

chatham UNIVERSITY

PHYSICIAN ASSISTANT STUDIES

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Preceptor Handbook

Preceptor Handbook

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INTRODUCTION

Introduction to the University

Chatham University, a women's liberal arts institution, was founded in 1869 and is located on 32 acres in the Shadyside area of Pittsburgh. Its liberal arts education offers curriculum in the sciences, humanities, fine and performing arts, professional programs, environmental studies, international studies, and global policy studies. Chatham is the home of the Rachel Carson Institute. The baccalaureate degree is open only to women.

Chatham University offers the following Master degree programs to men *and* women in the health sciences: counseling psychology, nursing, physical therapy, occupational therapy, and physician assistant studies. Doctoral programs are also available for the psychology, nursing, physical therapy and occupational therapy.

Chatham University is accredited by the Commission on Institutions of Higher Education of the Middle States Association of Colleges and Secondary Schools, the American Chemical Society, the Pennsylvania Department of Education Teacher Certification Program, the Accreditation Council for Occupational Therapy Education, the American Physical Therapy Association and ARC-PA (Accreditation Review Commission on Education for the Physician Assistant, Inc).

Introduction to the Program

The Physician Assistant Studies Program at Chatham University provides academic and clinical training that will prepare its graduates to be certified and licensed to practice as extenders to the practicing physician, especially the primary care physician, in a competent and reliable manner. The goals of the program are to:

- Educate competent physician assistants to practice as primary care providers to disadvantaged populations;
- Contribute to advancement of knowledge in the discipline and in medicine;
- Serve local, national, and international communities through active involvement in service-oriented programs for medically underserved populations and professional organizations.

Vision Statement

To become the best PA Program in the nation... whose faculty is recognized for developing and researching innovative curricular methods and whose graduates are known as outstanding clinicians in the community and leaders in the profession.

Accreditation

Eligibility for practice as a physician assistant requires passing a national certifying examination given by the National Commission on Certification of Physician Assistants. Pennsylvania requires this certification for licensure. Physician assistants must complete 100 hours of continuing medical education every two years and take a recertification exam every six years.

To sit for the certifying examination, graduate physician assistants must have completed a program accredited by the Accreditation Review Committee on Education for the Physician Assistant (ARC-PA). Chatham University was initially accredited by CAAHEP in April 1997. A five-year accreditation was awarded in the spring of 2000, followed by a seven-year re-accreditation in March 2005.

CURRICULUM

Curriculum

The curriculum is a 24-month (85 credits) professional course of study leading to the Master of Physician Assistant Studies (MPAS) degree. Basic medical sciences, research, clinical methods, and clinical experiences are integrated from the beginning of the program and continued throughout the course of study.

The ultimate goal of Chatham's Physician Assistant Studies Program is to produce physician assistants capable of providing primary medical care in an ethical, legal, safe, and caring manner. To achieve this goal, students must acquire knowledge and the ability to use that knowledge in the practice of Medicine. Physician Assistant students must repeatedly apply their knowledge in order to increase its usefulness. They must be able to reason effectively and to retrieve and apply their knowledge appropriately in the care of patients. They must acquire self-directed learning skills in order to keep their knowledge current. Students can learn what is acceptable and appropriate at the time of learning, but as the body of skills, procedures, and knowledge is ever growing and being modified, the students must apply the ability to expand their education after leaving school. It is also important that the students develop the ability to interact effectively with patients and other healthcare professionals. They need to understand themselves and others in order to deal with all aspects of the patient's problems.

Problem-based learning forms the backbone of the entire curriculum. In this learning process, the student encounters a clinical problem, which serves as stimulus for the application of clinical-reasoning skills. Students then initiate a search for information and knowledge needed to understand the mechanisms responsible for the problem and how it might be resolved. Students acquire knowledge at the same time they develop their clinical-reasoning, self-directed learning, and teamwork skills. They are encouraged to seek out all available learning resources, thus developing skills necessary for the life-long learning that a medical practitioner must use.

PRECEPTOR RESPONSIBILITIES

Preceptor Responsibilities

1. Orient the student to the work environment and make known your expectations of the student's role for the rotation. You can use our "Clinical Objectives" as a reference.
2. Provide hands-on learning under your direct supervision. It is expected that students participate in all aspects of patient care in the outpatient, inpatient and long-term care settings. Depending on the type of rotation, this may also include hospital rounds, emergency/urgent care and assisting in the operating room.
3. Facilitate the student's learning of your specialty by listening to patient presentations, questioning the student and providing feedback. Challenge the student to identify areas of insufficient knowledge and to use this as an impetus for additional learning.
4. Provide at least 32-40 hours per week of work for the student (or an equivalent of at least 160 hours for the entire 5-week rotation), with a maximum of 60 hours per week, including on-call hours. You set the hours for the student, as you feel appropriate.
5. When available, feel free to share resources with our students (books, journal articles, etc) and provide opportunities to enhance professional development (grand rounds, team meetings, etc).
6. We ask that if you are not available at any time you are scheduled to precept to let us know immediately so we can reassign the student(s) to another site.
7. If there are any changes in the precepting team, please let us know so we can update their names in our database.
8. If there are any changes in the facilities that the precepting team works at please let us know so the information can be changed in our database.
9. The program should not rely primarily on resident physicians for didactic or clinical instruction.
10. All instructional faculty serving as supervised clinical practice experience preceptors must hold a **valid license** that allows them to practice at the clinical site.
11. Physicians should be either Board Certified for the specified area of instruction, or have worked in their specialty for five or more years.
12. Students must not substitute for clinical or administrative staff during supervised clinical practical experiences.

CLINICAL PERFORMANCE OBJECTIVES

Second-Year Students Clinical Experience (CE) Performance Objectives

Primary Care (Family Practice and Internal Medicine)

Emergency Medicine

Pediatrics

Psychiatry/Behavioral Health

Women's Health

General Surgery

Orthopedics

Elective

Primary Care (Family Practice and Internal Medicine)

Clinical Performance Objectives

Demonstrate your attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills through the following:

1. Obtain and document an appropriate history utilizing all available information sources (patient, family, community, old records).
2. Perform and document an appropriate physical examination.
3. Describe the following primary care problems, including pathophysiology, diagnosis, treatment and follow-up:
 - a. Infectious Diseases
(bacterial, viral, fungal, protozoan, spirochetal, mycobacterial)
 - b. Dermatologic Disorders
(bacterial, fungal, viral, papulosquamous, drug reactions, exanthemas, acne, infestations, tumors, urticaria, cancer)
 - c. Immunologic/Allergic Disorders
(rhinitis, immunodeficiency syndromes, vasculitis, sarcoidosis, amyloidosis, degenerative joint disease, gout, reactive arthritides, systemic lupus erythematosus, fibromyalgia, rheumatoid arthritis)
 - d. Hematologic/Oncologic Disorders
(anemia, leukemia, lymphoma, bleeding disorders, platelet disorders, lymphadenopathy, myelodysplastic syndrome, principles of chemotherapy, oncologic emergencies)
 - e. Ear/Nose/Throat Disorders
(otitis externa/media, vertigo, hearing loss, impacted cerumen, foreign bodies, acute/chronic sinusitis, rhinitis, pharyngitis, epiglottitis, tonsillitis, stomatitis, benign/malignant tumors/lesions, epistaxis)
 - f. Eye Disorders
(glaucoma, cataracts, viral/bacterial/fungal infection, strabismus, ptosis, nystagmus, retinal detachment, foreign body, orbital blowout fracture, corneal injuries, macular degeneration, diabetic retinopathy)
 - g. Endocrine/Metabolic Disorders
(diabetes I/II/insipidus, hyper/hypopituitarism, syndrome of inappropriate ADH secretion, hyper/hypothyroidism, thyroid tumors, hyper/hypoparathyroidism, hyper/hypocalcemia, osteoporosis, osteopenia, hemochromatosis, porphyrias, Wilson's disease, malnutrition, obesity, vitamin deficiencies and excess, electrolyte disorders, acid-base disorders)
 - h. Cardiovascular Disorders
(angina, hypertension, congestive heart failure, coronary artery disease, dyslipidemias, pulmonary edema, acute myocardial infarction, valvular heart disease, congenital heart disease, arrhythmias, endocarditis, pericarditis, cardiomyopathies, peripheral vascular disease, varicose veins, lymphedema)

Primary Care (Family Practice and Internal Medicine) - continued

Clinical Performance Objectives

3. Describe the following primary care problems, including pathophysiology, diagnosis, treatment and follow-up (continued):
 - i. Respiratory Disorders
(influenza, pneumonia, croup, acute/chronic bronchitis, bronchiolitis, COPD, emphysema, asthma, tuberculosis, pleuritis, effusions, respiratory distress syndrome, cancer)
 - j. Gastrointestinal Disorders
(reflux, dysphagia, peptic ulcer disease, gastritis, irritable/inflammatory bowel syndromes, diverticulosis, diverticulitis, constipation, diarrhea, hemorrhoids, anal fissure, cholelithiasis, cholecystitis, hepatitis, cirrhosis, portal hypertension, esophageal varices, pancreatitis, hernias, malabsorptive syndromes, congenital anomalies, benign/malignant tumors)
 - k. Renal Disorders
(acid-base disturbances, electrolyte imbalances, acute/chronic renal failure, glomerulonephritis, pyelonephritis, hemolytic uremic syndrome, nephrolithiasis, congenital abnormalities, benign/malignant tumors)
 - l. Male/Female Urologic Disorders
(urinary tract infections, incontinence, urethritis, infertility, benign/malignant prostate disorders, varicocele, epididymitis, erectile dysfunction, benign/malignant testicular disorders, sexually transmitted diseases)
 - m. Gynecologic Disorders
(endometriosis; dysmenorrhea; pre/peri/postmenopause; benign/malignant tumors of breast, cervix, uterus, ovaries; family planning, sexually transmitted diseases, androgen disorders)
 - n. Musculoskeletal Disorders
(joint pain, joint effusion, arthritides, osteopenia, osteoporosis, kyphosis, scoliosis, spondylosis, herniated/ruptured intravertebral disc, tendonitis, bursitis, sprains, strain, fractures, dislocations, DeQuervain's tenosynovitis, benign/malignant tumors, carpal tunnel)
 - o. Neurologic Disorders
(cranial nerve deficits, Bell's Palsy, seizure disorders, stroke, transient ischemic attack, meningitis, multiple sclerosis, Parkinson's disease, Alzheimer's disease, dementia, amyotrophic lateral sclerosis, Guillan-Barre syndrome, myasthenia gravis, muscular dystrophy, metabolic encephalopathies, trauma, paralysis, benign/malignant tumors, headaches, tremors, tic disorders, neuropathies)
 - p. Psychiatric Disorders
(psychoses, anxiety/mood disorders, personality disorders, eating disorders, substance abuse, bereavement, stress disorders)

Primary Care (Family Practice and Internal Medicine) - continued

Clinical Performance Objectives

4. Order and interpret diagnostic tests to include, laboratory tests, imaging studies and any other indicated tests.
5. Generate and implement an appropriate management plan, follow up plans, patient education and counseling.
6. Discuss the appropriate use of medications with relation to indications, dosage, delivery method, contraindications, interactions, side effects, metabolism and excretion.
7. Properly perform/assist, under supervision of a preceptor, any procedures related to the care of a patient, including: wound care, venipuncture, arterial blood gas draw, CPR, splinting/casting, suturing
8. Describe certain public health issues related to family medicine, including: socioeconomic, geographic, racial and ethnic factors, cultural and religious attitudes, nutritional risk factors.

Emergency Medicine

Clinical Performance Objectives

Demonstrate your attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills through the following:

1. Obtain and document an appropriate history utilizing all available information sources (patient, family, community, old records).
2. Perform and document appropriate physical examinations.
3. Describe the following emergency medicine encounters including pathophysiology, diagnosis, indications/contraindications for surgical intervention, treatment and follow-up:
 - a. Cardiovascular Disease/Injury/Myocardial Infarction/Angina Pectoris
 - b. Arrhythmias
 - c. Shock (Cardiogenic, Neurogenic, Hypovolemic, Septic)
 - d. Acute Pulmonary Edema/Congestive Heart Failure
 - e. Respiratory Distress
 - f. Drowning
 - g. Ingestion/Aspiration/placement Of Foreign Bodies
 - h. Anaphylaxis/Drug Reaction
 - i. Diabetic Emergencies
 - j. Orthopedic Injuries/Trauma
 - k. Poisoning/Overdose
 - l. Drug Abuse
 - m. Thermal Injuries
 - n. Venoms, Bites, Stings
 - o. Hemorrhage
 - p. Pneumothorax
 - q. Open Wounds/Lacerations
 - r. Epistaxis
 - s. Corneal Injuries
 - t. Head Trauma
 - u. Epilepsy
 - v. Acute Abdominal Pain
 - w. Pelvic Pain
 - x. Sexually Transmitted Diseases
 - y. Domestic/Date Violence/other abuse

Emergency Medicine (continued)

Clinical Performance Objectives

4. Order and interpret diagnostic tests to include, laboratory tests, imaging studies and any other indicated tests.
5. Generate and implement an appropriate management plan, follow up plans, patient education and counseling.
6. Discuss the appropriate use of medications in the emergency department in relation to indications, dosage, delivery method, contraindications, interactions, side effects, metabolism and excretion.
7. Properly perform/assist, under supervision of a preceptor, any procedures related to the care of an emergency department patient, including: wound care, nasogastric tube placement, venipuncture, arterial blood gas draw, line/tube insertion, CPR, splinting/casting, suturing
8. Describe certain public health issues related to the emergency department, including: socioeconomic, geographic, racial and ethnic factors, cultural and religious attitudes, nutritional risk factors.

Pediatrics

Clinical Performance Objectives

Demonstrate your attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills through the following:

1. Obtain and document an appropriate pediatric history utilizing all available information sources (patient, family, community, old records).
2. Describe the following pediatric problems, including pathophysiology, diagnosis, indications/contraindications for surgical intervention, treatment and follow-up:
 - a. Management Of Newborn Problems
 - b. Birth Trauma
 - c. Respiratory Disorders
(respiratory distress syndrome, transient tachypnea of the newborn, apnea of prematurity)
 - d. Metabolic Problems
(hypothermia, hyper/hypoglycemia, hypo/hypercalcemia, hypernatremia, hyperbilirubinemia, fetal alcohol syndrome)
 - e. Neonatal/Childhood Infections
 - f. Fever
 - g. Necrotizing Enterocolitis
 - h. Sudden Infant Death Syndrome
 - i. Congenital Abnormalities
(heart disease, GI/GU defects, eye defects, neurologic deficits, musculoskeletal defects)
 - j. Colic
 - k. Failure to Thrive
 - l. Hematologic Disorders
(sickle cell anemia, hemolytic anemia, aplastic anemia, thalassemia, leukemia)
 - m. Developmental/Behavioral Disorders
 - n. Orthopedic Disorders
(slipped capital femoral epiphysis, Legg Calves Perthes, club foot)
 - o. Delayed Sexual Maturation
 - p. Precocious Puberty
 - q. Eating Disorders
 - r. Child Abuse Findings
 - s. Poisonings
 - t. Exanthemas
 - u. Infectious processes (strep pharyngitis, otitis externa/media, mononucleosis)

Pediatrics (continued)

Clinical Performance Objectives

3. Order and interpret diagnostic tests to include, laboratory tests, imaging studies and any other indicated tests.
4. Generate and implement an appropriate management plan, follow up plans, patient education and counseling.
5. Discuss the appropriate use of medications in the pediatric patient in relation to indications, dosage, delivery method, contraindications, interactions, side effects, metabolism and excretion.
6. Describe and discuss a well child exam, including: immunization schedules, risk-taking behaviors, growth chart, nutrition, developmental benchmarks
7. Describe certain public health issues related to pediatric patients, including: socioeconomic, geographic, racial and ethnic factors, cultural/religious attitudes towards surgical intervention, nutritional risk factors.

Psychiatry/Behavioral Medicine

Clinical Performance Objectives

Demonstrate your attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills through the following:

1. Obtain and document an appropriate psychiatric history utilizing all available information sources (patient, family, community, old records).
2. Perform and document appropriate physical/psychiatric examination and properly document using the DSM-IV format.
3. Describe the following psychiatric problems, including pathophysiology, diagnosis, treatment and follow-up:
 - a. Dementias
 - b. Mental Disorders due to General Medical Conditions
 - c. Neuropsychiatric Aspect of HIV/AIDS
 - d. Substance Abuse
(alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, nicotine, sedatives, hypnotics, phencyclidines)
 - e. Schizophrenia
 - f. Delusional Disorders
 - g. Schizoaffective Disorders
 - h. Mood Disorders
(depression, bipolar, dysthymia, cyclothymia, postpartum)
 - i. Anxiety Disorders
(panic, phobias, obsessive-compulsive, posttraumatic stress, acute stress)
 - j. Somatoform Disorders
 - k. Factitious Disorders
 - l. Sexual/Gender Identity Disorders
 - m. Eating Disorders
 - n. Sleep Disorders
 - o. Personality Disorders
 - p. Suicidal Ideations
 - q. Children's Disorders
(mental retardation, learning disorders, attention deficit, disruptive behaviors, separation/attachment, tics)
 - r. Geriatric Considerations
 - s. Domestic/Dating Violence
 - t. Psychiatric Emergencies
(suicide attempt, drug overdose, violent behavior, acute psychosis)

Psychiatry/Behavioral Medicine (continued)

Clinical Performance Objectives

4. Order and interpret diagnostic tests to include, laboratory tests, imaging studies and any other indicated tests.
5. Generate and implement an appropriate management plan, follow up plans, patient education and counseling.
6. Discuss the appropriate use of medications in the psychiatric patient in relation to indications, dosage, delivery method, contraindications, interactions, side effects, metabolism and excretion.
7. Describe and discuss various theories of human behavior as related to patient care.
8. Describe and discuss ethical principles related to the care of the psychiatric patient.
9. Describe and discuss the legal principles and implications of committing a patient to a psychiatric hospital.
10. Describe certain public health issues related to psychiatry/behavioral medicine including: socioeconomic, geographic, racial and ethnic factors, cultural and religious attitudes, nutritional risk factors.

Women's Health

Clinical Performance Objectives

Demonstrate your attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills through the following:

1. Obtain and document an appropriate gynecologic/obstetric history utilizing all available information sources (patient, family, community, old records).
2. Perform and document the following:
 - a. Appropriate Gynecologic Examination
 - b. Appropriate Breast Examination
 - c. Appropriate Obstetrical Examination
 - d. Labor and Delivery Progress Examination
3. Describe the following conditions or disease, including pathophysiology, diagnosis, indications/contraindications for surgical intervention, risks, benefits, treatment and follow-up of:
 - a. Breast Disorders
(fibrocystic disease, fibroadenoma, cancer)
 - b. Menstrual Disorders
(premenstrual syndrome, primary and secondary amenorrhea, dysmenorrhea, premenopause, menopause, postmenopause)
 - c. Cervical Disease
(abnormal PAP smear, dysplasia, cancer)
 - d. Uterine Disease
(endometriosis, polyps, cancer)
 - e. External Genitalia Disorders
(benign and malignant)
 - f. Ovarian Disease
(polycystic ovarian syndrome, cysts, cancer)
 - g. Sexually Transmitted Diseases
 - h. Infertility
 - i. Sexual Dysfunction
 - j. Genital and Reproductive Anomalies
 - k. Pelvic Floor Disorders
(prolapse, cystocele, rectocele, incontinence)
 - l. Urinary Tract Infections
 - m. Normal Pregnancy

Women's Health (continued)

Clinical Performance Objectives

3. Describe the following common conditions or disease, including pathophysiology, diagnosis, indications/contraindications for surgical intervention, risks, benefits, treatment and follow-up of (continued):
 - n. Pregnancy Induced Conditions/Complications
(anemia, hemorrhoids, carpal tunnel syndrome, cholecystitis, pancreatitis, pulmonary embolus, pelvic thrombosis, gestational diabetes, thyroid disorders, gestational trophoblastic disease, hyperemesis gravidarum, preeclampsia, eclampsia, HELLP syndrome, intrauterine growth retardation, macrosomia, spontaneous abortion, ectopic pregnancy, multiple gestation, intrauterine fetal demise, bleeding, placenta previa, abruption placenta, shock, chorioamnionitis, premature rupture of membranes, preterm labor, meconium, Rh incompatibility, dystocia, breech presentation, post term pregnancy)
 - o. Postpartum Considerations
(hemorrhage, lactation, mastitis, endometritis, postpartum depression)
 - p. Teenage Pregnancy
 - q. Domestic/Dating Violence
4. Order and interpret diagnostic tests to include, laboratory tests, imaging studies and any other indicated tests.
5. Generate and implement an appropriate management/discharge plans, follow up plans, patient education and counseling.
6. Discuss the appropriate use of medications in the gynecologic and obstetric patient in relation to indications, dosage, delivery method, contraindications, interactions, side effects, metabolism, excretion and teratogenicity.
7. Perform/assist under supervision and document properly the following procedures/exams:
 - a. Office Procedures
(PAP smear, wet prep, cultures, urinalysis, pregnancy testing, speculum exam, bimanual exam, breast exam, colposcopy, biopsies, subdermal contraceptive implantation, IUD placement, diaphragm fitting, endometrial biopsy)
 - b. Obstetrical Procedures
(ultrasound, fundal height measurement, Leopold maneuvers, fetal monitoring, induction of labor, rupture of membranes, intrauterine pressure catheter placement, scalp pH, episiotomy, episiotomy repair, normal vaginal delivery, forceps delivery, vacuum extraction, delivery of placenta, Caesarean delivery)
 - c. Operative Procedures
(total abdominal hysterectomy, vaginal hysterectomy, salphingo-oophorectomy, laparoscopic surgery, dilatation and curettage, cystocele/rectocele repair, Caesarean delivery)
8. Describe certain public health issues related to women's health, including: socioeconomic, geographic, racial and ethnic factors, cultural/religious attitudes towards surgical intervention, nutritional risk factors.

General Surgery

Clinical Performance Objectives

Demonstrate your attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills through the following:

1. Obtain and document an appropriate surgical history utilizing all available information sources (patient, family, community, old records).
2. Perform and document appropriate physical examinations for preoperative screening, perioperative management and postoperative follow-up.
3. Describe the following surgical problems, including pathophysiology, diagnosis, indications/contraindications for surgical intervention, risks, benefits, treatment and follow-up of:
 - a. Infectious Diseases
(wound infection, dehiscence, sepsis, abscess, C. difficile, MRSA)
 - b. Dermatologic Disorders
(impaired wound healing, lipomas, seromas, sebaceous cysts, benign/malignant skin lesions)
 - c. Thyroid Disorders
(thyrotoxicosis, hyper/hypothyroidism, toxic adenoma, papillary/follicular/undifferentiated/medullary carcinomas)
 - d. Parathyroid Disorders
(hyper/hypoparathyroidism, parathyroid carcinoma)
 - e. Pulmonary Disorders
(COPD, aspiration, ventilator dependency, atelectasis, pneumothorax, hemothorax, tension pneumothorax, pneumonia, empyema, pleural effusions, pulmonary embolism, non-small cell carcinoma, adenocarcinoma, small cell carcinoma, paraneoplastic syndrome, mesothelioma)
 - f. Esophageal Disorders
(achalasia, hiatal hernia, gastroesophageal reflux, Barrett's esophagus, esophageal malignancies, esophageal varices, atresia, tracheoesophageal fistula, Mallory-Weiss syndrome, Borhaaves's syndrome)
 - g. Stomach Disorders
(peptic ulcer, perforated ulcer, H. pylori infection, gastric carcinoma, gastritis, dumping syndrome, pyloric stenosis)
 - h. Intestinal Disorders
(bowel obstruction, Zollinger-Ellison syndrome, ileus, Meckel's diverticulum, radiation injury, atresia, malrotation, benign/malignant tumors, diverticulosis, diverticulitis, ulcerative colitis, Crohn's disease, ischemic colitis, vascular insufficiency, pseudomembranous colitis, volvulus, intussusception, Hirschprung's disease, hemorrhoids)
 - i. Liver Disorders
(pyogenic abscess, amebic abscess, malignancy, hepatitis, metastatic tumors, portal hypertension, traumatic injury)

General Surgery (continued)

Clinical Performance Objectives

3. Describe the following surgical problems, including pathophysiology, diagnosis, indications/contraindications for surgical intervention, risks, benefits, treatment and follow-up of (continued):
 - j. Biliary Disorders
(cholelithiasis, cholecystitis, acalculous cholecystitis, choledocholithiasis, carcinoma, cholangitis)
 - k. Pancreatic Disorders
(pancreatitis, abscess, carcinoma)
 - l. Splenic Disorders
(traumatic injury, idiopathic thrombocytopenic purpura, thrombotic thrombocytopenic purpura, hypersplenism, hereditary spherocytosis)
 - m. Hernias
(inguinal, femoral, umbilical, incisional, omphalocele, gastroschisis)
 - n. Teratomas
 - o. Vascular Disorders
(deep vein thrombosis, phlebitis, varicose veins, AV fistula, abdominal aortic aneurysm, thoracic aortic aneurysm, aortic dissection, femoral aneurysm, pseudoaneurysm, peripheral arterial occlusive disease, thoracic outlet obstruction, arterial trauma)
 - p. Neurologic Disorders
(vertebral disc disease, intracranial tumors, neurovascular disease, hemorrhage, hematoma, impingement syndromes)
4. Order and interpret diagnostic tests to include, laboratory tests, imaging studies and any other indicated tests.
5. Generate and implement an appropriate management/discharge plans, follow up plans, patient education and counseling.
6. Discuss the appropriate use of medications in the surgical patient in relation to indications, dosage, delivery method, contraindications, interactions, side effects, metabolism and excretion.
7. General operating room procedures, including:
(properly scrub, sterile technique, position and drape patient, suturing, stapling, knot tying, hold retractors, transfer patient).

General Surgery (continued)

Clinical Performance Objectives

8. Be familiar with the following surgical procedures:
 - a. Dermatologic
(excision of cysts, Moh's surgery, incision and drainage, skin grafting, skin flaps)
 - b. Thyroidectomy
 - c. Parathyroidectomy
 - d. Thoracic
(thoracotomy, thoracostomy, pneumonectomy, lobectomy, wedge resection, pleurectomy, biopsy, mediastinoscopy, mediastinotomy, thoracoscopy, esophagectomy, esophagoscopy)
 - e. Gastric/Intestinal
(upper endoscopy, gastrostomy, gastrectomy, vagotomy, Bilroth I/II, jejunostomy, Roux-en-Y, bowel resection, colonoscopy, polypectomy, abdominal-perineal resection, colostomy, hemorrhoidectomy)
 - f. Cholecystectomy
 - g. Herniorrhaphies
 - h. Neurologic
(discectomies, pain pump insertions, surgical excision of intracranial tumors/AVM, evacuation of hemorrhage, aneurysm clipping, gamma knife procedures, nerve decompression)
9. Identify and utilize appropriately the following surgical instruments:
(hemostat, Kelly clamp, Kocher clamp, mosquito clamp, tissue forceps, Allis forceps, Babcock forceps, Russian forceps, Mixter forceps, oschner clamps, intestinal clamps, Adson forceps, mayo scissors, metzenbaum scissors, Richardson retractors, army/navy retractors, sweetheart retractors, deavor retractor, balfour retractor, skin hook, rake, staplers, clip appliers, needle holders, suture materials).
10. Identify and manage the appropriate perioperative risk mitigation techniques for DVT/PE, infection, mobility, ambulation, blood conservation.
11. Utilize pathology results to document TNM staging for cancer patients.
12. Describe certain public health issues related to surgery, including: socioeconomic, geographic, racial and ethnic factors, cultural/religious attitudes towards surgical intervention, nutritional risk factors.

Orthopedics

Clinical Performance Objectives

Demonstrate your attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills through the following:

1. Obtain and document an appropriate orthopedic history utilizing all available information sources (patient, family, community, other health care providers).
2. Perform and document an appropriate musculoskeletal and peri-operative examination.
3. Describe the following conditions or diseases, including risk factors, pathophysiology, mechanism of injury, diagnosis, treatment, follow-up and complications:
 - a. Spine Disorders
(Jefferson's, odontoid, hangman's, other fracture-dislocations of cervical and thoracolumbar spine, acute hyperextension, herniated discs, stenosis, spondylosis, spondylolisthesis)
 - b. Shoulder Disorders
(acromio-clavicular joint injuries, anterior and posterior dislocations, rotator cuff tear, adhesive capsulitis, impingement syndrome, calcific tendinitis)
 - c. Upper Arm and Forearm Disorders
(proximal humerus fracture, supercondylar fracture, elbow dislocation, olecranon fracture, proximal radius fracture, Monteggia fracture, greenstick and buckle fractures)
 - d. Hand and Wrist Disorders
(Colles', Smith's and Barton's fractures; scaphoid fracture, carpal fractures, lunate dislocation, carpal tunnel syndrome, DeQuervain's tenosynovitis, metacarpal fractures, phalangeal fractures, trigger and mallet deformities, collateral ligament injuries, tendon lacerations, tenosynovitis)
 - e. Pelvis/Acetabulum Fractures
 - f. Hip/Femur Disorders
(femoral neck fracture, intertrochanteric fracture, subtrochanteric fracture, avascular necrosis, slipped capital femoral epiphysis, Legg-Calves-Perthes disease, femoral shaft fracture, distal femur fracture)
 - g. Knee Disorders
(patellar fracture, tibial plateau fracture, Baker's cyst, meniscal tears, ligamentous injuries, bursitis, Osgood-Schlatter disease, chondromalacia)
 - h. Tibia/Fibula Fractures
 - i. Ankle Disorders
(distal fibula fractures, malleolar fractures, sprains, Achilles tendon rupture)
 - j. Foot Disorders
(metatarsal fractures, subtalar fracture, calcaneal fracture, planta fasciitis, Morton's neuroma, bunions, hammertoe and clawfoot deformities)
 - k. Charcot Joint
 - l. Arthritides
 - m. Reflex Sympathetic Dystrophy
 - n. Compartment Syndrome
 - o. Neoplastic Processes

Orthopedics (continued)

Clinical Performance Objectives

4. Order and interpret diagnostic tests to include, laboratory tests, imaging studies and any other indicated tests.
5. Generate and implement an appropriate management/discharge plans, follow up plans, patient education and counseling.
6. Discuss the appropriate use of medications in the orthopedic patient in relation to indications, dosage, delivery method, contraindications, interactions, side effects, metabolism and excretion.
7. Properly perform/assist, under supervision of a preceptor, any surgical procedures or procedures related to the care of an orthopedic patient, including: wound care, casting/splinting application and removal, arthrocentesis, traction application, closed reduction of simple fracture/dislocation, suture/staple/pin removal
8. General operating room procedures, including: properly scrub, sterile technique, position and drape patient, suturing, stapling, knot tying, hold retractors, transfer patient
9. Be familiar with the following surgical procedures:
 - a. Upper Extremity
(ORIF, arthroscopy, insertion of rods/pins, Neer acromioplasty, insertion of prostheses, carpal tunnel release)
 - b. Spine
(laminectomy, insertion of rods)
 - c. Lower Extremity
(ORIF, joint arthroplasties, bunionectomies, arthroscopy, ligament repair, meniscemctomy)
10. Identify and utilize appropriately the following surgical instruments: hemostat, Kelly clamp, Kocher clamp, mosquito clamp, tissue forceps, Richardson retractors, army/navy retractors, osteotomes, elevators, mallet, curettes, rongeurs, skin hook, rake, staplers, clip applicators, needle holders, suture materials
11. Identify and manage the appropriate perioperative risk mitigation techniques for DVT/PE, infection, mobility, ambulation, blood conservation.
12. Utilize pathology results to document TNM staging for cancer patients.
13. Describe certain public health issues related to orthopedics, including: socioeconomic, geographic, racial and ethnic factors, cultural/religious attitudes towards surgical intervention, nutritional risk factors.

Elective Rotation

Clinical Performance Objectives

Demonstrate your attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills through the following:

1. Obtain and document an appropriate history utilizing all available information sources (patient, family, community, old records).
2. Perform and document appropriate physical examinations specific to the elective.
3. Describe common problems specific to the elective, including pathophysiology, diagnosis, indications/contraindications for any surgical intervention, treatment and follow-up.
4. Order and interpret diagnostic tests to include, laboratory tests, imaging studies and any other indicated tests.
5. Generate and implement an appropriate management plan, follow up plans, patient education and counseling.
6. Discuss the appropriate use of medications in the patient in relation to indications, dosage, delivery method, contraindications, interactions, side effects, metabolism and excretion.
7. Properly perform/assist, under supervision of a preceptor, any procedures related to the care of a patient, including:
(wound care, nasogastric tube placement, venipuncture, arterial blood gas draw, line/tube insertion and removal, suturing, splinting/casting).
8. Describe certain public health issues related to the respective area of medicine/surgery, including: socioeconomic, geographic, racial and ethnic factors, cultural/religious attitudes towards surgical intervention, nutritional risk factors.

EVALUATION PROCESS

Clinical Performance Evaluation (CE 1-9)

Mid-Rotation Evaluation of PA Student's Clinical Performance

End-Rotation Evaluation of PA Student's Clinical Performance

End of Rotation Evaluation of Preceptor

Evaluation Process

Preceptors are required to provide formal, written feedback regarding the student's performance at the end of each Clinical Experience. The student is responsible for presenting the evaluation form to the preceptor at the appropriate time. Following completion of the evaluation form, the preceptor may return the form to the student, return the form via fax to **(412) 365-2952** or mail the form to:

**Attention: Clinical Coordinator
Chatham University
Physician Assistant Studies Program
Woodland Road
Pittsburgh, PA 15232**

The form must be completed by the assigned preceptor and/or other clinician at the assigned clinical site who can best evaluate the student's performance. The student is also encouraged to seek feedback from others whom he/she has worked with at the site. The evaluations are used by the Clinical Coordinators (in conjunction with a variety of other parameters as outlined in the course syllabi) to assign the final grade for the clinical experience. Preceptors are encouraged to give an honest appraisal of the student's performance, identifying areas of strength and weakness. Written comments are especially helpful in evaluating the student's progress and identifying areas for further study. Should an issue arise warranting the attention of the Clinical Coordinators, preceptors are encouraged to call the Clinical Coordinators immediately at (412) 365-2765 or (412) 365-2902.

Upon request, we will provide preceptors with a compilation of the students' written comments about the experience with the preceptor and the clinical site.

At the conclusion of each CE assignment, we ask each student and each preceptor to complete evaluation forms based on different criteria relating to their experience. Our students electronically submit their evaluations while the preceptors can manually complete their evaluations. In this handbook are examples of evaluations that the student and the preceptor will be asked to complete. We greatly appreciate any and all feedback we receive from you.

chatham UNIVERSITY

**Physician Assistant
Studies Program**

Woodland Road
Pittsburgh, PA 15232

412-365-1829
412-365-2952 (fax)

Mid-Rotation Evaluation of PA Student's Clinical Performance

Student Name: _____ CE #: _____

Preceptor Name: _____ Specialty: _____

Site Name: _____

Please check the appropriate box based on your mid-rotation evaluation of the student.

| | Borderline or Does Not Meet Expectation | Meets | Exceeds | Comment/Individual Learning Plans |
|---|---|--------------------------|--------------------------|--------------------------------------|
| <u>Professionalism</u> professional demeanor, recognition of personal limitations, respect for patients, honesty and ethics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <u>Attitude</u> initiative, teachability, dependability, team member function | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <u>Applied Knowledge</u> general medical knowledge, test selection and interpretation, patient education/health promotion, integration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <u>Skill</u> interviewing, therapeutic relationships, physical exam, written communication, oral communication, management plans. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Strengths:

Areas for Improvement:

Preceptor's Signature: _____

Date: _____

PA Student Signature: _____

Date: _____

chatham UNIVERSITY

Physician Assistant

Studies Program

Woodland Road

Pittsburgh, PA 15232

412-365-1829

412-365-2952 (fax)

End-Rotation Evaluation of PA Student's Clinical Performance

Student Name: _____ CE #: _____

Preceptor Name: _____ Specialty: _____

Site Name: _____

| Please circle the appropriate number based on your final evaluation of the student. | 5=Exemplary, 1=Inadequate | | | | | |
|--|---------------------------|---|---|---|---|-----|
| 1. The student obtains and documents an appropriate problem-focused history utilizing all available information sources, (such as patient, family and community members). | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. The student performs and documents an appropriate physical examination . | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. The student is able to discuss common problems in this specialty including pathophysiology, diagnosis, treatment and follow-up. | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. The student appropriately interprets diagnostic tests including laboratory results and imaging studies. | 5 | 4 | 3 | 2 | 1 | N/A |
| 5. The student generates and implements an appropriate management plan including treatment, follow-up plans and patient education/counseling. | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. The student is able to discuss the appropriate use of medications related to such issues as dosage, indications, contraindications, interactions, complications, metabolism, excretion and mutagenicity. | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. The student properly performs and documents procedures under the supervision of the preceptor. | 5 | 4 | 3 | 2 | 1 | N/A |
| 8. The student demonstrates proper sterile technique, proper identification of surgical instruments and proper suture and knot-tying techniques . <i>(if applicable)</i> | 5 | 4 | 3 | 2 | 1 | N/A |
| 9. The student is able to describe and discuss routine health maintenance . | 5 | 4 | 3 | 2 | 1 | N/A |
| 10. The student is able to describe and discuss public health issues related to this specialty. | 5 | 4 | 3 | 2 | 1 | N/A |

End-Rotation Evaluation of PA Student's Clinical Performance (continued)

Please circle the appropriate number based on your final evaluation of the student. 5=Exemplary, 1=Inadequate

11. Student Behaviors:

| | | | | | | |
|---|---|---|---|---|---|-----|
| a. The student demonstrates professional attitude as evidenced by appropriate dress and grooming. | 5 | 4 | 3 | 2 | 1 | N/A |
| b. The student demonstrates professional attitude as evidenced by punctuality and timeliness. | 5 | 4 | 3 | 2 | 1 | N/A |
| c. The student demonstrates self-directed learning by identifying and resolving learning issues (i.e. problem solving, critical thinking skills). | 5 | 4 | 3 | 2 | 1 | N/A |
| d. The student is considerate and is willing to help others on the team. | 5 | 4 | 3 | 2 | 1 | N/A |
| e. The student demonstrates initiative and willingness to work. | 5 | 4 | 3 | 2 | 1 | N/A |
| f. The student recognizes limitations of own knowledge and asks for help as appropriate. | 5 | 4 | 3 | 2 | 1 | N/A |
| g. The student demonstrates compassionate bedside manner. | 5 | 4 | 3 | 2 | 1 | N/A |
| h. The student demonstrates clear understanding of the role of a Physician Assistant. | 5 | 4 | 3 | 2 | 1 | N/A |

| Overall Performance | Exceptional | Above Average | Average | Below Average | Poor |
|---------------------|-------------|---------------|---------|---------------|------|
|---------------------|-------------|---------------|---------|---------------|------|

12. Rate the student's **overall performance**.

13. Has the student called off from assigned clinical days? Yes No

If the student has called off from assigned clinical days, how often? _____

14. Additional Comments:

Preceptor's Signature: _____

Date: _____

PA Student Signature: _____

Date: _____

(Student signature required only if evaluation is less than average)

Clinical Experiences 1 - 9 PA CLASS OF 2012

End Rotation Evaluation of Preceptor

There are drop down lists below – please choose an option from the list.

Student: _____ **Preceptor:** _____
CE #: _____ **Specialty:** _____
Date: _____ **Identify Elective:** _____

| Place an "X" in the appropriate column. | Exceptionally | Above Average | Average | Poorly | Never |
|---|----------------------|----------------------|----------------|---------------|--------------|
| The preceptor facilitated my learning experience by listening to patient presentations, questioning me about my learning issues and providing appropriate feedback. | | | | | |
| The preceptor provided opportunity for additional work in areas of self-identified needs. | | | | | |
| The preceptor provided resources to facilitate the research of learning issues. | | | | | |
| The preceptor provided opportunities to mature as a clinician by incremental increases in direct patient care, enabling the development of "autonomy" within the confines of the setting and the PA role. | | | | | |
| The preceptor provided opportunities to enhance professional development (e.g. grand rounds, team/staff/committee meetings). | | | | | |
| | Exceptional | Above Average | Average | Below | Poor |
| Based on the above, rate the preceptor and site overall | | | | | |

**Clinical Experiences 1 - 9
PA CLASS OF 2012
End Rotation Evaluation of Preceptor (continued)**

Instructions: Written comments are mandatory.

| | |
|---|--|
| List rotation strengths. | |
| List rotation weaknesses. | |
| Comment on Preceptor's teaching style. | |
| <i>Provide any useful information regarding the following:</i> | |
| Housing | |
| Meals | |
| Parking | |
| Any additional comments you have: | |

FREQUENTLY ASKED QUESTIONS

FREQUENTLY ASKED QUESTIONS ABOUT PRECEPTING

1. What are the benefits of precepting?

a. Continuing Medical Education Credits

Physicians receive **Category II CME Credits** toward the AMA Physician's Recognition Award (PRA). Physician Assistants receive **Category II CME Credits**. Our program will provide you with your total precepting hours each summer at the completion of the rotational year. You are responsible for submitting your credits to the appropriate agencies.

2. What Chatham University benefits are you entitled to for precepting?

Please note that before you can take advantage of the benefits listed below, you must first contact Denise Devlin, the Clinical Coordinator Secretary at (412) 365-1829 to have a personal Chatham ID Number created, which will then allow you to request a Chatham E-mail Account and Chatham ID Card.

a. Clinical Assistant Professor appointment for the Chatham University Physician Assistant Studies Program.

b. Chatham University E-mail Account

You are entitled to a complimentary Chatham University E-mail Account, which can be utilized on or off campus. You can also use your e-mail account login to access the Jennie King Mellon Library resources and databases through the myChatham web page at <http://my.chatham.edu>.

c. Chatham University Identification Card

To obtain a Chatham University Identification Card, you must first contact Denise as instructed above to initiate the creation of your **personal Chatham ID Number**. You will then take this letter, along with your personal Chatham ID Number, and visit the Student Service Center located on campus to have your photo taken and ID Card created. The Student Service Center is located in Braun Hall and is open from 9-4pm Monday through Friday. You may use your Chatham University ID Card for the following:

- **Jennie King Mellon Library**: All library patrons must present a valid Chatham University ID Card in order to borrow library material. Please call for library hours at (412) 365-1670.
- **University Events**: You may attend concerts, lectures and sports events held on campus at faculty rates.
- **Port Authority of Allegheny County (PAT)**: Free transportation on the PAT system. Display your Chatham ID Card to board any bus, light rail vehicle or Monongahela Incline as payment for unlimited rides throughout the service area.

3. Chatham University Tuition Waiver

The Tuition Waiver is good for three credits of Chatham coursework for the preceptor. At your request, you will be provided with a non-transferable voucher that expires within one year of the date issued. Credits can be used for undergraduate, graduate and on-line courses (excluding Physician Assistant, Physical Therapy and Occupational Therapy), but cannot be used toward coursework leading to a Chatham degree.

FREQUENTLY ASKED QUESTIONS ABOUT PRECEPTING (continued)

4. **Can my colleagues participate in the training of the student and/or can they cover for me in my absence?**
Yes, as long as the PA, MD, DO, or NP is a part of your practice or specialty group.
5. **Can the student work on weekends and/or be on-call?**
Yes. The student's hours are determined at your discretion.
6. **Can the student accompany me on patient rounds at different facilities?**
Yes, as long as Chatham University has an affiliation agreement with the facility/facilities. If you have questions about what hospitals, long-term care facilities and nursing homes we have affiliation agreements with, please contact the clinical coordinators.
7. **Can the student document in the patient charts?**
The preceptor ultimately decides if a student should document in the charts. If the preceptor permits it, all documentation should be reviewed and signed by the preceptor. Hospitals may have their own guidelines/bylaws. It is the responsibility of the preceptor to know these guidelines and to follow the appropriate procedures, instructing the student accordingly. Currently, there are no provisions for PA students to bill for services under Medicare or any other insurance carrier.
8. **What do you want the student to get out of this rotation? Are there any defined Learning Issues?**
"Clinical Performance Objectives" (found in this handbook) can be used as a guide for clinical experiences. The student should also identify his or her own specific learning objectives for the rotation.
9. **Can I provide the student with reading assignments? Do the students have assignments for Chatham?**
Yes. We welcome the opportunity for you as the clinical preceptor to assign readings or assignments that you feel are beneficial to the student's experience at your site. We also have various assignments specific to each rotation that student must complete.
10. **What is the student capable of and allowed to do in the operating room?**
During the first year of our Physician Assistant program, the students are familiarized with aseptic technique, surgical scrubbing, surgical instruments, gowning & gloving, suturing, knot tying, and catheterization.
Students are encouraged to act as 1st and 2nd assistants in surgery in order to gain as much "hands-on" surgical experience as possible.
11. **What do I do if the student is not performing to my expectations?**
First, please address your concerns directly with the student. If this approach fails, please contact one of the Chatham PA Program Clinical Coordinators at 412-365-2765 or 412-365-2902.
12. **What if by precepting a PA student, I would like to hire a PA? Where do I go from here?**
Please refer to the section in this handbook entitled "Tips on Hiring a Physician Assistant".

PHYSICIAN ASSISTANT ORGANIZATIONS

PHYSICIAN ASSISTANT ORGANIZATIONS

1. American Academy of Physician Assistants (AAPA)

The American Academy of Physician Assistants (AAPA) is the national professional society for Physician Assistants. Founded in 1968, the Academy has chapters in all 50 states, the District of Columbia, and Guam. They also have chapters that represent physician assistants working for the Public Health Service, the Department of Veteran's Affairs, and all branches of the military.

The mission of the AAPA is to "promote quality, cost effective, and accessible health care and to promote the professional and personal development of Physician Assistants". Major activities to accomplish this goal include government relations, public education, research and data collection, and professional development.

Eighty percent of all practicing physician assistants are members of AAPA. Members are graduates of accredited physician assistant programs and/or those who are nationally certified. Students at accredited programs are also eligible for membership.

The AAPA's Physician Assistant Foundation (PAF) provides funds for scholarships and research on the PA profession. The web site for AAPA provides a variety of information on the profession.

For more information, contact:

American Academy of Physician Assistants
950 North Washington Street
Alexandria, VA 22314-1552
Phone: (703) 836-2272
Fax: (703) 684-1924
Web site: www.aapa.org
E-mail: aapa@aapa.org

2. National Commission on Certification of Physician Assistants (NCCPA)

The National Commission on Certification of Physician Assistants (NCCPA) is an independent organization established to assure the competency of physician assistants. The NCCPA was formed in 1975 by the AAPA and other health professional associations in order to administer a national certifying examination to graduates of accredited PA programs. The initial examination (PANCE) and the re-certification examination (PANRE) are designed to test the medical knowledge and clinical skills of Physician Assistants.

For more information, contact:

NCCPA
12000 Findley Road, Suite 200
Duluth, GA 30097-1409
Phone: (678) 417-8100
Fax: (678) 417-8135
Web site: www.nccpa.net
E-mail: nccpa@nccpa.net

PHYSICIAN ASSISTANT ORGANIZATIONS (continued)

3. Physician Assistant Education Association (PAEA)

Founded in 1972 to help maintain the high quality of PA education, PAEA's objectives are to encourage communication among the programs and to serve as a national information center on PA education.

PAEA publishes the "National Directory of PA Programs", giving complete information on the names, locations, requirements, tuition, length, and degree(s) awarded for each of the accredited PA programs. The directory is available to the public for a small fee.

For more information, contact:

Physician Assistant Education Association
300 N. Washington Street, Suite 505
Alexandria, VA 22314-1552
Phone: (703) 548-5538
Fax: (703) 684-1924
Web site: *www.paeaonline.org*

4. Pennsylvania Society of Physician Assistants (PSPA)

The Pennsylvania Society of Physician Assistants (PSPA) was established in 1976 to act as a representative of all physician assistants within the Commonwealth of Pennsylvania.

For more information, contact:

Pennsylvania Society of Physician Assistants
PO Box 128
Greensburg, PA 15601
Phone: (724) 836-6411
Fax: (724) 836-4449
Web site: *www.pspa.net*
E-mail: *pspa@pspa.net*

HIRING A PHYSICIAN ASSISTANT

HIRING A PHYSICIAN ASSISTANT

1. You can access the Pennsylvania State Board of Medicine Regulations and the State Board of Osteopathic Medicine Regulations at the following Pennsylvania Society of Physician Assistants web site: *www.pspa.net*.

Click *Employment* in the left column of the home page and find these regulations under the “I am interested in hiring a PA” section. For those sites outside of Pennsylvania, contact your state’s board of medicine for details specific to your state.

2. Various forms from the State Board of Medicine (such as the Application for Certification as a Physician Assistant Supervisor) can be accessed at and printed from the following Pennsylvania Department of State web site:

http://www.dos.state.pa.us/bpoa/cwp/view.asp?a=1104&q=432799.

Under “Licensure Information,” click Board Forms.

3. Physician Assistant State Regulatory bodies and information about reimbursement can be found at the American Academy of Physician Assistants web site:

http://www.aapa.org/advocacy-and-practice-resources

PHYSICIAN ASSISTANT FACTS

Physician Assistant Facts

1. There are over 68,000 practicing Physician Assistants.
2. There are 154 PA programs that are accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). ARC-PA is recognized by the Council for Higher Education Accreditation (CHEA).
3. As of 2011, 127 programs award a master's degree, 19 award a bachelor's degree, 4 award an associate degree and 4 award certificates.
4. Typical PA programs last for 24-32 months.
5. All 50 states, the District of Columbia and Guam have laws that authorize PA's to prescribe medications.
6. The average salary for a PA who works 32 hours a week is estimated at \$93,000. For the new graduate the average salary is estimated at \$78,000.
7. Every state along with the District of Columbia, Guam, the Commonwealth of the Northern Mariana Islands and the Virgin Islands has their own laws and regulations governing PA practice.
8. Only graduates of an accredited PA school can take the Physician Assistant National Certification Exam (PANCE).
9. A PA must take the Physician Assistant National Recertification Exam every six years.
10. Every two years a PA must obtain 100 hours of continuing medical education to maintain his/her certification.