with the patient’s needs and preferences in the following surgical settings. **B3.03c** (Learning Outcome C3)

	0	1	2	3	4	5
Pre-operative						
Post-operative						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and

coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

0	1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

0	1	2	3	4	5
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15. Patient Education- Student’s ability to provide appropriate health education and counseling to surgical patients in the following settings. **B3.03c** (Learning Outcome D3)

	0	1	2	3	4	5
Pre-operative						
Post-operative						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
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Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
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18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

0	1	2	3	4	5
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19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
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20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
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Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

21. During the Surgery rotation, the student demonstrated competency at providing care to patients in the following age groups. **B3.03a**

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				
Adolescents				
Adults				
Elderly				

22. During the Surgery rotation, the student demonstrated competency at providing care in the following types of encounters. (Please score 0 if not observed) B3.02, B3.03c

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				
Pre-operative				
Intra-operative				
Post-operative				

23. Narrative Comments

Please use the space below to elaborate on aspects of this student's performance. Portions of this narrative may be used in program letters of recommendation.

24. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student's future learning. This information will be used as formative feedback.

25. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student's performance?

Behavioral Health Clerkship (SCPE) - Preceptor Evaluation of the Student (PES)

Behavioral Health Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

BLOCK:

SESSION START DATE:

SESSION END DATE:

1. Is this a composite rotation? If no, please proceed to question 3.

Yes	No
-----	----

2. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

3. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

4. During the Behavioral Health rotation, the student experienced patient encounters in the following settings. (Check all that apply) B3.04

Outpatient	Inpatient	Emergency Department	Operating Room

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

Infant: 0-2 years old

Child: 2-12 years old

Adolescents: 13-18 years old

Adult: 19-65 years old

Elderly: >65 years old

Encounter Types:

Acute: symptoms or conditions for <6mos

Chronic: symptoms or condition for >6mos

Preventive: wellness visits or for preventative treatment

Emergent: life threatening condition or likely to become life threatening

Please rate the student on each of the following elements using the following Likert scale:

0- Unable to evaluate - Not observed

1- Poor - Poor knowledge and/or skills; failing to improve

2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving

3- Average - Adequate knowledge and skills; meets expectations and improving

4- Above Average - Great baseline knowledge and advanced skills; exceeds expectations

5- Outstanding - Excellent and consistent application of knowledge with superb skills

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients with behavioral and mental health conditions. **B3.03d** (Learning Outcome A1)

	0	1	2	3	4	5
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6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence based medicine and apply it to clinical practice in psychiatry and behavioral health. (Learning Outcome A2)

0	1	2	3	4	5
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7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit an accurate and relevant medical history from patients with behavioral and mental health conditions. **B3.03d** (Learning Outcome B1)

	0	1	2	3	4	5
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8. Physical Examination- Student’s ability to perform an accurate, focused assessment of patients with behavioral and mental health conditions, recognizing normal and abnormal findings
B3.03d (Learning Outcome B 2)

	0	1	2	3	4	5
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9. Clinical Procedures– Student ability to utilize appropriate screening tools and diagnostic tests to assess patients with behavioral and mental health conditions. indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list
B3.03d (Learning Outcome B3)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients with behavioral and mental health conditions presenting for the following types of care.
B3.02, B3.03d (Learning Outcome C1)

	0	1	2	3	4	5
Acute						
Chronic						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients with behavioral and mental health conditions presenting for the following types of care. **B3.02, B3.03d** (Learning Outcome C2)

	0	1	2	3	4	5
Acute						
Chronic						

12. Management Plans- Student's ability to develop, initiate and follow through on appropriate management plans, that are consistent with patient's needs and preferences, in the following types of encounters. **B3.02** (Learning Outcome C3)

	0	1	2	3	4	5
Acute						
Chronic						

Interpersonal Skills

13. Oral Presentation- Student's ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

0	1	2	3	4	5
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14. Written Documentation- Student's ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

15. Patient Education- Student’s ability to provide appropriate health education and counseling to patients and their families if appropriate. **B3.03a** (Learning Outcome D3)

	0	1	2	3	4	5
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16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
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18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

21. During the Psychiatry rotation, the student demonstrated competency at providing care to patients in the following age groups. B3.03a

	Not Observed	Needs Improvements	Meets Expectations for Level of Training	Exceeds Expectations
Infants				
Children				
Adolescents				
Adults				
Elderly				

22. During the Psychiatry rotation, the student demonstrated competency at providing care in the following types of encounters. B3.02

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				

23. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

24. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

25. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student’s performance?

Elective (SCPE) - Preceptor Evaluation of the Student (PES)

Outpatient medicine Preceptor Evaluation

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis.

STUDENT NAME:

BLOCK:

SESSION START DATE:

SESSION END DATE:

1. Is this a composite rotation? If no, please proceed to question 3.

Yes	No
-----	----

2. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

3. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

4. During the Outpatient medicine rotation, the student experienced patient encounters in the following settings. (Check all that apply) **B3.04**

Outpatient	Inpatient	Emergency Department	Operating Room

Evaluation Area and Description:

For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:

Age Groups:

Infant: 0-2 years old

Child: 2-12 years old

Adolescents: 13-18 years old

Adult: 19-65 years old

Elderly: >65 years old

Encounter Types:

Acute: symptoms or conditions for <6mos

Chronic: symptoms or condition for >6mos

Preventive: wellness visits or for preventative treatment

Emergent: life threatening condition or likely to become life threatening

Please rate the student on each of the following elements using the following Likert scale:

0- Unable to evaluate - Not observed

1- Poor - Poor knowledge and/or skills; failing to improve

2- Below Average - Needs additional knowledge and/or skills to meet expectations; improving

3- Average - Adequate knowledge and skills; meets expectations and improving

4- Above Average - Great baseline knowledge and advanced skills: exceeds expectations

5- Outstanding - Excellent and consistent application of knowledge with superb skills

Knowledge, Clinical and Technical Skills

5. Medical Knowledge- Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups. **B3.03a** (Learning Outcome A1)

	0	1	2	3	4	5
Adults						
Elderly						

6. Evidence-Based Medicine- Student’s ability to demonstrate an understanding of medical research and evidence based medicine and apply it to clinical practice in family medicine. (Learning Outcome A2)

0	1	2	3	4	5
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7. Medical Interview- Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients in the following age groups **B3.03a** (Learning Outcome B1)

	0	1	2	3	4	5
Adults						
Elderly						

8. Physical Examination- Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups recognizing normal and abnormal findings **B3.03a** (Learning Outcome B 2)

	0	1	2	3	4	5
Adults						
Elderly						

9. Clinical Procedures– Student ability to perform or assist in procedures appropriate to the outpatient medicine setting and level of training . indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list(Learning Outcome B3)

0	1	2	3	4	5

Clinical Reasoning and Problem Solving

10. Differential Diagnosis- Student’s ability to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in family medicine. **B3.02** (Learning Outcome C1)

	0	1	2	3	4	5
Acute						
Chronic						
Preventive						

11. Diagnostic Studies- Student’s ability to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in family medicine. **B3.02** (Learning Outcome C2)

	0	1	2	3	4	5
Acute						
Chronic						
Preventive						

12. Management Plans- Student’s ability to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, in the following types of encounters. **B3.02** (Learning Outcome C3)

	0	1	2	3	4	5
Acute						
Chronic						
Preventive						

Interpersonal Skills

13. Oral Presentation- Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

0	1	2	3	4	5
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14. Written Documentation- Student’s ability to summarize clinical information in an accurate and concise manner. (Learning Outcome D2)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

15. Patient Education- Student’s ability to provide appropriate health education and counseling to patients in the following age groups and their families if appropriate. **B3.03a** (Learning Outcome D3)

	0	1	2	3	4	5
Adults						
Elderly						

16. Patient Rapport- Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

Behaviors

17. Professional Relationships- Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

18. Proactive Behavior- Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

19. Attendance and Effort- Student’s ability to be punctual, be available when needed, and follow-through on assigned work. (Learning Outcome E3)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

20. Overall Professional Conduct- Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)

0	1	2	3	4	5
----------	----------	----------	----------	----------	----------

Assessment of Competency: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only)*

21. During the Outpatient medicine rotation, the student demonstrated competency at providing care to patients in the following age groups. B3.03a

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Infants				

Children				
Adolescents				
Adults				
Elderly				

22. During the Outpatient medicine rotation, the student demonstrated competency at providing care in the following types of encounters. B3.02

	Not Observed	Needs Improvement	Meets Expectations for Level of Training	Exceeds Expectations
Acute				
Chronic				
Preventive				
Emergent				

23. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

24. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

25. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student's performance?

Name: _____

Physician Assistant Studies Hybrid Program

Clinical Year Skills by Rotation

INSTRUCTIONS FOR PRECEPTORS: Please sign off on the skills which you have DIRECTLY observed and deem the student proficient 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/signature	Date of sign-off	Rotation #
PAS 2421: 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 2422: 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 2423: 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 2424: 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 2425: 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 2426: Behavioral Health				
1. Perform/participate in initial psychiatric evaluation				
2. Documentation: SOAP note				
PAS 2427: 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				
ADDITIONAL PROGRAM CLINICAL SKILLS				
1. NG Tube Placement				
2. Bladder Catheterization				
3. Casting				
4. Splinting				
5. Suture Removal				
6. Staple Removal				
7. IM injection				
8. SC injection				
9. ID injection				
10. Arterial blood gas				
11. Wound dressing				
12. Cerumen removal				

INITIAL CLINICAL SITE EVALUATION FORM

Clinical rotation Site:

Date:

Preceptor: _____

AREAS OF CONCENTRATION	YES	NO	N/A	Comments
General Site Review				
Is the clinical rotation site located in Health Professional Shortage Area (HPSA)?				
Does the clinical rotation site provide a diverse experience?				
Does the Clinical rotation site serve a diverse ethnic population?				
Is the patient load sufficient to enable the student to achieve enough patient encounters for a successful clinical rotation experience?				
Are there any scheduling date/time restrictions placed upon the student that will interfere with a cohesive and rewarding clinical rotation experience?				

Is the Physician/Preceptor willing to allow progressive autonomy of the student?				
Does the Physician/Preceptor have previous teaching experience?				
Does the clinical rotation include hospital/nursing home rounds as part of the training?				
Is the office staff supportive of PA students?				
Will there be any restrictions placed upon the student regarding patient interaction?				
Does the clinical rotation site have PA students from other programs?				
Does the clinical rotation site educate medical students or residents?				
Is research material readily available to students?				
Does the clinical rotation site incorporate formal lecture opportunities? (i.e. Grand Rounds; M&M conferences)				
Does the clinical rotation site will train students in the use of EMR?				

Does the clinical rotation site allow students to document in patient charts/EMR?				
Are various technical procedures readily available to students?				
Does the clinical rotation site use telemedicine?				
If the clinical rotation site uses telemedicine, will the site allow students to learn/use telemedicine as well?				
<i>Preceptor Review</i>				
Preceptor is licensed and board certified in area of specialty.				
Preceptor has experience precepting healthcare providers.				
Preceptor is committed to educating PA students.				
Preceptor has a good understanding of the role of physician assistants.				
Value of clinical rotation site orientation for student discussed with preceptor.				
Necessary student supervision discussed with preceptor.				

Student expectations discussed with preceptor.				
Preceptor expectations discussed with preceptor and clearly delineated.				
Clinical rotation goals, outcomes and objectives discussed and reviewed with preceptor.				
Mid-Clinical rotation and End of Clinical rotation forms reviewed with preceptor.				
Proper uploading of student evaluation (mid/end-of-rotation) forms discussed with preceptor.				
Clinical Encounter Assessment and Technical Procedure Checklists were discussed.				
Clinical Preceptor Handbook given and reviewed with preceptor.				
Clinical Preceptor Handbook attestation form signed by the preceptor				
<i>Security Evaluation</i>				
If student requests, is there security personnel available at clinical rotation site to escort student from the facility to parking area?				

Is the clinical site in a “safe neighborhood, crime per square mile rate below the national median”?				
Is there a security presence at the clinical site?				
Is there a security presence in the parking lot?				
Is the parking lot well-lit and accessible ?				
Are there safety concerns regarding transportation (i.e. distance from subway or bus stops etc.)?				
Does the clinical rotation site have a written security policy and procedure protocol?				
Does the clinical rotation site have an emergency response policy and procedure (i.e. active shooter, lockdown etc.)?				

Additional Comments:

Faculty Name: _____ *Faculty Signature:* _____

Clinical Site Visit Evaluation-Subsequent

Rotation:

Date:

Initial Evaluation Date:

Preceptor: _____

1. Rate the ability of the clinical site to assist in achieving student learning outcomes in the following areas:

	5	4	3	2	1
Perform H&Ps on patients	Strongly Agree	Agree	Neither agree nor disagree	Somewhat disagree	Disagree
Perform oral presentations to preceptor	Strongly Agree	Agree	Neither agree nor disagree	Somewhat disagree	Disagree
Practice clinical documentation	Strongly Agree	Agree	Neither agree nor disagree	Somewhat disagree	Disagree
Formulate differential diagnosis and management plans	Strongly Agree	Agree	Neither agree nor disagree	Somewhat disagree	Disagree
Perform diagnostic and therapeutic procedures	Strongly Agree	Agree	Neither agree nor disagree	Somewhat disagree	Disagree

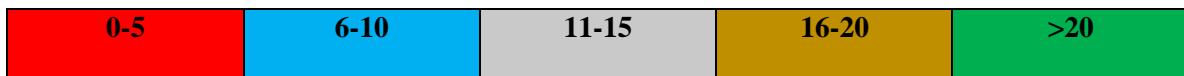
2. Does the preceptor provide students with:

	5	4	3	2	1
Adequate supervision	Strongly Agree	Agree	Neither agree nor disagree	Somewhat disagree	Disagree
Ongoing feedback	Strongly Agree	Agree	Neither agree nor disagree	Somewhat disagree	Disagree
The ability to observe, learn, assist and/or perform clinical procedures	Strongly Agree	Agree	Neither agree nor disagree	Somewhat disagree	Disagree
Informal or formal teaching	Strongly Agree	Agree	Neither agree nor disagree	Somewhat disagree	Disagree
Ability to work collaboratively in interprofessional teams	Strongly Agree	Agree	Neither agree nor disagree	Somewhat disagree	Disagree

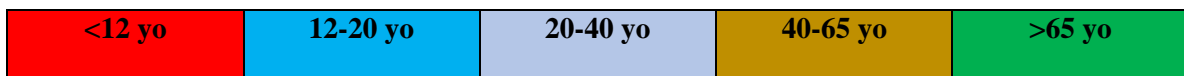
3. Preceptor suggestions on curriculum improvement:

4. Student evaluation of clinical site reviewed with preceptor: YES NO

5. On a typical day, how many patients do the students participate in the care of?



6. What is the age range of patients seen at the site? (Circle all that apply)



7. Site Strengths

a. Major Strength

b. Minor Strengths

c. Were expectations of strengths in-line with program expectations (circle one only)

YES

NO

8. Site Weaknesses

a. Major Weaknesses

b. Minor Weaknesses

c. Were weaknesses a hinderance during the rotation

d. Suggestions for Improvement of Weaknesses

9. Overall clinical rotation evaluation.

Overall expectation of rotation site:

5	4	3	2	1
Very Exceptional	Somewhat Exceptional	Neither Exceptional nor Inadequate	Somewhat Inadequate	Very Inadequate

10. PA Program Expectation of Clinical Site

5	4	3	2	1
Exceeded Expectations	Met Expectations	Met some Expectations	Met Very Few Expectations	Failed to Meet any Expectations

11. Site Safety

5	4	3	2	1
Very Safe No Concerns	Ident Safety above Average-Secure Site	Student Safety Average	Some Safety Concerns noted	Unsafe Clinical Site

Overall comments regarding the Clinical Site Safety:

12. Preceptor remarks regarding the site-visit evaluation:

Faculty Name: _____ **Faculty Signature** _____

Physician Assistant Program Clinical Evaluation: Student Evaluation of Preceptor

1. Student's Name _____

2. Rotation (please mark one)

- Women's Health
- General Surgery
- Internal Medicine
- Family Medicine
- Pediatrics
- Behavioral Health
- Elective / Other

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

- Midpoint of Rotation
- 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

- Never
- Fair / Infrequent
- Often
- 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

- Never
- Fair / Infrequent
- Often
- Exceeds Expectations / Always

3. PROFESSIONALISM

Does the preceptor create an environment that promotes a safe environment for learning and caring for assigned patients?

- Acts inappropriately to students, staff, and/or patients; Felt uncomfortable or unsafe.
- Professionalism is infrequent and needs improvement. Occasionally felt uncomfortable, but I never felt unsafe
- Often Professional. Rarely felt uncomfortable or unsafe
- 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?

- Never
- Sometimes
- Often
- Always

5. FEEDBACK AND COMMUNICATION WITH STUDENT

The preceptor encourages questions, communicates ideas, and concepts. Non-judgmental and provides productive feedback.

- Never
- Sometimes
- Often
- Always

6. CRITICAL THINKING

Does the preceptor exhibit effective problem-solving skills that are rooted in evidence-based practice?

- Never
- Sometimes
- Often
- Always

7. TEACHING

Does the preceptor exhibit a positive attitude toward the education of physician assistant students?

- Never
- Sometimes
- Often
- Always

8. TEAM DYNAMICS

Does the preceptor reiterate the physician assistant role as a valued member of the medical team?

- Never
- Sometimes
- Often
- Always

9. STUDENT MANAGEMENT

Does the preceptor make you feel like a valued member of the team and integrates you into the daily activities?

- Never
- Sometimes
- Often
- Always

10. SCHEDULE

Did the preceptor communicate the students' hours expectations, weekly schedule, and made accommodations if needed?

- Schedule and weekly hour requirements were random and unclear without accommodation with student's academic schedule
- Schedule and weekly hour requirements were vague, no accommodation with student's academic schedule
- Schedule and weekly hour requirements were somewhat clear. Willing to compromise schedule to accommodate student's academic schedule
- Schedule and weekly hour requirements were clear. Willing to accommodate student's academic schedule

11. SELF-ASSESSMENT

- What has been the most helpful/productive feedback you received on this rotation?

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

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

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

12. Would you recommend this rotation to other physician assistant students?

- Yes
- No
- Maybe

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

University of Pittsburgh

Preceptor Handbook Acknowledgement Form

I acknowledge that I have received and reviewed the entire University of Pittsburgh Physician Assistant Studies Hybrid Program Preceptor Handbook.

Initials: _____

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

I have reviewed the learning outcomes and instructional objectives.

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.

Preceptor Name (Print): _____

Preceptor Signature: _____

Date: _____