

2023-  
2024  
Clinical  
Year

# Physician Assistant Program Clinical Phase Manual 2023-2024



DEPARTMENT OF APPLIED MEDICINE AND REHABILITATION



Dear Preceptor and/or Student:

As the direction of health care reform establishes the use of mid-level practitioners to provide quality care, we are in a unique position to fulfill the need through our profession and university. The development of the Master of Science in Physician Assistant Studies program is a part of Indiana State University's commitment to meet the health care needs of the state and region.

This educational mission cannot be accomplished without community partners who play an integral role in the clinical education of health professional students. This manual explains the program goals and expectations of Physician Assistant students in rotations.

Indiana State University's Physician Assistant Program is one of four PA Programs in Indiana and the only state-supported program. The Program has been awarded accreditation continued status by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) but is currently on probation.

The twenty-seven-month curriculum is divided into two phases: a 15-month didactic phase that incorporates the basic sciences, behavioral sciences, didactic clinical instruction and professional role development, followed by a 12-month clinical phase during which students complete 4-week clinical rotations in the disciplines of: family medicine, internal medicine, general surgery, women's health, pediatrics, emergency medicine, behavioral medicine, geriatrics and two elective rotations. During the clinical year, students must accomplish clinical objectives in order to complete the degree program and to be optimally prepared for completing the national certifying examination which is a prerequisite to obtaining licensure.

The level of involvement that is expected of Physician Assistant students on any service is typically comparable to that of a fourth year medical student or new intern. PA students tend to have a broader background in health care since most enter the program with prior health professional experience. While there is some degree of variation from student to student in psychomotor skills and knowledge base, the expectations of the preceptors should be no less than that of a fourth year medical student.

Specifically, a Physician Assistant student would be expected to:

- be assigned patients to do complete written histories and physicals
- provide differential diagnoses with therapeutic plans to be reviewed by the preceptors
- Complete appropriate progress notes and orders at the direction of the supervising physician

It is imperative that the student actively participate in patient care so as to be challenged clinically and be given the opportunity to demonstrate to the preceptor the knowledge and psychomotor skills appropriate to the service.

As the Program develops, we plan to continue to immerse our students in the medical community. We value all of our students and preceptors, and hope to continue to form a long lasting partnership with the main goal of preparing outstanding practitioners in the medical field.

Sincerely,  
Douglas Stevens, PA-C  
PA Program Director

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**ADDENDUMS TO THE CLINICAL MANUAL MAY BE ADDED THROUGHOUT THE CLINICAL YEAR.**

# CERTIFICATION OF STUDENTS FOR CLINICAL YEAR

This is to certify that the clinical year students of Indiana State University's Physician Assistant Program comply with the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) standards to begin their clinical phase of training and to participate (under supervision) in patient management.

Before beginning the clinical phase of their education, all of our students:

- Have met the Centers for Disease Control recommendations for immunization requirements to include MMR, Tetanus, Diphtheria, Pertussis, Hepatitis B series, Varicella.
- Have had a negative TB test within the past one year.
- Have successfully met the objectives of the didactic year.
- Have been declared to be in good academic standing.
- Have current liability insurance in the amounts of \$1,000,000/\$3,000,000 or greater.
- Have individual health insurance, verified by the program.
- Have completed OSHA Blood borne Pathogen Training.
- Have completed HIPAA/FERPA training.
- Have completed BLS and ACLS certification.
- Have completed a negative Background Check.

## CLINICAL ROTATIONS

Rotation	Course #
Family Medicine	670
Emergency Medicine	671
General Surgery	672
Women's Health	673
Internal Medicine	674
Geriatrics	675
Behavioral Medicine	676
Pediatrics	677
Floating	678
Elective I	679
Elective II	680

***Total credits for the clinical year = 33***

### **CLINICAL YEAR (12 months)**

PASS 670 - 680 is composed of 11 four-week clinical rotation experiences for students who successfully complete the didactic curriculum and are promoted to the clinical year. There are two rotations in which the discipline may be selected by the student. All eleven rotations must be completed in order to progress to the final semester of the program. Each rotation is equivalent to 3 credit hours for a total of 33 credits.

PASS 655 Clinical Project (1 cr) will span the entire clinical year though you will register for this class for only one semester and is an independent study course designed to facilitate the application of research methods learned in PASS 635. You will select a current clinical issue from among your experiences and/or a pressing community or societal issue. A presentation of this project will occur during PASS 686.

## Clinical Year Competencies and Rotation Requirements:

### Competencies:

- MEDICAL KNOWLEDGE
  - a. Understand pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion and disease prevention.
  - b. Demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.
  - c. Demonstrate an investigatory and analytic thinking approach to clinical situations.
- INTERPERSONAL & COMMUNICATION SKILLS
  - a. Demonstrate that interpersonal and communication skills encompass verbal, nonverbal and written exchange of information.
  - b. Demonstrate interpersonal and communication skills that result in effective information exchange with patients, their families, physicians, professional associates, and the health care system.
- PATIENT CARE
  - a. Demonstrate age-appropriate assessment, evaluation and management.
  - b. Demonstrate awareness of care that is effective, patient-centered, timely, efficient and equitable for the treatment of health problems and the promotion of wellness.
- PROFESSIONALISM
  - a. Understand your professional and personal limitations.
  - b. Demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements.
- PRACTICE-BASED LEARNING AND IMPROVEMENT
  - a. Demonstrate the ability to engage in critical analysis of the clinical practice experience, medical literature and other information resources for the purpose of self-improvement
  - b. Demonstrate the ability to assess, evaluate and improve their patient care practices
- SYSTEMS-BASED PRACTICE
  - a. Demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value.

### Clinical Year Requirements:

- Required rotations:
  1. Family Practice – 4 weeks
  2. Emergency Medicine – 4 weeks
  3. General Surgery - 4 weeks
  4. Women’s Health – 4 weeks
  5. Internal Medicine – 4 weeks
  6. Geriatrics – 4 weeks
  7. Behavioral Medicine – 4 weeks
  8. Pediatrics – 4 weeks
- Elective rotation – two 4-week blocks (PASS 679 & PASS 680)
  1. If the program does not have an established rotation in a given discipline, an elective rotation **may** be considered. As part of the approval process for rotations in disciplines and geographic areas outside of those required by the Program, students **must** provide the Clinical Coordinator with complete information about the site needed for considering the request (see Appendix: Elective Request Form).
    - a. There are **NO** guarantees that a site will take a student or that arrangements will be made in time for the requested elective.
    - b. The request for an elective will not be approved until the student’s clinical progress for the first half of the year is considered competent to support the elective request.
  2. Students are encouraged to use elective rotations wisely in order to strengthen their generalist preparation.
  3. Other notes regarding the Elective:
    - ✓ Student requests for electives may be denied for disciplinary reasons, poor overall academic performance, or poor performance during a required rotation.
    - ✓ Electives may be assigned by the Clinical Coordinator and Program Director to improve a student’s knowledge base in a perceived area of weakness.
    - ✓ Students may be allowed to pursue areas of interest or to strengthen weaknesses.

- ✓ Students may elect to use their elective with a potential employer, if it can be arranged and if they are meeting the Professional Competencies
- ✓ Additional months in the required disciplines may also be chosen as electives by the Clinical Coordinator and Program Director for failure to meet the Professional Competencies.

**Examples of Elective Rotations include:**

HIV/AIDS	Cardiology	Otolaryngology	Occupational Health
Dermatology	Endocrinology	Cardiovascular Surgery	
Gastroenterology	Infectious Diseases	Neurosurgery	
Hematology\Oncology	Nephrology	Orthopedic Surgery	
Pulmonology	Neurology	Correctional Medicine	

***THE ELECTIVE IS A PRIVILEGE EARNED AND IS SUBJECT TO APPROVAL BY THE CLINICAL COORDINATOR AND PROGRAM DIRECTOR***

**General Guidelines for the Clinical year:**

Clinical Rotations allow students, under the supervision of a preceptor, to apply the knowledge and refine the skills learned during the didactic year, in order to develop clinical problem-solving skills.

At the beginning of each rotation, the student should review the clinical objectives developed for that particular clinical rotation with their preceptor. The student can then develop a self-study program to achieve the cognitive goals specified in the objectives.

The clinical objectives listed are representative of the more important conditions PA's might be expected to evaluate and manage during the rotation. They represent the minimum that the PA Program expects students to accomplish in regards to clinical problem solving skills/critical thinking.

The lists are not all inclusive or meant to exclude additional learning experiences from the rotations such as completing admission workups (performing the H&P, writing an admission note & orders), performing clinical procedures, and acquiring other clinical competencies (for example: reviewing x-rays with a radiologist).

These lists can guide preceptors in recognizing trouble areas that may need supplementary training during the students' evolution. Typically, students in their first three months of clinical training are beginning to develop these basic skills. During the fourth through the sixth month, students will be gaining confidence in their abilities and improving their clinical acumen.

From the seventh month to the end of the clinical year (twelfth month), students should be refining their skills.

Throughout the entire year, students are expected to be fully involved in the activities available at each clinical site to improve their skills, (e.g., patient workups, attending lectures and rounds, procedures, and other appropriate learning opportunities). Throughout the clinical portion of the PA program's curriculum, students are expected to be fully involved in the work schedule of the Preceptor. They are to engage in the equivalent of a 40-hour week under the preceptor's supervision with additional on-call and medical activities as necessary.

**The Medical Interview**

While conducting a medical interview, students are expected to:

- Always maintain a professional attitude/relationship with the patient
- Ask appropriate questions to elicit pertinent medical/psychosocial history
- Use verbal and non-verbal communication skills appropriately
- Use common language the patient can easily understand
- Present cases to your preceptors in an articulate and cohesive manner to include a relevant differential diagnosis, demonstrating a clear understanding of the medical problem
- Introduce yourself as a Physician Assistant Student to every patient.

### **Physical Exam Skills**

While conducting physical examinations, students are expected to:

- Perform a comprehensive physical exam with skill
- Perform a focused physical exam with skill
- Recognize pertinent normal and abnormal physical findings
- Demonstrate the ability to use appropriate physical examination techniques

### **Writing/Dictating/Electronic Medical Record (EMR) Skills**

When preparing written patient documents, students are expected to:

- Write/dictate/EMR clear and concise “progress” and SOAP notes
- Write/dictate/ clear and comprehensive Histories and Physicals
- Write/dictate/EMR orders that demonstrate appropriate treatment rationales
- Write/dictate/EMR clear and concise discharge summaries
- Demonstrate proper charting and documentation on all medical records whether written, dictated or documented by EMR
- Demonstrate compliance with quality assurance indicators on all documentation and medical records (e.g., avoiding unapproved, unusual or confusing abbreviations)

### **Critical Thinking**

When asked to analyze patient data students are expected to:

- Formulate an appropriate and comprehensive differential diagnosis based on the patient’s history, physical examination and any preexisting studies
- Develop and implement an appropriate diagnostic and management plan that includes contingencies for referral
- Demonstrate the ability to select appropriate treatment modalities based on the validity, usefulness, reliability, risk/benefit and cost effectiveness of each

### **Knowledge Base**

When asked to demonstrate their knowledge, students are expected to:

- Demonstrate understanding of the pathophysiology of disease
- Demonstrate understanding of the anatomical basis of disease
- Demonstrate understanding of disease etiologies and processes
- Demonstrate appropriate selection and utilization of labs and other diagnostic tests
- Demonstrate knowledge and understanding of pharmacotherapeutic agents and treatment rationales

### **Patient Education**

When asked to provide patient education, students are expected to:

- Demonstrate an appropriate use of informed consent
- Effectively educate patients, in language the patient understands, about health problems, disease prognosis and the risks/benefits of a given diagnostic/therapeutic regimen
- Counsel patients on health promotion and disease prevention
- Properly document patient education in the patient’s chart
- Elicit the patient’s understanding of what he/she is asked to do

### **Professional Development and Miscellaneous**

In the clinical setting, students are expected to:

- Know and practice universal precautions as appropriate
- Demonstrate the ability to work congruently as a member of the health care team
- Demonstrate the ability to be respectful, non-judgmental and empathetic with all patients
- Demonstrate appreciation for the consumer oriented patient provider relationship
- Demonstrate appreciation for the utilization of specialists and community-based resources through appropriate referrals when indicated
- Demonstrate appreciation for the importance of continuity of care (e.g., counseling patients to establish a primary care provider when indicated)
- Demonstrate appreciation for patient autonomy and self-determination by documenting patient concerns and decisions on patient records
- Demonstrate an appreciation for patient confidentiality/HIPPA regulations



## Family Medicine Rotation:

**Objectives:** Upon completion of the rotation, the student, to the satisfaction of the preceptor, for each of the conditions on the diagnoses list, will be able to:

- Describe the clinical presentation (signs and symptoms).
- Select appropriate diagnostic examinations (lab, radiology, special studies).
- Formulate a comprehensive differential diagnosis.
- Develop a competent management plan.
- Demonstrate an understanding of the pharmacotherapeutics, first line and second line, commonly and effectively used for the condition.
- Describe appropriate patient education/follow-up instructions.

### Conditions/Diagnoses List:

- General symptoms (i.e. fever, fatigue, dizziness, headache, weight change, malaise, etc.)
- Hypertension
- Coronary artery disease
- Other cardio-vascular problems
- Diabetes Mellitus
- Other endocrine problems
- Lipid disorders
- Weight abnormality/Obesity
- HEENT symptoms/disorders
- Respiratory symptoms/disorders
- Abdominal/pelvic symptoms
- Other gastro-intestinal disorders
- Genitourinary symptoms/disorders
- Gynecological symptoms/disorders
- Chronic kidney disease
- Psychiatric symptoms/disorders
- Neurologic symptoms/disorders
- Back pain
- Other bone/joint symptoms/disorders
- Skin symptoms/disorders

**Skill objectives:** Upon completion of the rotation the student, to the satisfaction of the preceptor can perform/assist each of the skills listed below:

- Perform breast exam
- Perform PAP/pelvic exam
- Write prescriptions
- Calculate medication dosages
- Assess vital signs
- Perform well child exam
- Perform pre-participation sports physical exam
- Perform focused history and physical
- Perform complete history and physical
- Interpret lab values/diagnostic studies
- Counsel patients about disease states
- Counsel patients about preventative healthcare

**Learning Objectives:** Upon completion of the program students to the satisfaction of the program faculty will be able to demonstrate ability to perform on OSCE's or written exams the following learning objectives:

- Describe the primary care approach to the evaluation of patients presenting with chief complaints of fatigue, weight loss, dizziness, fever, lymphadenopathy or syncope.
- Discuss the primary care approach of common complaints of patients presenting with cough, asthma, allergic rhinitis, bronchitis, pneumonia, otitis media, pharyngitis, and sinusitis.
- Describe the primary care approach to the patient with complaints of headache, abdominal pain, back pain, and joint pain and the differential diagnosis associated with each.
- Describe the evaluation and management of patients presenting with cardiac manifestations of chest pain, shortness of breath, peripheral edema, syncope.
- Describe the primary care approach to the evaluation of common GU problems such as: hematuria, proteinuria, penile discharge, scrotal pain, and scrotal mass.
- Describe the primary care approach to the evaluation of common gastrointestinal problems such as: anorexia, abdominal pain, diarrhea, vomiting, indigestion, dysphagia, constipation.
- Define campylobacter enteritis/E. Coli/Salmonella/Shigella/C. Difficile and describe the appropriate recognition and management of each.
- Describe the mechanism of action for the various medications used to treat asthma.
- Discuss the indications for the use of corticosteroids in the management of asthma and possible complications.
- Discuss the indications for the use of the Pneumovax, Influenza, Hepatitis B, Varicella, tetanus & immunoglobulin administration for the pediatric, adolescent, and adult population.
- Describe the risk factors and clinical features of the various forms of dermatologic conditions such as eczema, acne vulgaris, contact dermatitis, and skin cancer.
- Describe the mechanism of action and the therapeutic uses for the various classes of antibiotics.
- Discuss the various sexually transmitted diseases in regards to presentation and treatment and modalities used in the diagnosis of them.
- Discuss the diagnosis and management of common diseases encountered in primary care: hypertension, diabetes mellitus, obesity, thyroid dysfunction, insomnia, depression and anxiety.
- Recognize and treat abnormal laboratory results including electrolytes and liver function tests.
- Recognize covert psychological illnesses such as depression, which may not be the primary presenting complaint.

**Clinical Year Goals :**

- The student will have exposure to each of the conditions/diagnoses on the lists at least once
- The student will have performed/assisted each of the skills at least once.
- Rotation specific patient population goals:
  - ✓ Family Medicine: at least 60% of the patient population will be adult

**Internal Medicine Rotation:**

**Objectives:** upon completion of the rotation, the student, to the satisfaction of the preceptor, for each of the conditions on the diagnoses list, will be able to:

- Describe the clinical presentation (signs and symptoms).
- Select appropriate diagnostic examinations (lab, radiology, special studies).
- Formulate a comprehensive differential diagnosis.
- Develop a competent management plan.
- Demonstrate an understanding of the pharmacotherapeutics, first line and second line, commonly and effectively used for the condition.
- Describe appropriate patient education/follow-up instructions.

**Conditions/Diagnosis List:**

- HTN
- DM
- CKD
- COPD
- Heart Failure
- Cardiac arrhythmia
- Cellulitis/lymphangitis
- Acute kidney failure
- Pneumonia
- Respiratory failure
- Peripheral edema
- Bowel obstruction/ileus
- Fluid & Acid-base disorders
- UTI
- Urinary retention
- Ischemic heart disease
- Back Pain/Arthritis/other joint disorders
- Obesity
- Anxiety/depression
- GERD

**Skill objectives:** upon completion of the rotation the student, to the satisfaction of the preceptor can perform/assist each of the skills listed below:

- EKG interpretation
- ABG interpretation
- Lab work/UA interpretation
- O2 therapy

**Learning Objectives:** Upon completion of the program, students, to the satisfaction of the program faculty will be able to demonstrate ability to perform on OSCE's or written exams the following learning objectives:

- Describe the approach and management to patients presenting with Fever of Unknown Origin.
- Discuss the contraindications and potential complications associated with commonly used antihypertensive drugs.
- Describe how insulin therapy is used (including dose calculation & adjustment) and monitored.
- Understand the potential complications associated with insulin therapy.
- Discuss the epidemiology, risk factors, and prevention strategies for HIV infection.
- Define Ranson's criteria for pancreatitis.
- Discuss endocarditis prophylaxis/treatment and which patients should receive prophylaxis.
- Outline and discuss ACLS protocols and the medications used for code situations.
- Discuss the approach and clinical management of: pleural effusion, pulmonary nodules and masses.
- Discuss the approach to the patient with unexplained weight loss.
- Discuss the approach, evaluation and management of patient with fatigue
- Discuss the approach, evaluation and management of patients with multiple and chronic medical problems.
- Demonstrate a systematic approach to meeting the needs of patients requiring long-term care in the community and long-term care settings.

**Clinical Year Goals:**

- The student will have exposure to each of the conditions/diagnoses on the lists at least once
- The student will have performed/assisted each of the skills at least once.
- Rotation specific patient population goals:
  - ✓ None

### **Emergency Medicine:**

**Objectives:** Upon completion of the rotation, the student, to the satisfaction of the preceptor, for each of the conditions on the diagnoses list, will be able to:

- Describe the clinical presentation (signs and symptoms).
- Select appropriate diagnostic examinations (lab, radiology, special studies).
- Formulate a comprehensive differential diagnosis.
- Develop a competent management plan.
- Demonstrate an understanding of the pharmacotherapeutics, first line and second line, commonly and effectively used for the condition.
- Describe appropriate patient education/follow-up instructions.

### **Conditions/Diagnosis List:**

- Pharyngitis
- Vision Changes
- Ear Pain
- Conjunctivitis
- Head injury
- Neck injury
- Back injury
- Epistaxis
- Headache
- Foreign Bodies
- Altered Mental Status
- Neurologic Emergency
- Seizures
- Acute psychoses
- Alcohol/substance intoxication
- Anxiety
- Suicidal ideation
- Cardiac or Pulmonary Arrest
- Shock
- Arrhythmia
- Heart Failure
- Chest pain
- Hypertension
- Pulmonary embolism
- Asthma
- Pediatric Respiratory Distress
- COPD exacerbation
- Pneumonia
- Upper respiratory infection
- Anaphylactic Reactions/Shock
- Soft tissue injuries

- Diabetes
- Electrolyte imbalances
- Trauma to lower extremity
- Trauma to upper extremity
- Abnormal Vaginal bleeding
- Pancreatitis
- Abdominal Pain
- Constipation
- Diarrhea
- Pelvic Pain
- Nephrolithiasis
- Pyelonephritis/UTI
- GI bleed
- Acute Renal Failure

**Skill objectives:** Upon completion of the rotation the student, to the satisfaction of the preceptor can perform/assist for each of the skills listed below:

- Place orthopedic stabilizers such as casts, slings, splints
- Appropriately prepare, anesthetize, debride and suture minor lacerations
- Interpret basic diagnostic radiographs of the chest, skull, spine, abdomen and extremities
- Place IV
- Place Foley
- Perform venipuncture
- Interpret EKG
- Interpret ABG
- Perform focused neurological evaluation
- Calculate pediatric medication doses
- Manage dehydration
- Manage pain
- Manage foreign bodies
- Reduce joint dislocation/subluxation
- Perform incision and drainage
- Perform pelvic exam
- Interpret labs
- Evaluate pregnancy complications
- Perform fluorescein staining of the eye
- Perform medical clearance for psychiatric admission

**Learning Objectives:** Upon completion of the program, students to the satisfaction of the program faculty will be able to demonstrate ability to perform on OSCE's or written exams the following learning objectives:

- Discuss the approach and management of the unconscious patient.
- Discuss the approach and management of the multiple trauma victims.
- Discuss the approach and management of the patient with the acute abdomen.
- Discuss the approach and management of the patient with chest pain.
- Describe the following common poisonings and overdoses managed in the E.R. - opiates, acetaminophen, carbon monoxide, hydrocarbon ingestion, and ingestion of caustics, cholinesterase inhibitors, aspirin, PCP and other hallucinogens. Discuss the indications and contraindications to the use of syrup of Ipecac in home poisonings.
- Discuss some physical examination signs associated with basilar skull fractures.
- In the differential diagnosis of coma, discuss how respirations, vital signs, and pupillary findings are useful.

- In the management of acute respiratory distress (asthma, COPD for example), discuss how arterial blood gases are useful for establishing severity of illness and guiding treatment.
- Discuss the recognition of drug seeking behavior.
- Describe the presenting hallmarks of domestic violence/abuse victims and identify appropriate medical and psychosocial management as well as community resources for referral. Note any special considerations for pediatric or elderly patients

**Clinical year Goals:**

- The student will have exposure to each of the conditions/diagnoses on the lists at least once
- The student will have performed/assisted each of the skills at least once.
- Rotation specific patient population goals:
  - ✓ at least 60% of the patient population will be adult

**Women's Health Rotation:**

**Objectives:** upon completion of the rotation, the student, to the satisfaction of the preceptor, for each of the conditions on the diagnoses list, will be able to:

- Describe the clinical presentation (signs and symptoms).
- Select appropriate diagnostic examinations (lab, radiology, special studies).
- Formulate a comprehensive differential diagnosis.
- Develop a competent management plan.
- Demonstrate an understanding of the pharmacotherapeutics, first line and second line, commonly and effectively used for the condition.
- Describe appropriate patient education/follow-up instructions.

**Conditions List:**

- Supervision of normal pregnancy
- Supervision of high risk pregnancy
- Maternal postpartum care and examination
- Irregular menstruation
- Antenatal screening of mother
- Leiomyoma of uterus
- Urinary incontinence
- Abdominal/pelvic pain
- Sexually transmitted diseases
- PCOS
- Hypertension in pregnancy
- UTI
- Vaginal bleeding in pregnancy
- Abnormal uterine bleeding in non-pregnancy
- HPV
- Vaginitis/vaginosis
- Ovarian cyst
- Dyspareunia
- Gestational diabetes
- Cystocele/rectocele
- Infertility
- Miscarriage/threatened abortion
- Pre-mature labor

- Contraceptive management

**Skill objectives:** Upon completion of the rotation the student, to the satisfaction of the preceptor can perform/assist for each of the skills listed below:

- Interpretation of a glucose tolerance test
- Use hand-held Doppler to look for fetal heart tones
- Interpret results of fetal heart tones exam
- Complete breast exam
- Assist in fetal non-stress test administration
- Interpret results of fetal non-stress administration
- Foley catheter placement
- Collect a sample for PAP smear
- Perform a pelvic exam
- Collect a sample for a vaginal culture
- Interpret an abnormal PAP smear

**Optional Skills (highly recommended to perform but not required):**

1. Assist in c-section
2. Assist with hysterectomy
3. Assist in vaginal delivery
4. Assist with colposcopy
5. Assist with D&C
6. Perform KOH/wet mount prep
7. Newborn exam

**Learning Objectives:** Upon completion of the program students to the satisfaction of the program faculty will be able to demonstrate ability to perform on OSCE's or written exams the following learning objectives:

- Discuss the components unique to a Women's Health/GYN history.
- Describe the essential components of a Women's Health/GYN physical examination.
- Define the term high risk pregnancy.
- Discuss the diagnosis and treatment of an ectopic pregnancy.
- Discuss the diagnosis of pregnancy and the physical examination signs associated with pregnancy along with sensitivity and specificity of pregnancy testing and prenatal care.
- Discuss the risks and benefits of different forms of contraception: oral contraception, IUDs, hormonal injections, barriers, hormonal implants, and sterilization.
- Be able to assign the APGAR score of a newborn child.
- Calculate the EDC based on LMP, or ultrasound dating.
- Define pre-eclampsia and eclampsia along with management.
- Describe the role of Rhogam to prevent Rh sensitization. Discuss the signs and symptoms of and treatment of PMDD.
- Discuss the transmission, incubation, testing, and treatment of sexually transmitted infections such as HIV/AIDS, condyloma, herpes, gonorrhea, and syphilis.
- Discuss the differential diagnosis of bleeding during pregnancy.
- Describe the 3 stages of labor.
- Discuss diagnosis and management of menopause.
- Define and discuss etiology of abortion.
- Discuss the management of a pregnant patient with chronic hypertension or diabetes and implications to her fetus.

- Discuss the pharmaceutical agents and vaccines that are contraindicated during pregnancy.
- Discuss the diagnosis and treatment of preterm labor.
- Discuss reasons and methods of induction of labor.
- Discuss diagnosis and evaluation of infertility.
- Know how to obtain a Pap smear and the guidelines for managing abnormal paps.
- Explain the physiology of the normal menstrual cycle.
- Describe differential diagnosis of abnormal uterine bleeding.
- Discuss the risk factors, diagnosis and treatment for breast cancer, cervical cancer, ovarian cancer, and endometrial cancer.
- Demonstrate an understanding of the psychosocial dynamics of sexual assault.
- Describe the evaluation and management for victims of sexual assault.
- Demonstrate an understanding and competence for medical, legal and social referrals for the victims of sexual assault.

#### **Clinical year Goals:**

- The student will have exposure to each of the conditions/diagnoses on the lists at least once.
- The student will have performed/assisted each of the skills at least once.
- Rotation specific patient population goals:
  - ✓ 80 Gynecological patient encounters
  - ✓ 80 Prenatal patient encounters

#### **General Surgery Rotation:**

**Objectives:** Upon completion of the rotation, the student, to the satisfaction of the preceptor, for each of the conditions on the diagnoses list, will be able to:

- Describe the clinical presentation (signs and symptoms).
- Select appropriate diagnostic examinations (lab, radiology, special studies).
- Formulate a comprehensive differential diagnosis.
- Develop a competent management plan.
- Demonstrate an understanding of the pharmacotherapeutics, first line and second line, commonly and effectively used for the condition.
- Describe appropriate patient education/follow-up instructions.

#### **Conditions List:**

- Abdominal pain
- Hernia
- Gallbladder disease
- Diverticular disease
- GI obstruction/ileus
- Soft tissue infection
- Benign/malignant lesion

**Skill objectives:** Upon completion of the rotation the student, to the satisfaction of the preceptor can perform/assist for each of the skills listed below:

- Demonstrate appropriate sterile technique
- Self gown and glove
- Surgical site prep
- Function as a first or second assist in OR
- Perform surgical wound closure



- Remove sutures/staples
- Assist in surgical wound care
- Perform incision and drainage
- Perform lesion excision
- Obtain wound culture
- Provide post-op and discharge patient education
- Interpret radiological studies using a systematic approach
- Demonstrate understanding of informed consent

**Learning Objectives:** Upon completion of the program students to the satisfaction of the program faculty will be able to demonstrate ability to perform on OSCE's or written exams the following learning objectives:

- Define: dumping syndrome, third day surgical fever, the golden period for wounds and note how each is evaluated and managed.
- Discuss the preoperative assessment of patients. Specifically note which types of surgery, and what pre-existing conditions are associated with an increased incidence of postoperative mortality. Also note which conditions would cause an elective surgical procedure to be postponed.
- Discuss the differential diagnosis of postoperative wound infection (with respect to etiologic agents).
- Discuss the management of postoperative wound infections and the role that antibiotics play.
- Outline the monitoring and evaluation of the postoperative patient, noting the diagnosis and management of common post-op complications.
- Describe special considerations that must be given to surgical patients with respect to fluid and electrolyte management.
- List the indications and use of preoperative medications for general surgery procedures.
- Discuss the differential diagnosis and evaluation of the patient presenting with an acute abdomen.
- Distinguish between the diagnosis and management of paralytic ileus and mechanical bowel obstruction.
- List the potential complications associated with general anesthesia.
- Describe how to determine and differentiate between the severities of burns.
- Discuss the possible complications and prognosis associated with various types of burns.
- Discuss medications to be discontinued prior to elective surgical procedures.
- Discuss preoperative testing for surgical procedures.
- Compare and contrast suture and needles for various types of surgical repair.
- Demonstrate the appropriate handling and use of common surgical instruments.

**Clinical year Goals:**

- The student will have exposure to each of the conditions/diagnoses on the lists at least once.
- The student will have performed/assisted each of the skills at least once.
- Rotation specific patient population goals:
  - ✓ 60% of all patients (at least 60 patients) should be adults
  - ✓ 100 patient encounters with 1/3 pre-op, 1/3 intra-op, 1/3 post-op (33+ patients each, for a total of at least 100 patients)

**Pediatrics Rotation:**

**Objectives:** upon completion of the rotation, the student, to the satisfaction of the preceptor, for each of the conditions on the diagnoses list, will be able to:

- Describe the clinical presentation (signs and symptoms).
- Select appropriate diagnostic examinations (lab, radiology, special studies).
- Formulate a comprehensive differential diagnosis.
- Develop a competent management plan.

- Demonstrate an understanding of the pharmacotherapeutics, first line and second line, commonly and effectively used for the condition.
- Describe appropriate patient education/follow-up instructions.

**Conditions List:**

- General symptoms (fever, lethargy, malaise, poor appetite, dizziness, weight change, body aches, etc.)
- Infectious diseases
- Asthma
- Upper respiratory infections
- RSV
- Other respiratory disorders
- Pharyngitis
- Otitis
- Other diseases of the HEENT
- ADHD
- Other psychiatric and behavioral disorders
- Acne
- Other dermatological symptoms
- Congenital heart disease
- Abdominal and pelvic symptoms
- Endocrine and metabolic disorders
- Neurological conditions
- Conditions of the newborn

**Skill objectives:** Upon completion of the rotation the student, to the satisfaction of the preceptor can perform/assist for each of the skills listed below:

- Perform a newborn exam
- Perform complete history and physical exam on a pediatric patient
- Perform focused history and physical exam on a pediatric patient
- Perform a pre-participation sports physical exam
- Perform a school physical exam
- Assess vital signs in a pediatric patient
- Calculate medication doses for a pediatric patient
- Administer immunizations
- Counsel caregivers about safe homes
- Provide a pediatric patient and family education on illness
- Provide a pediatric patient and family education on wellness
- Evaluate growth and development

**Learning Objectives:** Upon completion of the program students to the satisfaction of the program faculty will be able to demonstrate ability to perform on OSCE's or written exams the following learning objectives:

- Discuss the approach and management of common pediatric problems: -fever, vomiting, diarrhea, dehydration, upper respiratory infections, ear ache, headache, cough, and shortness of breath, abdominal pain, constipation, poor feeding and accidental poisonings. Also, discuss the telephone management and parental counseling for these disorders.
- Discuss the clinical features, diagnostic work up, and management of respiratory problems such as: asthma, pneumonia, pharyngitis, bronchitis, bronchiolitis, epiglottitis, laryngotracheobronchitis, respiratory syncytial virus (RSV), foreign body aspiration and cystic fibrosis.

- Recognize the clinical features of the following genetic disorders: Down syndrome, Trisomy 13, and Trisomy 18, Klinefelter's syndrome, Turner's syndrome, Marfan's syndrome, Osteogenesis imperfecta, and Fetal Alcohol syndrome.
- Know the components of a normal newborn exam including neurological reflexes and discuss the management of abnormal findings.
- Know the X-ray difference between respiratory distress syndrome (hyaline membrane disease) and transient tachypnea of the newborn.
- Know the risk factors associated with jaundice in the newborn period, the differences between direct and indirect hyperbilirubinemia, and the management of neonatal jaundice.
- Know the caloric/nutritional needs and the expected weight gain of newborns, infants, children and adolescents. Also discuss the clinical features and management of nutritional deficiencies and obesity.
- Describe the differential diagnosis of failure to thrive in children.
- List the normal developmental milestones for children from birth to school age. Also the differential diagnosis for children presenting with delayed development or mental retardation.
- Outline the recommended childhood immunizations schedules and discuss contraindications.
- Define the Tanner Scale and describe common disorders of pubertal development.
- Discuss the signs and symptoms, evaluation, and management of seizure disorders, meningitis, and headaches in childhood.
- Discuss behavioral disorders in children and adolescents including: attention deficit disorder, autism spectrum disorders, cerebral palsy, and oppositional-defiant syndrome, temper tantrums, anorexia nervosa, bulimia, Tourette's syndrome, Munchausen syndrome by proxy, depression, anxiety, and panic disorders.
- Know the difference between cyanotic and acyanotic heart disease and discuss the features of atrial septal defect, ventricular septal defect, patent ductus arteriosus, aortic stenosis, hypertrophic cardiomyopathy, Tetralogy of Fallot.
- Distinguish between the various types of epiphyseal fractures (Salter classification) noting any difference in prognosis between the various epiphyseal fractures. Also discuss various orthopedic disorders including: Slipped capital epiphysis, Osgood-Schlatter's disease, and Legg-Calve-Perthe's syndrome.
- Recognize the various exanthemas and skin disorders in children.
- Discuss and perform pre-participation sports physical and school physical.

#### **Clinical year Goals:**

- The student will have exposure to each of the conditions/diagnoses on the lists at least once
- The student will have performed/assisted each of the skills at least once.
- Rotation specific patient population goals:
  - ✓ Infants (age < 2 yoa), at least 40 encounters
  - ✓ Children (age 2-11 yoa), at least 100 encounters
  - ✓ Adolescents (age 12-18 yoa), at least 20 encounters

#### **Geriatrics Rotation:**

**Objectives:** Upon completion of the rotation, the student, to the satisfaction of the preceptor, for each of the conditions on the diagnoses list, will be able to:

- Describe the clinical presentation (signs and symptoms).
- Select appropriate diagnostic examinations (lab, radiology, special studies).
- Formulate a comprehensive differential diagnosis.
- Develop a competent management plan.
- Demonstrate an understanding of the pharmacotherapeutics, first line and second line, commonly and effectively used for the condition.
- Describe appropriate patient education/follow-up instructions.

#### **Conditions List:**

- HTN
- DM
- Hyperlipidemia/dyslipidemia
- Dementia/Alzheimer
- COPD
- Hypothyroidism
- Heart failure
- Anemia
- Atrial fibrillation/flutter/Other arrhythmias
- BPH
- GERD
- CKD
- Depression
- Malaise/fatigue/debility
- Osteopenia/osteoporosis
- Arthritis/DDO
- CAD
- UTI
- Malnutrition
- Pneumonia
- Decubitus ulcer/bed sores
- Fluid & acid-base disorders
- TIA/CVA sequellae
- Dysphagia

**Skill objectives:** Upon completion of the rotation the student, to the satisfaction of the preceptor can perform/assist for each of the skills listed below:

- EKG interpretation
- O2 therapy
- Lab work interpretation
- Assessment of vitals

**Learning Objectives:** Upon completion of the program students to the satisfaction of the program faculty will be able to demonstrate ability to perform on OSCE's or written exams the following learning objectives:

- Integrate biomedical and clinical knowledge into safe and appropriate diagnostic and therapeutic interventions in geriatric medicine as a physician assistant respectful of persons being served and with a reasonable use of resources
- Gain proficiency in professional styles of communicating with older adults in a range of clinical situations
- Begin to incorporate evidence-based medical models of problem solving into therapeutic interventions  
Develop ability and a willingness to be compassionate with patients and colleagues across a range of ethnic, religious, socio-economic or lifestyle differences
- Recognize and respect bioethical and legal foundations for clinical practice as a physician assistant

**Clinical year Goals:**

- The student will have exposure to each of the conditions/diagnoses on the lists at least once
- The student will have performed/assisted each of the skills at least once.
- Rotation specific patient population goals:
  - ✓ 50% of the population (80 encounters will be geriatric) aged 65 and above.

## Behavioral Health Rotation:

**Objectives:** upon completion of the rotation, the student, to the satisfaction of the preceptor, for each of the conditions on the diagnoses list, will be able to:

- Describe the clinical presentation (signs and symptoms).
- Select appropriate diagnostic examinations (lab, radiology, special studies).
- Formulate a comprehensive differential diagnosis.
- Develop a competent management plan.
- Demonstrate an understanding of the pharmacotherapeutics, first line and second line, commonly and effectively used for the condition.
- Describe appropriate patient education/follow-up instructions.

### Conditions List:

- Major Depressive Disorder
- ADHD/ADD
- Psychotic Disorders
  - Schizophrenia
  - Brief Psychotic Disorder
  - Schizophreniform
- Adjustment Disorders
  - PTSD
  - RAD
- Dementia
  - Vascular Dementia
  - Alzheimer's Disease
- Obsessive Compulsive Disorder
- Generalized Anxiety Disorder
- Panic Disorder
- Bipolar Disorder
  - Hypomanic episode
  - Manic Episode
- Borderline Personality Disorder
- Substance abuse

**Skill objectives:** upon completion of the rotation the student, to the satisfaction of the preceptor can perform/assist for each of the skills listed below:

- Psychiatric assessment/interview
- Mental status evaluation (including MMSE)
- Utilization of depression scale
- Utilization of anxiety scale (including GAD scale)
- Assessment of ADHD
- Utilization of CAGE tool

**Learning Objectives:** Upon completion of the program students to the satisfaction of the program faculty will be able to demonstrate ability to perform on OSCE's or written exams the following learning objectives

- Gain proficiency in professional styles of communicating with persons in a range of clinical situations including acute psychiatric emergencies
- Begin to incorporate evidence-based medical models of problem solving into therapeutic interventions for persons experiencing mental illness
- Develop ability and a willingness to be compassionate with patients and colleagues across a range of ethnic, religious, socio-economic or lifestyle differences
- Recognize and respect bioethical and legal foundations for clinical practice as a physician assistant

**Clinical year Goals:**

- The student will have exposure to each of the conditions/diagnoses on the lists at least once
- The student will have performed/assisted each of the skills at least once.
- Rotation specific patient population goals:
  - ✓ 50% of the population (80 encounters) will be adult.

***Please note that the conditions on the lists for each rotation are not meant to be all encompassing for examination purposes. Students are still responsible for learning the material that is on the PAEA lists of topics.***

**Clinical Project:**

An independent study course designed to foster a sense of clinical inquiry and carry the process of gathering and presenting evidence-based knowledge through each of its phases culminating in an in-depth analysis of a current clinical issue placed in the context of the local communities served during the clinical year.

**Course Learning Outcomes:** Upon completion of this course the student will be able to:

- Locate, appraise, and integrate evidence from scientific studies related to one's patients' health problems in a manner consistent with the practice of evidence-based medicine
- Obtain and apply information about one's population of patients and the larger population from which one's patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.  
Integrate appropriate and effective styles of communication in exercising leadership on behalf of improving patient outcomes. This course will give the student an opportunity to apply actual clinical experience using critical thinking, analytical reasoning and styles of communication.

Typical topics will be related to improving health outcomes for a particular segment of the population. This may include health promotion, disease prevention, decreasing cultural or economic barriers to healthcare, cost-effectiveness analysis, among many other possibilities. Regardless of the particular topic, the principles of evidence based medicine will serve a foundational role. Once approved, the student will be expected to perform independently in the analysis and creation of the final project.

**Methods of Instruction:**

- Independent study, topical suggestions will be provided as needed. Individual mentoring from faculty advisor and clinical preceptors throughout the clinical year will occur on an as needed basis.

**Topical Outlines:**

- Assess current clinical medical issues in light of one's interest and passions
- Assess one's own clinical encounters for meaningful research application
- Topic selection and approval
- Evidence-based medicine in real-time
- Contextualizing the topic
- Critical analysis and findings
- Written report

#### **Evaluation Methods:**

- Research Project Progress Report 50%
- Literature review and general summary of research project 50%
- The assignments will be submitted as one document (see Canvas example) by 11:59pm EST Friday of the fourth week of your research month.
- Research Project Progress Report template is available on Canvas.

#### **Clinical Year Grading and Evaluation:**

##### **Factors Included in Each Core Clinical Rotation Grade Are:**

- Preceptor's evaluation of Student (EXXAT) - 10% of grade;
- End of Rotation Examination - 60% of grade;
- Logging patient encounters & procedures - 10%
- Preceptor Verification of Logs- 2%
- Hours Timesheet- 2%
- Mid-rotation Evaluation of Clinical Experience by faculty - 4%
- Student evaluation of clinical site and preceptor- 4%
- Clinical Practice Article Review - 4%
- Weekly Kaplan questions- 4%

**Description of Evaluation Tools:** Assignments are all or nothing. There will be no partial credit given for assignments. If the above is submitted late (preceptor evaluation of the student is the only exception), your grade will result in an automatic zero. If all patient encounters are not logged, there will be loss of points and a discussion by the PAC team to discuss professionalism probation.

##### Clinical Preceptor's Evaluation

- The preceptor evaluation will count for 10% of the rotation grade
- Clinical preceptors will evaluate student performance based on their day-to-day observations of the student's clinical work during the rotation. A student Clinical Performance Evaluation Form is available for this purpose (see Canvas). Specific evaluation criteria for preceptors to consider include the Professional Competencies (See Appendix) listed below:
  - a. Medical Knowledge
  - b. Interpersonal & Communication Skills
  - c. Patient Care
  - d. Professionalism
  - e. Practice-Based Learning and Improvement
  - f. Systems-Based Practice
- Clinical preceptor evaluations may be completed by licensed physicians, certified physician assistants, nurse practitioners, certified nurse midwives, or psychologists. Nurses, interns, allied health professionals, or other PA students are NOT acceptable evaluators.

- At the completion of each rotation, the student will have their preceptor complete the on-line evaluation form in Exxat ©. If the preceptors prefer completing a paper copy the student will submit the original copy of the Preceptor's Clinical Performance Evaluation Form, unless the preceptor prefers to mail or fax the form to the PA Program Office.
- The PA Program will not change a clinical preceptor's performance evaluation grade.
- Clinical year students are expected to assume responsibility for their education while on rotations. Part of this responsibility includes seeking performance feedback from clinical preceptors. THE END OF THE ROTATION IS NOT AN APPROPRIATE TIME FOR A STUDENT TO DISCOVER THAT HE/SHE HAS NOT PERFORMED SATISFACTORILY! At a minimum, students should meet with their preceptor midway through each rotation to: Discuss their progress/performance and plan strategies for correcting any deficiencies. .
- If the student receives a C or above from the preceptor they will get the full 20%, a grade of D or F will result in failure of the course.
- Students are expected to see perform each diagnose/skill on the specific lists for each rotation and your ability to achieve the objectives for those diagnoses/skills will be evaluated by your preceptor. Failure to see or perform a skill or condition will not result in a drop in grade for the rotation. You will have the opportunity to pursue performing that skill or seeing that condition on your remaining rotation and if you still fail to do so at the end of the clinical year then remediation will take place in the post clinical phase.

#### End-of-Rotation Examinations:

- The End-of-Rotation Examination will count for 60% of the clinical rotation grade.
- At the end of each core rotation, students will take an online multiple-choice exam through PAEA website.
- A specialty-focused examination will be provided for each required clinical rotation except for elective rotations.
- Students interested in discussing/reviewing their examination results are encouraged to make an appointment with the Clinical Coordinator or faculty assigned to that clinical course. This appointment can be facilitated via Skype©, email, or phone.
- Passing scores will be determined based upon the national average. The students score must fall within one standard deviation of the national average in order to be considered a passing score.
- Anyone failing to achieve a passing score will be required to provide a written narrative for each question they failed to answer correctly. The description of the questions is provided in the analysis section of the end-of-rotation exam reports and must be used by the student as a guide as to what topic is to be covered by the narrative. The narrative has to be brief (not to exceed 400 words) and provided in the student's own words. The source used to provide the narrative must be cited at the end.
- The narratives have to be provided to the Clinical Coordinator or an affiliate faculty member assigned by the Clinical Coordinator by n the second Sunday of the next rotation.
- Elective and floating rotations do not have EOR exams. In this case 80% of the student's grade will come from the Preceptors evaluation of the student.
- Students that fail 5 or more EORE's will be asked to repeat their clinical year regardless if their overall grade in the rotation was a passing grade.
- Students that fail 4 EORE's will complete an eight hour review of topics vetted by PA staff on hematology, infectious disease and ENT as these are the lowest scoring topics on PANCE. Data shows that EORE performance is a predictor of PANCE pass rates.
- Students that fail 3 EORE's will be placed on academic probation and will meet with their advisor.

#### Assignments:

- Evaluations: The student should evaluate the clinical site, and their preceptor at the end of the rotation. The evaluations are on Exxat © and are linked in Canvas. (4%)
- Mid-rotation Evaluation (4%)- completed around the mid-point of the rotation. This is a faculty check in with you and your preceptor. Failure to complete with faculty will result in a 0.
- Preceptor Verification of patient Encounters (2%)- form is linked on Canvas and is turned in through Canvas. This form verifies that the preceptor has checked your patient notes (charting).
- Hours Timesheet (2%)- weekly timesheet in completed on Exxat. You will send the timesheet through Exxat to your preceptor to approve.



- Clinical Practice Article Review: Read and review a clinical practice article relative to your specific rotation ☐ Read and critique the article ☐ Reference (1%)- AMA style; ☐ Brief summary of article (1%); ☐ How you will apply information to your clinical practice (2%), for a total of 4% of the final grade.
- Logging Patient Encounter and Procedures: (10%) This process will be completed through Exxat©. Training will be accomplished prior to the use of this data management system. Student should log at least 40 patients per week. You can log more than 40 patients per week if you have the patient load. If the patient load is low for your clinical site (<40 patients per week), you need to let the clinical coordinator know so they are aware of the situation when they grade your rotation. If more than one preceptor is involved then the logging completed during contact with those preceptors must be signed as well. Logging records must be turned in by noon of the second Sunday of the next rotation. Failure to meet this timeline may result in a loss of points and further discussion by the PAC for professionalism probation.
- Weekly Kaplan Questions:
  1. Students will receive access to Kaplan question database.
  2. Students are to complete 50 questions per week in the area they are currently rotating in.
  3. Assignment is worth 5%. Failure to complete the required amount of questions will result in loss of the total 4%. No partial credit will be given. QUESTIONS DUE ON THE FRIDAY THAT THE ROTATION ENDS!
  4. The student is not required to answer a certain percentage correctly. This assignment is meant to help the student prepare for the examination by answering board style questions. Explanations to the answers for missed questions are provided by Kaplan. The student must read these explanations.

**All clinical rotation assignments are due by the second Sunday of the following rotation by 11:59pm EST, regardless of breaks and holidays- besides Kaplan questions, which are due the Friday the rotation ends!**

- Grading Scale:

A+ = 94	A = 90	A- = 87	B+ = 84	B = 80	B- = 77	C+ = 74	C = 70
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- Clinical Grade Rotation Standards: Only grades of 'C' or above represent acceptable professional work for the PA Program. Per Graduate College policy, a student must maintain a 3.0 GPA. Failure to do so will result in referral to the PAC for Academic Standing evaluation. A grade less than 'C' in a clinical rotation may result in dismissal from the PA Program depending on circumstances (whether remediable or not) and depending on the PAC evaluation. If the faculty determines remediation is appropriate, the student will repeat the failed rotation at a site assigned by the clinical coordinator. The student must receive a 'C' or higher in the repeated rotation to continue in the program. If a student is removed from a clinical rotation prior to its completion, at the request of the preceptor, the student's grade will be recorded as I (incomplete), or F depending on the circumstances and as determined by the faculty and preceptor. See paragraphs II.B and II. E for the consequences of receiving a grade of I (incomplete) or F. A minimum letter grade of "C" is required for all end-of-rotation Preceptor Evaluations. Students receiving an "Incomplete" for a rotation will have an opportunity to retake the rotation, usually in March of the subsequent year. Such rotations will be arranged by the Clinical Coordinator. A student with one "Incomplete" will likely be able to graduate in May, assuming satisfactory completion of the make-up rotation. A student with two or more "Incompletes" will not be able to graduate in May with their classmates and instead will have to wait until the next university graduation term (usually in August). Per university policy, "Incomplete" grades not changed to a letter grade within one year of receipt will be changed automatically by the Registrar to an "F". If a student consistently demonstrates academic, professional or attitudinal difficulties while on clinical rotations, the student's performance will be reviewed by the Physician Assistant Committee (PAC). PAC is chaired by the Program Director. PAC evaluations are held to evaluate student noncompliance with Program requirements, policies and professionalism. The student may be asked to be present for the hearing. Faculty will review the issue/area of concern and the circumstances surrounding it and make a decision regarding the student's ability to continue or progress in the Program.

## Clinical Year Policies and Procedures:

### Policy on Professional Behavior:

- Professionalism may be defined as, “the quality, character, method, or conduct” of a profession or a member of a profession (Oxford English Dictionary); “Professionalism is the expression of positive values and ideals as care is delivered.” according to the PA Competencies. Professionalism and professional conduct will be assessed during your education here at ISU in a number of areas. Among them are:
  - a. Attendance
  - b. Timeliness, defined as on time for sessions, timely submission of assignments, evaluations, patient encounter forms and other required paperwork
  - c. Appropriate participation for the session
  - d. Attire, appropriate dress
  - e. Appropriate behavior, which includes attentiveness, non-disruption, being prepared for assignments, respectful and courteous, stays on task, collaborates, being appropriately assertive
  - f. Commitment to learning, defined as able to assess own learning needs, continually seeking new knowledge and understanding, accepts responsibility to seek learning and/or remediation
  - g. Constructive feedback, defined as identifying sources of feedback, seeking out feedback, accepting feedback in a mature manner, uses feedback to change behaviors, provides appropriate and constructive feedback
  - h. Personal responsibility, which includes accepting responsibility for inappropriate behaviors and makes appropriate changes, does what is promised, acknowledges limitations, respects confidentiality of patients and fellow students
  - i. Self-reflection, including the demonstration of the understanding of the importance of self-reflection and a willingness to examine one’s own strengths, weaknesses and biases

***Please note that these are examples and guidelines for professionalism and are not all-inclusive.***

- The first violation of any professional standard will result in a warning to the student, subsequent violations will result in professionalism probation. Probationary status will be evaluated at the end of each semester. Each and every subsequent violation of any professional standard after this warning will result in a 20-point deduction from the final grade for the course in which violations occur.
- **If a student consistently shows unprofessional behavior during any phase of the program, they are subject to removal from the program.**
- Each student will have a discussion with their faculty advisor at the end of each term to allow the advisor to complete Professionalism Evaluation Form that will become part of the student’s record.
- Illegal conduct is a violation of the Physician Assistant Ethical Guidelines and may cause a denial, revocation or suspension of licensure in the state of Indiana. Criminal arrest may result in immediate dismissal from the program.
- Any student problem arising during the course of the clinical experience shall be discussed jointly by the preceptor and the Clinical Coordinator. The Clinical Education Site reserves the right to dismiss, at any time, any student whose condition or conduct jeopardizes the well-being of patients/clients and employees of the Clinical Education Site. This dismissal may, in most cases, result in a failing grade for that rotation. Authorized withdrawals are not available in these situations. The student’s academic and clinical record will then be brought before the PAC for consideration.

**The PAC renders decisions based on academic record, attendance and/or professional conduct. If the student fails progression in the program on two separate occasions, they are subject to removal from the program (see PA Handbook page 6).**

### Professional Standards:

- Academic achievement alone will not assure successful completion of the PA Program. PA students must also demonstrate maturity, integrity, and those attitudes and behaviors expected of all health professionals.
- The following behaviors are considered inconsistent with professionalism:
  - a. Cheating, lying, plagiarism, fabrication of clinical data, repeated unexcused absences, engaging in criminal activity, falsifying preceptor/faculty grade evaluations, collaborating on individual take home assignments, copying/reproducing examination questions, informing other students of examination questions, misrepresentation of role/identity in a clinical setting, breach of patient confidentiality, using drugs or alcohol while assigned to patient care areas, sexual harassment of patients/peer/colleagues, engaging in discrimination on the basis of sex, age, race, creed, socioeconomic or political status, performing any clinical activities without adequate training and supervision, breaking state or federal laws governing Physician Assistant practice and exploiting the professional role for personal gain. This list is not meant to be wholly inclusive. In addition, the new age of technology lends itself to creative unprofessional behavior such as Face Book documenting unprofessional behaviors and dialogue about patients that have been identified by Face Book friends. Other technology that lends itself to cheating is cell phone that allows videoing and picture taking of exam questions. Other behaviors deemed unprofessional by Program faculty will be evaluated on a case-by-case basis
- It is also unacceptable for students to "grade shop" by seeking evaluations only from those preceptors from whom a favorable grade is anticipated. Failing to turn in all preceptor evaluations to the Clinical Coordinator may also jeopardize a student's standing in the Program.

### Academic Integrity:

- As professional students, PA students are expected to maintain high standards of integrity and ethical behavior. In addition to the policies detailed in this manual, the University Student Judicial Programs publishes The Code of Student Conduct which can be viewed on the Internet at: <http://www.indstate.edu/sjp/docs/code.pdf>
- If lapses in professional integrity are manifest by activities such as cheating, plagiarism, or other inappropriate activities as previously detailed, the student will be confronted by the professor involved, will receive an F for the given assignment, and plan of remediation will be developed. If the student does not accept the decision of the individual professor or the decision of the PAC as a result of a disciplinary hearing, the student has the right to appeal the decision.

### Grievance Procedures:

- Please refer to student grievances procedures as delineated in the PA Handbook. <http://www.indstate.edu/nhhs/pdfs/governance/governance-docs/student-docs/student-grievance-procedures.pdf>

### Employment While Enrolled as a PA Student:

- Due to the rigorous nature of the curriculum, we discourage students from working while in the Program. Should a student decide to work despite this recommendation, their work must not interfere with class attendance, clinical rotation schedules, or other required Program events. Doing so may result in unexcused absence(s), which can be grounds for dismissal. Additionally, should a student choose to be employed while in the Program and have academic difficulties, this will not be viewed favorably when making determinations about retention in the Program.

### PA Program Exam Proctoring Policy:

- Assigned proctor will verify terms of the exam (ie: resources that can or cannot be used, test duration, exam modality, leaving the room during exam, etc) with the course instructor prior to the exam.
- Assigned proctor will re-inforce the terms of the exam as directed by the course instructor (use of textbooks, notes, etc.).
- Students will be required to leave their backpacks, bags, hats, watches, and cell phones in the front of the class. Students must leave the classroom once they have finished, and will not be allowed to return to the classroom until everyone has completed the exam.
- Students will be provided with a blank piece of paper (from now on referred to as “scrap” paper) to use for sketching or note taking during the exam. However, students will not be allowed to make notes on the piece of paper until the beginning of the exam.
- Students will be required to turn in their scrap paper to the proctor prior to them leaving the room after completion of the exam.
- Students will not be allowed to ask the proctor any questions pertaining to the exam.
- All students are to start the exam at the same time. If any of the students experience technical problems, nobody will be allowed to begin the exam.
- If any technical problems occur during the exam, the proctor is to contact the course instructor first and follow the instructions of the course instructor.
- All students and proctors are to follow Indiana State University Code of Student Conduct at any time during the exam.
- If any issues occur during the exam, it is the proctor’s responsibility to communicate the incident to the course instructor and the Program Director, if necessary.

### **Clinical Year Student Responsibilities:**

#### Supervised Clinical Activity:

- Physician Assistant students on clinical rotations work under the direct supervision of a licensed/certified medical provider (MD, DO, PA, NP, PhD or PsyD) and therefore will not make a diagnosis or carry out any procedure or treatment plan without the explicit approval of the supervising preceptor or a clearly identified licensed/certified alternate preceptor. At no time, should the student work without having a supervising provider clearly identified and on site (i.e., available to provide direct supervision).  
When given an order by a provider, a student has four possible courses of action:
  - a. Carry out the order as directed.
  - b. If there is disagreement with the order, discuss it with the provider and mutually agree on a course of action.
  - c. Inform the provider that he/she does not feel qualified to safely carry out the order.
  - d. Call the Program Clinical Coordinator for advice before undertaking a course of action that the student feels may jeopardize themselves or the patient.
- At no time should a student change a provider’s order or carry out a course of action different from that directed by the provider.
- Students are not permitted to rotate at clinical sites other than those assigned. e.g., rotate in an ED on the weekends when scheduled for pediatrics that rotation. Students place themselves and the Program at risk for liability if working at sites other than where they are assigned. The only exception to this is if the student provides care in another setting under the direct supervision of the assigned preceptor for that rotation.
- Students must have all charts and written orders countersigned in accordance with the policies of the clinical rotation site. It is the responsibility of the student to ensure that patients evaluated by the student are never discharged home without being seen by the physician and the legal record countersigned.

- In all clinical activities, PA students should be guided by the principle of knowing one's limitations.

Standing in the Program:

- Students must immediately inform the PA Program of any personal or professional circumstances that may affect/alter their standing in the University, the status of the clinical rotation, or the Program itself.

Attendance:

- Students must attend all scheduled days of every rotation. Any foreseen absence (e.g., doctor's appointment), must be approved by the clinical coordinator and preceptor prior to the planned absence. Any unforeseen absence (e.g., acute illness, emergency) must be reported as early as possible to both the preceptor and clinical coordinator. Students are expected to clarify all foreseen schedule issues with the preceptor on the first day of the rotation. Failure to notify the PA Program and preceptor in a timely manner may result in a faculty disciplinary hearing and eventual dismissal from the PA Program.
- Students should be aware that preceptors are asked to call the program about any student absences and some clinical sites may require a medical evaluation prior to granting an excused absence.
- Students normally report to their rotations on the first Sunday of each rotation and work through the last Thursday of the rotation, unless directed otherwise by the Program or preceptor. Night and weekend call, days off, and daily routine are controlled by the assigned preceptor.
- Unexcused and Excused Absences - Please refer to the PA Handbook for clarification of excused and unexcused absences. The policy as stated applies to the entire course of studies.

Student Contact Information:

- It is the student's responsibility to provide the Program with current contact information at all times, to include phone number(s), mailing address, and email address. Not doing so may result in the student not receiving important information in a timely manner (e.g., last minute schedule or assignment changes).
- During the clinical year Email is the primary means of communication between students and the Program Staff, therefore:
- It is imperative that students frequently check their ISU Email for correspondence from the Clinical Coordinator or other Program Faculty/Staff.
- Students should periodically check to ensure that their "inbox" is not full.
- Students must promptly notify the clinical coordinator if they do not have email capability so that an alternative means of contact can be agreed upon.

Dress Code:

- All clinical students are required to wear white lab coats with their Indiana State University PA program nametags in plain view, while assigned to patient care areas.
- Nametags will be furnished by the Program and must be returned upon graduation or dismissal. Failure to do so may result in an encumbrance placed on academic transcripts.
- The essentials for dress/attire while on clinical rotations include:
  - a. Clothes and grooming must be consistent with the professional image most commonly displayed by the majority of Health Care Providers in the area of the rotation.
  - b. Clothes should not be dirty or excessively worn (e.g., ragged, torn, etc.).
  - c. Overalls, shorts, casual T-shirts, baseball caps, open toe shoes, and casual sandals (e.g., "shower shoes") are forbidden in patient care areas.

- d. As a general rule blue jeans are not considered appropriate student attire.
- e. All students must abide by their clinical site's rules for grooming and attire (e.g., fingernail length, fingernail polish, jewelry, shoes types, etc.)
- f. Definitive interpretation of these guidelines rests solely with the Clinical Coordinator.
- g. The Program reserves the right to change or add to these guidelines as necessary.
- h. The term "patient care area" is understood to mean any medical facility (office or institution) or clinical site to which PA students are assigned.

Class Registration in Clinical Year:

- Registration for clinical courses must be accomplished according to university timelines and is the responsibility of the student.
- Students are responsible for ensuring that all fees are paid to the University by the appropriate deadlines. Failure to pay registration fees on time may result in the cancellation of registration by the University and assessment of a late fee.

Scheduling of Clinical Year Rotations:

**The Clinical Coordinator schedules student rotations based on a number of factors including but not limited to:**

- What is determined to be best for all students in the class?
- What is determined to be best for the Program and future students?
- What is determined to be best for the individual student?
- The academic and overall standing of each student.
- The availability of preceptors and rotations in each required discipline.
- The Clinical Coordinator's knowledge of and prior experience with each preceptor.
- Physician Assistant Accreditation Review Commission requirements.
- Commuting: All students should anticipate having several clinical rotations that will require commuting.
- Off-Campus Rotations: All students should anticipate having several clinical rotations outside of Terre Haute. Unless the student can provide their own housing (e.g., with family or friends) for these "off-campus" rotations, the Clinical Coordinator will assist the student in arranging for housing as much as possible. AHEC may be a resource in this regard in the near future. However, all housing expenses are the responsibility of the student regardless of whether the student or Program makes the arrangements.
- Schedule Changes: Once a rotation has been scheduled by the clinical coordinator, student requests for changes will not be considered except in the case of extenuating circumstances (e.g., emergency) and granted at the sole discretion of the Clinical Coordinator. However, at times it may be necessary for the program to change previously assigned clinical rotations for educational, availability, or other reasons.

Placement Policy Statement:

The assignment of students to clinical rotation sites is the responsibility of the clinical coordinator. There are many factors that influence student placement into clinical sites, including the number of clinical rotation sites, student performance, and site/preceptor availability. The clinical coordinator will individually match students with a schedule that best meets their learning needs utilizing input from each student about their elective and preceptorship preferences in addition to feedback from faculty and staff within the program. Students are not guaranteed their first choice in any clinical rotation. The philosophy behind this preceptorship is to develop and reinforce clinical competency while providing a unique experience that fosters advanced clinical decision making and patient care skills in a focused area of clinical practice. Students are required to rank, in order of preference, their top three available clinical rotations. Every effort will be made by

the clinical coordinator to place students in their top three practice areas, however, the clinical team may complete placements at their discretion, based on availability. Following finalization of the clinical rotation schedule, student requests for changes will be limited to emergency situations only, and evaluated on a case-by-case basis. Students may not arrange their own rotations or trade rotations with other students. Students should anticipate travel outside of the local area for a minimum of two clinical rotations, during which time housing and accommodations are the responsibility of the student. Although unlikely, unforeseeable events can occur at any time which may require a student to be moved from one site to another with little notice before or during a preceptorship. Students are responsible for costs associated with travel and/or relocation regardless of the cause. Research month and electives are to be taken after rotation 6, to ensure a solid clinical foundation prior to rotating in specialty areas. Preferences for electives can be discussed with the clinical team and every effort will be made to accommodate wishes. Research month cannot be requested. This course will be assigned by the clinical team based on each individualized rotation schedule.

#### Leave of Absence:

- The clinical year curriculum is comprised of 12 months of uninterrupted education. Any deviation from this schedule creates a number of administrative problems for students, preceptors, faculty, and Program staff. Due to this, the PA Program does not typically consider leaves of absence except for extenuating circumstances. A written request for a leave of absence must be submitted to the Clinical Coordinator and the Program Director.
- If an unexpected emergency necessitates leaving a clinical rotation prior to completion, the student will be formally withdrawn from the rotation and receive an Incomplete for that rotation.
- An Incomplete indicates the course was dropped without penalty.
- Withdrawal from a rotation may result in the loss of registration fees.
- The student will repeat the rotation as assigned by the clinical coordinator.
- If this extends the student's time in the program the student is required to maintain their liability insurance.
- Upon return to the program the student will be required to satisfactorily complete all course/program requirements prior to graduating.
- A leave of absence greater than two months may require reapplication to the PA Program at the discretion of the faculty. Readmission to the PA Program after prolonged leaves of absences during the clinical year may require students to repeat the entire clinical year.
- All Program requests MUST be submitted on the appropriate request form found in the Appendix of the Clinical Manual (samples) and Canvas (printable).

#### Rotation Evaluation Forms:

- The timely completion and submission of the following form is the responsibility of the student and should be discussed with the preceptor at the start of each rotation.
- Student Clinical Performance Evaluation (See Canvas for link to provide to preceptor)

#### Student Liability Insurance:

- All students that are enrolled in the Physician Assistant program will be covered under the University risk management policy for all clinical activities affiliated with the program courses.
- If students wish to participate with activities outside of the course parameters, personal liability insurance will need to be obtained and a copy of the policy will need to be on file within the program and presented to the preceptor.

### Immunizations:

- Students are required to maintain current immunization status as recommended by the CDC for health-care workers and or affiliated institutions students rotate.
- Students who do not obtain/maintain the CDC's recommended immunizations for health-care workers will not be permitted to participate in any clinical activities or rotations.

### Clinical Procedure and Patient Encounter Logging:

- During the Clinical Year students will maintain a record of patient encounters and clinical procedures performed utilizing web-based software provided by the Program. This data can be made available to future and potential employers upon request.
- Failure to keep patient encounter and procedure logs current for each rotation and obtain preceptor signature will result in an incomplete grade for the respective rotation and may require the student to repeat the rotation as well as loss of points and professionalism probation.

### Misc

- Absolutely no alcoholic beverages are to be consumed during working or call hours.
- Students are reminded that use of illicit drugs is incompatible with the professional role of the Physician Assistant. Students who use illicit drugs while enrolled in this program risk dismissal from the PA Program as well as legal consequences.
- Clinical year students are representatives of the Indiana State University PA Program as well as the Physician Assistant profession. This should be remembered during all interactions with patients, physicians, and other health care personnel.
- Students are expected to conduct all personal business and social activities before or after normal working hours.
- Male students will obtain a female chaperone for female breast, pelvic, and rectal examinations. Female students will obtain chaperones of either gender for genitourinary or rectal examinations of male patients.
- Employment during the clinical year is highly discouraged. If a student chooses to "moonlight", it MUST NOT interfere with clinical rotation assignments.
- In addition to being a violation of state and federal laws, behavior involving unwanted sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature is incompatible with University and Program Policies.
- Dating individuals at your monthly rotation site (i.e., physicians, residents, support staff, etc.) is highly discouraged and distracting to your clinical education. This can be viewed/construed as a form of sexual harassment. Under no circumstances should a student date a program preceptor during the Clinical Year.
- Additional information regarding sexual harassment policies are outlined in the Sexual Harassment Policy published by the University's Affirmative Action Office.

### **Risk Management/Universal Precautions:**

- All immunizations (Hepatitis B series and titer status, MMR, TB test) must be up to date and in the student's file at the program office. Students will be asked to sign a release of information to allow the program to obtain verification from the Student Health Center of student's current immunization status. If current immunization status cannot be verified, the student will not be allowed to begin the clinical year.
- The PA Program does not assume any liability for students in the event of an accident while on clinical assignments or while traveling to assigned rotations.
- All students are required to have adequate health and hospitalization insurance during the



clinical year (further detailed in the didactic year manual). In addition, individual disability insurance is strongly recommended.

- Students MUST observe universal precautions while interacting with patients. If the student is exposed to blood borne pathogens via needle stick or mucosal membranes while on rotations the program does not assume responsibility for the accident. (The student should check with his/her insurance company as to the coverage provided for accidental exposure).
- If accidental exposure occurs, students should immediately report it to the appropriate department at their rotation site (Employee Health, Universal Precautions, Risk Management, etc.). The incident should also be reported in a timely manner to the Student Health Center for appropriate testing, documentation, treatment and counseling. The phone number for the Student Health Center is: 812.237.3883. Also notify the Clinical Coordinator as soon as reasonably possibly and Jolyn Osborne in ISU Risk Management for further guidance in how to handle the incident. Jolyn Osborne can be reached at 812-237-7946 by phone or at [jolyn.osborne@indstate.edu](mailto:jolyn.osborne@indstate.edu) by e-mail.

### **Clinical Site Responsibilities (for student information purposes):**

**In order to maximize the educational opportunities for PA students and to avoid misunderstandings between students and clinical and auxiliary staff, preceptors and practice administrators / manager:**

- Meet with the student on the first day of the rotation to review:
  - a. Educational objectives for the rotation
  - b. Work schedules and on call assignments which are under the control of the preceptor
  - c. Practice or institutional rules and regulations
- Introduce the student to essential clinical and auxiliary personnel in the practice.
- Provide clinical instruction in accordance with the rotation objectives and the availability of patients and other clinical resources.
- Clinical assignments should be consistent with the role of a Physician Assistant.
- Hands-on clinical experience is required.
- Self-study and library research assignments of clinical topics are encouraged.
- Lessons / Pearls learned by preceptors in their own clinical experience are often valuable to share with students.
- Provide the student with frequent feedback on clinical and professional performance.
- Meet with the student mid-rotations and during the last week of rotation and complete a Student Clinical Performance Evaluation Form.
- Evaluations should be a frank & accurate appraisal of the student's clinical competence.
- Students should be evaluated as if they were being considered for employment in the preceptor's practice (taking into account their level of training and experience).
- Written comments are especially important. Constructive criticism can be helpful in identifying areas needing improvement.
- Preceptors must submit evaluation forms online. A copy should be retained in the preceptors file and one given to the student. In the event you are unable to submit the form online, contact the clinical coordinator.
- Preceptors are asked to notify the PA program immediately of any student absences or concerns.

### **Program Outcomes:**

### **At the completion of this program the PA graduate will be able to:**

- Practice compassionate primary care medicine sensitized to the particular health care needs of rural and underserved communities (Primary Care Provider).
- Apply the principles of evidence-based medicine and critical thinking in clinical decision making (Critical Thinking).
- Communicate effectively with patients, families and members of the interdisciplinary healthcare team (Communication).
- Partner with supervising physicians and other professional colleagues to provide competent patient-centered care across the lifespan (Patient Care).
- Utilize practice and systems-based analysis to insure patient safety and improve outcome through continuous quality improvement (Safety/Quality).
- Respond to the complexities of the dynamic healthcare system by practicing in a cost-effective and socially responsible manner (Leadership).
- Commit to high ethical standards responsive to the needs of the profession, the individual and to society (Ethics/Community Leadership).

### **Competencies for the Physician Assistant Profession:**

#### **Preamble**

In 2003, the National Commission on Certification of Physicians Assistants (NCCPA) initiated an effort to define PA competencies in response to similar efforts being conducted within other health care professions and growing demand for accountability and assessment in clinical practice. The following year, representatives from three other national PA organizations, each bringing a unique perspective and valuable insights, joined NCCPA in that effort. Those organizations were the Accreditation Review Commission for Education of the Physician Assistant (ARC-PA), the body that accredits PA educational programs; the Association of Physician Assistant Programs (APAP), the membership association for PA educators and program directors; and the American Academy of Physician Assistants (AAPA), the only national membership association representing all PAs.

The resultant document, Competencies for the Physician Assistant Profession, is a foundation from which each of those four organizations, other Physician Assistant organizations and individual Physician Assistants themselves can chart a course for advancing the competencies of the PA profession.

#### **Introduction**

The purpose of this document is to communicate to the PA profession and the public a set of competencies that all Physician Assistants regardless of specialty or setting are expected to acquire and maintain throughout their careers. This document serves as a map for the individual PA, the physician-PA team and organizations that are committed to promoting the development and maintenance of these professional competencies among Physician Assistants.

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.

\*In 1999, the Accreditation Council for Graduation Medical Education (ACGME) endorsed a list of general competencies for medical residents. NCCPA's Eligibility Committee, with substantial input from representatives of AAPA, APAP and ARC-PA, has modified the ACGME's list for Physician Assistant practice, drawing from several other resources, including the work of Drs. Epstein and Hundert; research conducted by AAPA's EVP/CEO, Dr. Steve Crane; and NCCPA's own examination content blueprint 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.

## **Physician Assistant Competencies**

The PA profession defines the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for Physician Assistants to acquire and demonstrate these competencies.

### **Medical Knowledge**

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

- Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- Identify signs and symptoms of medical conditions
- Select and interpret appropriate diagnostic or lab studies
- Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacologic agents and other relevant treatment modalities
- Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- Identify appropriate interventions for prevention of conditions
- Identify the appropriate methods to detect conditions in an asymptomatic individual
- Differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings and other diagnostic data
- Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- Provide appropriate care to patients with chronic conditions

### **Interpersonal and Communication Skills**

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

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- Appropriately adapt communication style and messages to the context of the individual patient interaction
- Work effectively with physicians and other health care professionals as a member or leader of a Health care team or other professional group
- Apply an understanding of human behavior
- Demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety
- Accurately and adequately document and record information regarding the care process for medical, legal, quality and financial purposes

### **Patient Care**

Patient care includes age-appropriate assessment, evaluation and management. Physician Assistants must demonstrate care that is effective, patient-centered, timely, efficient and equitable for the treatment of health problems and the promotion of wellness. Physician Assistants are expected to:

- Work effectively with physicians and other health care professionals to provide patient-centered care
- Demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients
- Make informed decisions about diagnostic and therapeutic interventions based on patient information

- and preferences, up- to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Competently perform medical and surgical procedures considered essential in the area of practice
- Provide health care services and education aimed at preventing health problems or maintaining health

### **Professionalism**

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

- Understanding of legal and regulatory requirements, as well as the appropriate role of the Physician Assistant
- Professional relationships with physician supervisors and other health care providers
- Respect, compassion, and integrity
- Responsiveness to the needs of patients and society
- Accountability to patients, society, and the profession
- Commitment to excellence and on-going professional development
- Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- Sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- Self-reflection, critical curiosity and initiative

### **Practice-Based Learning and Improvement**

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature and other information resources for the purpose of self-improvement. Physician Assistants must be able to assess, evaluate and improve their patient care practices. Physician Assistants are expected to:

- Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- Locate, appraise, and integrate evidence from scientific studies related to their patients' health problems
- Obtain and apply information about their own population of patients and the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Apply information technology to manage information, access on-line medical information, and support their own education
- Facilitate the learning of students and/or other health care professionals
- Recognize and appropriately address gender, cultural, cognitive, emotional and other biases; gaps in medical knowledge; and physical limitations in themselves and others

### **Systems-Based Practice**

Systems-based practice encompasses the societal, organizational and economic environments in which health care is delivered. Physician Assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. PAs should work to improve the larger health care system of which their practices are a part.

Physician Assistants are expected to:

- Use information technology to support patient care decisions and patient education
- Effectively interact with different types of medical practice and delivery systems
- Understand the funding sources and payment systems that provide coverage for patient care
- Practice cost-effective health care and resource allocation that does not compromise quality of care
- Advocate for quality patient care and assist patients in dealing with system complexities
- Partner with supervising physicians, health care managers and other health care providers to assess,

- coordinate, and improve the delivery of health care and patient outcomes
- Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
- Apply medical information and clinical data systems to provide more effective, efficient patient care
- Use the systems responsible for the appropriate payment of services

### **Functions and Task Proficiencies of a Primary Care Physician Assistant Program Graduate**

The following is a list of functions and tasks that graduates are expected to perform with competency and proficiency as a result of their training and education. This document is generated on the basis of the American Academy of Physician Assistant's Role Delineation for the Physician Assistant, the National Commission on Certification of Physician Assistants, the Standards and Guidelines for an Accredited Educational Program for the Physician Assistant and curricular objectives from the ISU Physician Assistant Program.

#### **Recognition of Interdependent Relationship with Supervising Physician**

Accept that the role of the Physician Assistant is:

- Interdependent with the supervising physician
- Defined within legislation and regulations in the state of practice
- Within the scope of an individual's competencies and training
- Delivered within the context of team-delivered care.

#### **Professional Competencies**

- MEDICAL KNOWLEDGE
  - Understand pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion and disease prevention.
  - Demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice.
  - Demonstrate an investigatory and analytic thinking approach to clinical situations.
- INTERPERSONAL & COMMUNICATION SKILLS
  - Demonstrate that interpersonal and communication skills encompass verbal, nonverbal and written exchange of information.
  - Demonstrate interpersonal and communication skills that result in effective information exchange with patients, their families, physicians, professional associates, and the health care system.
- PATIENT CARE
  - Demonstrate age-appropriate assessment, evaluation and management.
  - Demonstrate care that is effective, patient-centered, timely, efficient and equitable for the treatment of health problems and the promotion of wellness.
- PROFESSIONALISM
  - Demonstrate prioritizing the interests of those being served above one's own.
  - Understand your professional and personal limitations.
  - Demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements.
  - Practice free from substance abuse, cognitive deficiency or mental illness.
- PRACTICE-BASED LEARNING AND IMPROVEMENT
  - Demonstrate the ability to engage in critical analysis of their own practice experience, medical literature and other information resources for the purpose of self-improvement.
  - Demonstrate the ability to assess, evaluate and improve their patient care practices.
- SYSTEMS-BASED PRACTICE
  - Demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value.
  - Work to improve the larger health care system of which your practices are a part.
- RECOGNITION, EVALUATION AND TRIAGE

- a. Recognize and triage patients of all ages with life-threatening conditions.
- b. Evaluate /triage patients with chronic illness.
- c. Evaluate/triage elderly patients.
- d. Evaluate/triage children with medical needs.
- e. Evaluate/triage patients with pain.
- f. Evaluate/triage patients via telephone.
- g. Recognize the need to triage patients without health care to a primary care physician/clinic.
- h. Perform Pap smear
- i. Collect cervical cultures
- **DIAGNOSTIC AND THERAPEUTIC PROCEDURES**
  - a. Appropriately collect laboratory specimens, e.g., sputum, blood, urine, wound, throat, & blood cultures
  - b. Perform phlebotomy
  - c. Suture lacerations
  - d. Interpret diagnostic chest x-ray, long bone, skull, spine, or abdominal films
  - e. Catheterization, urethral
  - f. Insert NG tube
  - g. Apply casts, splints and stabilization devices
  - h. Perform BLS (CPR) and/or ACLS
  - i. Demonstrate universal precautions
  - j. Debride wounds and apply surgical dressings
  - k. Insert Intravenous lines
  - l. Infiltrate local anesthesia
  - m. Administer parenteral medications/therapeutic injections
  - n. Perform and interpret basic office laboratory procedures, e.g., blood sugars, cholesterol, CBC, hematocrit, urinalysis, hemocult, (interpret) Gram stain
  - o. Interpret basic rhythm strip and 12 lead EKG
  - p. Participate in the administration and interpretation of a PPD skin test
  - q. Demonstrate aseptic technique, proper scrubbing technique, and appropriate patient draping for sterile procedures
  - r. Assess developmental milestones and/or well child check
  - s. Conduct screening spirometry testing or peak flow testing
- **COLLABORATION/COMMUNICATIONS**
  - a. Produce organized readable, concise written reports that include all pertinent information.
  - b. Give organized concise verbal presentations.
  - c. Write progress notes that communicate status of identified problems, new findings, and management in a problem oriented approach.
  - d. Recognize the need for and utilize consultations appropriately with other health professionals. Accurately determine patient's expectations and provide information as to their correctness.
  - e. Demonstrate respect for and appreciation of an interdisciplinary approach to patient care.
  - f. Access ancillary and support services within the institution and community.
- **COMMUNICATIONS WITH PATIENTS AND/OR FAMILIES**
  - a. Demonstrate an understanding of the concept of the patient/physician assistant relationship and its impact on adherence.
  - b. Communicate effectively with the patient and their family about the current concept of the patient's problem and elicit their understanding and concerns.
  - c. Communicate available treatment options, advantages versus disadvantages, cost and recommendations.
  - d. Communicate with the patient and their family about the importance of self-determination and self-care in the healing process.
  - e. Demonstrate an understanding of how differences in race, ethnicity, culture, religion, and sexual orientation may impact health outcomes.
  - f. Take steps to insure that patients understand and are motivated to comply with the proposed

- management plan through appropriate patient education and discussion.
  - g. Demonstrate the ability to work with patients with communication problems.
  - h. Explain a planned procedure to a patient in understandable terms and obtain informed consent when needed.
  - i. Develop effective telephone communication skills.
- PSYCHOLOGICAL ASPECTS OF TREATMENT
  - a. Demonstrate compassion for patients and respect for their rights and privacy.
  - b. Treat patients as individuals with important personal, family and community values, goals, and concerns.
  - c. Recognize one's own limitations such as beliefs and perceptions that may influence the perception and management of patients.
  - d. Demonstrate the ability to work with hostile or uncooperative patients.
  - e. Demonstrate empathy.
- LEGAL, ETHICAL AND VALUE CONCERNS
  - a. Demonstrate recognition of ethical and legal concerns related to clinical practice, e.g., patient autonomy, justice, beneficence.
  - b. Demonstrate recognition of the conflict of values that arise in clinical practice.
  - c. Demonstrate recognition of religious issues that may arise in the practice of clinical medicine.
  - d. Demonstrate recognition of alternative healing approaches, including recognition of the contribution of religious values and beliefs to healing.
  - e. Demonstrate recognition of the patient's rights including the right to refuse treatment and the ability to execute advanced directives.
  - f. Recognize the need for sensitivity and support in situations that involve death and dying.
  - g. Demonstrate recognition of legal reporting requirements related to medical practice.
  - h. Recognize issues that may impact care of self and/or family members.
- HEALTH PROMOTION, RISK ASSESSMENT AND PATIENT EDUCATION
  - a. Explain self-examination techniques to patients for cancer screening: e.g., breast, testicles, and skin.
  - b. Identify and analyze health risks in given patients, families, and communities (epidemiological and genetic assessment).
  - c. Identify persons at risk for common health problems.
  - d. Utilize health promotion and disease prevention screening protocols appropriate to age, sex, and patient risk factors.
  - e. Evaluate up-date immunizations based on the current practice guidelines.
  - f. Counsel patients on family planning/contraception
  - g. Provide AIDS education
  - h. Provide basic dietary counseling.
  - i. Recognize strategies to keep patients out of hospitals (secondary & tertiary prevention)
  - j. Provide counseling on lifestyle modification that will positively impact on health outcomes:
  - k. Safer sex behavior
  - l. Use of tobacco products
  - m. Substance abuse
  - n. Suicide prevention
  - o. Weight reduction
  - p. Exercise
  - q. Stress management strategies

**Optional Textbooks and Subscriptions:**

- Up-to-date, MD Consult, Ferri's Clinical Advisor, or Epocrates Essentials

**Family Practice:**

- Harrison's Principles of Internal Medicine
- Current Medical Diagnosis and Treatment
- Nelson's Essentials of Pediatrics
- Current Pediatric Diagnosis and Treatment
- Harriet Lane Handbook

**Internal Medicine:**

- Harrison's Principles of Internal Medicine
- Current Medical Diagnosis and Treatment

**Pediatrics:**

- Nelson Textbook of Pediatrics (available on MD Consult)
- Current Pediatric Diagnosis and Treatment
- Harriet Lane Handbook

**Obstetrics and Gynecology:**

- Hacker and Moore Essentials of Obstetrics and Gynecology
- Current Obstetric and Gynecologic Diagnosis and Treatment

**Mental Health/Psychiatry:**

- Current Medical Diagnosis and Treatment
- Harrison's Principles of Internal Medicine
- Moore & Jefferson: Handbook of Medical Psychiatry, 2nd ed. (available on MD Consult)
- Jacobson: Psychiatric Secrets, 2nd ed. (available on MD Consult)

**Surgery:**

- Current Surgical Diagnosis and Treatment
- Essentials of General Surgery

**Emergency Medicine:**

- Current Medical Diagnosis and Treatment
- Current Pediatric Diagnosis and Treatment
- Current Obstetric and Gynecologic Diagnosis and Treatment
- Harrison's Principles of Internal Medicine
- Rosen's Emergency Medicine: Concepts and Clinical Practice (available on MD Consult)