

# chatham UNIVERSITY

PHYSICIAN ASSISTANT STUDIES

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## **Preceptor Handbook**

# Preceptor Handbook

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# INTRODUCTION

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## 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 Master of Physician Assistant Studies (MPAS) 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.

## Vision and Mission Statements

To strive for excellence in physician assistant education whose graduates are known as outstanding clinicians in the community and leaders in the profession trained by faculty who are recognized for developing and researching innovative curricular methods.

The Chatham University MPAS Program is dedicated to producing knowledgeable, compassionate, ethical, and clinically skillful graduates that are ready to provide health care services to all persons without exclusion and who are willing to become the future leaders and educators of the profession. This will be accomplished by:

- Providing a student-centered curriculum which promotes self-directed and lifelong learning as well as professionalism and service;
- Educating competent physician assistants to practice as primary care providers to all populations;
- Contributing to the advancement of knowledge in medicine and physician assistant education;
- Encouraging students to serve local, national, and international communities through active involvement in service-oriented programs for medically underserved populations; and
- Promoting participation in professional organizations and the education of future PAs.

## Accreditation

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted **Accreditation-Continued** status to the **Physician Assistant Program** sponsored by **Chatham University**. Accreditation-Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA *Standards*.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be **March 2021**. The review date is contingent upon continued compliance with the Accreditation *Standards* and ARC-PA policy

## 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.

Chatham University utilizes hybrid model of Problem-Based Learning, lecture, and on-line activity that challenges students to be self-directed and prepares students for the evidence-based, problem-oriented world of clinical medicine. Through actual patient cases, students develop learning issues, research topics using the most up to date resources, work in teams and receive feedback on knowledge base as well as professionalism to prepare them for primary care, problem-focused clinical practice.

## PRECEPTOR RESPONSIBILITIES

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1. Orient the student to the work environment including site safety information and evacuation plans.
2. Make known your expectations of the student's role for the rotation. You can use our "Clinical Objectives" as a reference. Please discuss student's use of smart phones for researching learning issues.
3. 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.
4. 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.
5. Provide at least **32-40 hours per week** of work for the student (or an equivalent of **at least 160 hours total** 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.
6. 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.).
7. 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.
8. If there are any changes in the precepting team, please let us know so we can update their names in our database.
9. If there are any changes in the facilities that the precepting team works at, please let us know so the information may be changed in our database.
10. The program should not rely primarily on resident physicians for didactic or clinical instruction.
11. All instructional faculty serving as supervised clinical practice experience preceptors must hold a valid license that allows them to practice at the clinical site.
12. Physicians should be either **Board Certified** for the specified area of instruction, **or have worked in their specialty for five or more years**.
13. Students must not substitute for clinical or administrative staff during supervised clinical practical experiences.

# **CLINICAL PERFORMANCE OBJECTIVES**

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## **Clinical Experience (CE) Performance Objectives**

- **Family Practice**
- **Internal Medicine**
- **Emergency Medicine**
- **Pediatrics**
- **Psychiatry/Behavioral Health**
- **Women's Health**
- **General Surgery**
- **Medical Subspecialty Elective**
- **Surgical Subspecialty Elective**
- **Professional Growth**

## Family Practice Clinical Performance Objectives

Upon completion of the **Family Practice Clinical Experience**, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. Student will demonstrate attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills.

### **Pertaining to the problem list below, the student will:**

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis.
- B. Utilizing all available information sources (patient, family, community, old records), student will elicit and record a complete and focused history, appropriate for the patient's age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include:
  1. appropriate use of questions
  2. listening to the patient
  3. an organized approach to eliciting the patient's history
  4. interpreting normal and abnormal historical data
- C. Perform and document a complete and focused physical examination, appropriate for the patient's age, to include the following:
  1. an organized head-to-toe approach
  2. using proper technique
  3. selecting the sections of the physical exam pertinent to the patient's complaint
  4. interpreting normal and abnormal findings in the context of the patient's history
- D. Develop and record a differential diagnosis, based on the patient's complaint, to include a consideration of:
  1. the most likely diagnoses, based on history and physical exam data
  2. the most common entities
  3. the most severe and/or life-threatening entities
- E. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
  1. risks and benefits
  2. sensitivity and specificity
  3. cost effectiveness
  4. obtaining informed consent
- F. Develop, record and implement, as pertinent, a pharmacologic management plan to include:
  1. rationale for utilizing each drug, including mechanism of action
  2. indications, contraindications and adverse reactions
  3. delivery method
  4. potential drug-drug interactions
  5. cost-effectiveness
  6. documented patient education regarding side effects and adherence issues

**Family Practice Clinical Performance Objectives (continued)**

- G. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate:
1. behavioral and psychosocial interventions
  2. referrals to other health care providers
  3. referrals to community resources
  4. utilization of family resources
  5. plans for follow-up care
- H. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include:
1. nutrition
  2. accident and violence prevention (e.g. seat belts, helmets, screening for domestic violence)
  3. physical activity/exercise
  4. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
  5. warning signs/symptoms of diseases
  6. plan for age appropriate screening and periodic health assessment
- I. Provide patient counseling to include:
1. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
  2. consideration of patient's health beliefs and practices, religious/spiritual beliefs and lifestyle choices
  3. consideration of socioeconomic, racial and ethnic factors
  4. family issues
  5. occupational and leisure issues
  6. anticipatory guidance appropriate to patient's age
- J. Monitor patients' progress over time, to include:
1. reassessment of subjective and objective data
  2. reconsideration of differential diagnosis, as needed
  3. modification of management plan, based on patient's health status and adherence issues
- K. Chart progress notes following the SOAP format to include:
1. subjective data
  2. objective data
  3. assessment
  4. plan
- L. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner.

## Family Practice Clinical Performance Objectives (continued)

The student will demonstrate the knowledge and skills described above pertaining to the following symptoms and diagnoses:

### PROBLEM LIST

#### SYMPTOMS

Fatigue and Weakness  
 Fever  
 Weight loss  
 Syncope  
 Headache  
 Vertigo/dizziness  
 Angina  
 Chest Pain  
 Obesity  
 Constipation  
 Diarrhea  
 Dyspepsia  
 Low back pain  
 Shoulder, neck, arm pain  
 Joint pain/arthritis  
 Abdominal pain  
 Amenorrhea  
 Cough  
 Ear Pain  
 Nasal congestion/rhinorrhea  
 Sore throat  
 Vision changes  
 Rash  
 Pruritus

#### DIAGNOSES

##### Cardiovascular

Hypertension  
 Congestive Heart Failure  
 Valvular Heart Disease  
 Coronary artery disease  
 Myocardial infarction  
 Pericardial disease  
 Peripheral vascular diseases  
 Thromboembolism  
 Arrhythmias  
 Cardiomyopathies  
 Congenital Heart Defects  
 Dyslipidemias  
 Edema

#### DIAGNOSES (cont.)

##### Respiratory

Asthma  
 COPD (emphysema, chronic bronchitis)  
 Upper Respiratory Infections  
 Influenza  
 Pneumonia  
 Tuberculosis  
 Acute Bronchitis  
 Obstructive Sleep Apnea  
 Acute Respiratory Distress (Identification)

##### Ear /Nose/Throat

Sinusitis  
 Otitis externa/media  
 Epistaxis  
 Cerumen Impaction

##### Endocrine

Goiter  
 Hypo/Hyperthyroidism

##### Hematology/Oncology

Anemia  
 Lung Cancer  
 Colon Cancer  
 Breast Cancer  
 Bleeding disorders  
 Platelet Disorders  
 Hypercoagulable states

##### Infectious Disease

Sexually transmitted diseases  
 HIV infection  
 Vaginitis & Cervicitis

**Family Practice Clinical Performance Objectives (continued)****PROBLEM LIST  
DIAGNOSES (cont.)****Gastroenterology**

Pancreatitis  
 Hepatitis  
 GERD/PUD  
 Irritable Bowel Syndrome  
 Inflammatory Bowel Disease  
 Cirrhosis  
 Diverticulitis  
 GI bleed

**Renal**

Urolithiasis  
 Acute and Chronic Renal Failure  
 Pyelonephritis

**GU**

Urinary Tract Infections  
 Incontinence  
 BPH  
 Erectile Dysfunction  
 Urethritis

**Reproductive**

Endometriosis  
 Dysmenorrhea

**Musculoskeletal**

Carpal Tunnel  
 Osteoarthritis  
 Osteoporosis  
 Sciatica  
 DeQuervain's tenosynovitis  
 Herniated/ruptured intravertebral disc  
 Spondylosis  
 Tendonitis  
 Bursitis  
 Sprains  
 Strains  
 Fractures  
 Dislocations

**Rheumatology**

Rheumatoid Arthritis  
 Lupus  
 Fibromyalgia

**Neurologic**

CVA, TIA  
 Seizure disorders  
 Bell's Palsy  
 Parkinson's Disease  
 Alzheimer's Disease  
 Dementia  
 Cranial/Peripheral nerves

**Psychiatric Disorders**

Substance abuse/ETHO and Narcotic Withdrawal  
 Personality Disorders  
 Anxiety Disorders  
 Mood Disorders  
 Eating disorders  
 Bereavement

**Health Screening/Maintenance of Asymptomatic Adults**

PAP smear  
 Fecal occult blood  
 Flexible sigmoidoscopy/colonoscopy  
 Mammogram  
 Adult Immunizations  
 Basic EKG Interpretation  
 Abnormal Urinalysis

## Internal Medicine Clinical Performance Objectives

Upon completion of the **Internal Medicine Clinical Experience**, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. Student will demonstrate attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills.

### **Pertaining to the problem list below, the student will:**

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis.
- B. Utilizing all available information sources (patient, family, community, old records) student will elicit and record a complete and focused history, appropriate for the patient's age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include:
  1. appropriate use of questions
  2. listening to the patient
  3. an organized approach to eliciting the patient's history
  4. interpreting normal and abnormal historical data
- C. Perform and document a complete and focused physical examination, appropriate for the patient's age, to include the following:
  1. an organized head-to-toe approach
  2. proper technique
  3. selection of the sections of the physical exam pertinent to the patient's complaint
  4. interpretation of normal and abnormal findings in the context of the patient's history
- D. Read and interpret patients' medical records, as to past medical problems, clinical presentation, laboratory and diagnostic data, therapeutic interventions and socioeconomic information pertinent to factors that affect medical care.
- E. Develop and record a differential diagnosis, based on the patient's complaint, to include a consideration of:
  1. the most likely diagnoses, based on history and physical exam data
  2. the most common entities
  3. the most severe and/or life-threatening entities
- F. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
  1. risks and benefits
  2. sensitivity and specificity
  3. cost effectiveness
  4. obtaining informed consent

**Internal Medicine Clinical Performance Objectives (continued)**

- G. Develop, record and implement, as pertinent, a pharmacologic management plan to include:
1. rationale for utilizing each drug, including mechanism of action
  2. indications, contraindications and adverse reactions
  3. delivery method
  4. potential drug-drug interactions
  5. cost-effectiveness
  6. documented patient education regarding side effects and adherence issues
  7. drugs to avoid in the elderly population
- H. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate:
1. behavioral and psychosocial interventions
  2. referrals to other health care providers
  3. referrals to community resources
  4. utilization of family resources
  5. plans for follow-up care
- I. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include:
1. Nutrition
  2. accident and violence prevention (e.g. seat belts, helmets, screening for domestic violence)
  3. physical activity/exercise
  4. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
  5. warning signs/symptoms of diseases
  6. plan for age appropriate screening and periodic health assessment
  7. plans for follow-up
- J. Provide patient counseling to include:
1. adjustment to states of health and disease as related to activities of daily living (ADLs), sexuality, relationships, death and dying
  2. consideration of patient's health beliefs and practices, religious/spiritual beliefs, and lifestyle choices
  3. consideration of socioeconomic, racial, and ethnic factors
  4. family issues
  5. occupational and leisure issues
  6. anticipatory guidance appropriate to patient's age
- K. Monitor patients' progress over time, to include:
1. reassessment of subjective and objective data
  2. reconsideration of differential diagnosis, as needed
  3. modification of management plan, based on patient's health status and adherence issues

**Internal Medicine Clinical Performance Objectives (continued)**

- L. Chart progress notes following the SOAP format to include:
1. subjective data
  2. objective data
  3. assessment
  4. plan
- M. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner.
- N. Focus on the below items as they relate to the geriatric population:
1. Identify the risk factors and causes of gait disturbances, falls and immobility issues in geriatric patients and discuss management, home safety and preventative strategies for each
  2. Identify barriers to maintaining function and the ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
  3. Discuss 3 examples each of ADLs and IADLs
  4. Discuss conditions requiring bed rest; describe the consequences of bed rest and describe prevention methods for pressure ulcers, iatrogenic infections, etc.
  5. Describe the risk factors and consequences of loss of independence
  6. Identify risks for malnutrition and dehydration in the geriatric patient
  7. Differentiate among the etiologies of weight loss and weight gain in the geriatric patient
  8. Develop primary and secondary prevention strategies for disease in geriatric patients, including exercise, nutrition, oral health, immunizations, and screening for diseases
  9. Discuss the health conditions in which a geriatric patient is vulnerable with untreated hearing and/or vision impairment
  10. Describe the causes of visual impairment in the geriatric population
  11. Compare and contrast the causes of hearing loss in the geriatric population
  12. Select evaluation methods for visual and hearing impairment
  13. Outline management plans for geriatric patients with visual and hearing impairments
  14. Identify and appropriately report elder abuse and neglect
  15. Compare and contrast the benefits and consequences of a change from independent living to an assisted living or nursing facility
  16. Discuss ways in which the geriatric patient can effectively manage economic changes, including finances, insurance issues, estate issues, etc.
  17. Discuss the risk factors for social withdrawal in a geriatric patient and identify resources for social support

## Internal Medicine Clinical Performance Objectives (continued)

The student will demonstrate the knowledge and skills described above pertaining to the following symptoms and diagnoses:

### PROBLEM LIST

#### SYMPTOMS

Fatigue and Weakness  
 Fever  
 Weight loss  
 Syncope  
 Headache  
 Vertigo/dizziness  
 Angina  
 Chest Pain  
 Obesity  
 Constipation  
 Diarrhea  
 Dyspepsia  
 Low back pain  
 Shoulder, neck, arm pain  
 Joint pain/arthritis  
 Abdominal pain  
 Amenorrhea  
 Cough  
 Ear Pain  
 Nasal congestion/rhinorrhea  
 Sore throat  
 Vision changes  
 Rash  
 Pruritus

#### DIAGNOSES

##### Cardiovascular

Hypertension  
 Congestive Heart Failure  
 Valvular Heart Disease  
 Coronary artery disease  
 Myocardial infarction  
 Pericardial disease  
 Peripheral vascular diseases  
 Thromboembolism  
 Arrhythmias  
 Cardiomyopathies  
 Congenital Heart Defects  
 Dyslipidemias  
 Edema

#### DIAGNOSES (cont.)

##### Respiratory

Asthma  
 COPD (emphysema, chronic bronchitis)  
 Upper Respiratory Infections  
 Influenza  
 Pneumonia  
 Tuberculosis  
 Acute Bronchitis  
 Obstructive Sleep Apnea  
 Acute Respiratory Distress (Identification)

##### Ear /Nose/Throat

Sinusitis  
 Otitis externa/media  
 Epistaxis  
 Cerumen Impaction

##### Endocrine

Goiter  
 Hypo/Hyperthyroidism

##### Hematology/Oncology

Anemia  
 Lung Cancer  
 Colon Cancer  
 Breast Cancer  
 Bleeding disorders  
 Platelet Disorders  
 Hypercoagulable states

##### Infectious Disease

Sexually transmitted diseases  
 HIV infection  
 Vaginitis & Cervicitis

##### Gastroenterology

Pancreatitis  
 Hepatitis  
 GERD/PUD  
 Irritable Bowel Syndrome  
 Inflammatory Bowel Disease  
 Cirrhosis  
 Diverticulitis  
 GI bleed

**Internal Medicine Clinical Performance Objectives (continued)****PROBLEM LIST  
DIAGNOSES (cont.)****Renal**

Urolithiasis  
Acute and Chronic Renal Failure  
Pyelonephritis

**GU**

Urinary Tract Infections  
Incontinence  
BPH  
Erectile Dysfunction  
Urethritis

**Reproductive**

Endometriosis  
Dysmenorrhea

**Musculoskeletal**

Carpal Tunnel  
Osteoarthritis  
Osteoporosis  
Sciatica  
DeQuervain's tenosynovitis  
Herniated/ruptured intravertebral disc  
Spondylosis  
Tendonitis  
Bursitis  
Sprains  
Strains  
Fractures  
Dislocations

**Rheumatology**

Rheumatoid Arthritis  
Lupus  
Fibromyalgia

**Neurologic**

CVA, TIA  
Seizure disorders  
Bell's Palsy  
Parkinson's Disease  
Alzheimer's Disease  
Dementia  
Cranial/Peripheral nerves

**Psychiatric Disorders**

Substance abuse/ETOH and Narcotic Withdrawal  
Personality Disorders  
Anxiety Disorders  
Mood Disorders  
Depression  
Eating disorders  
Bereavement

**Geriatric**

Heart failure  
Arrhythmias  
Hypertension and hypotension  
Temporal arteritis  
Pneumonia  
COPD  
Constipation and diarrhea  
UTI  
Incontinence  
Benign prostatic hypertrophy  
Rheumatoid arthritis  
Osteoarthritis  
Osteoporosis  
Fibromyalgia/Chronic pain  
Parkinson's disease  
Dizziness/syncope  
CVA/TIA  
Diabetes mellitus  
Hyper/hypocalcemia  
Dehydration  
Edema  
Cancer - solid tumors, leukemias, lymphomas, myeloma  
Sexual dysfunction

**Health Screening/Maintenance of Asymptomatic Adults**

PAP smear  
Fecal occult blood  
Flexible sigmoidoscopy/colonoscopy  
Mammogram  
Adult Immunizations  
Basic EKG Interpretation  
Abnormal Urinalysis

## Emergency Medicine Clinical Performance Objectives

Upon completion of the **Emergency Medicine Clinical Experience**, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. Student will demonstrate attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills.

### **Pertaining to the problem list below, the student will:**

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis.
- B. Rapidly assess whether the patient's chief complaint and/or physical status indicate a possible life-threatening emergency, and act with appropriate intervention.
- C. Elicit and record, a focused history based on the patient's chief complaint and appropriate for the patient's age and mental status, including HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include:
  1. appropriate use of questions
  2. listening to the patient
  3. an organized approach to eliciting the patient's history
  4. interpreting normal and abnormal historical data
- D. Perform and record a focused physical examination, appropriate for the patient's age, to include the following:
  1. using an efficient approach
  2. using proper technique, including modifications of technique appropriate for the patient's mobility and mental status
  3. selecting the sections of the physical exam pertinent to the patient's chief complaint
  4. interpreting normal and abnormal findings in the context of the patient's history
- E. Develop and record a differential diagnosis, based on the patient's complaint, to include a consideration of:
  1. the most likely diagnoses, based on history and physical exam data
  2. the most common diagnoses
  3. the most severe and/or life-threatening diagnoses
- F. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
  1. risks and benefits
  2. sensitivity and specificity
  3. cost effectiveness
  4. obtaining informed consent
  5. time needed to obtain results
- G. Consult providers beyond the emergency department regarding treatment of acute medical/surgical and/or psychiatric conditions.
- H. Identify indications for hospital admission when assessing emergency medical/surgical problems.

**Emergency Medicine Clinical Performance Objectives (continued)**

- I. Develop, record and implement, as pertinent, a pharmacologic management plan, including fluid replacement and blood products, in the emergency department to include:
  - 1. rationale for utilizing each drug, including mechanism of action
  - 2. indications, contraindications and adverse reactions
  - 3. potential drug-drug interactions
  - 4. cost-effectiveness
  - 5. documented patient education regarding side effects and adherence issues
- J. Provide and record a discharge plan, which is clearly explained to the patient and checked for understanding, to include:
  - 1. nutrition and dietary restrictions
  - 2. physical activity/exercise/work/school
  - 3. warning signs/symptoms of complications
  - 4. discharge treatment plan – pharmacologic and non-pharmacologic
  - 5. plan for outpatient follow-up care, to include primary health care providers, family and community resources
- K. Provide patient and family counseling to include:
  - 1. communication with empathy and compassion
  - 2. establishing a supportive environment for patients and their families to deal with acute emergencies
  - 3. consideration of patients' health beliefs and practices, religious/spiritual beliefs and lifestyle choices
- L. Monitor patients' progress over emergency department admission to include:
  - 1. reassessment of subjective and objective data
  - 2. reconsideration of differential diagnosis, as needed
  - 3. modification of management plan
- M. Chart progress notes in an efficient manner, following the SOAP format to include:
  - 1. subjective data
  - 2. objective data
  - 3. assessment
  - 4. plan
- N. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner.
- O. Develop proficiency in evaluating and repairing simple lacerations, including assessing neurovascular status and tissue involvement.
- P. Develop skills in interpreting normal and commonly encountered abnormal findings on chest and long bone radiographs.

## Emergency Medicine Clinical Performance Objectives (continued)

The student will demonstrate the knowledge and skills described above pertaining to the following symptoms and diagnoses:

### PROBLEM LIST

#### SYMPTOMS

Nausea/vomiting  
Diarrhea  
SOB  
Palpitations  
Back Pain  
Rash  
Toothache  
Weakness  
Dizziness  
Joint Pain  
Fever  
Abdominal Pain  
Dysphagia  
Vision Changes  
Numbness

#### DIAGNOSES

##### Cardiovascular

Chest Pain  
Myocardial infarction  
Endocarditis  
Aortic Stenosis  
Mitral Stenosis  
Arrhythmias  
Hypertensive Emergency

##### Respiratory

Asthma  
Airway Obstruction  
COPD  
Pneumonia  
Pneumothorax  
Pulmonary Edema  
Pulmonary Embolism  
Respiratory Arrest

##### Infectious Disease

Sepsis  
STIs

#### DIAGNOSES (cont.)

##### GI

Acute Abdomen  
Hepatitis  
GI Bleed

##### GU

Urologic Obstruction/disease

##### Neurologic

CVA/TIA  
Cranial Nerve Damage  
Meningitis  
Seizures  
Headache  
Subdural Hematoma  
Peripheral Nerve Damage  
Concussion

##### Metabolic

Acid-base disturbance  
Diabetic Ketoacidosis  
Insulin Shock  
Electrolyte Imbalance  
Hypercapnia

##### Trauma

Head injury  
Trauma, blunt and sharp  
Abuse  
Sexual Assault  
Burns  
Bites: insect and animal (including human)  
Lacerations

## Emergency Medicine Clinical Performance Objectives (continued)

### **PROBLEM LIST** **DIAGNOSES (cont.)**

#### **Orthopedics**

1. Spine Disorders:
  - Jefferson's, odontoid, hangman's, other fracture-dislocations of cervical and thoracolumbar spine, acute hyperextension, herniated discs, stenosis, spondylosis, spondylolisthesis
2. Shoulder Disorders:
  - acromio-clavicular joint injuries, anterior and posterior dislocations, rotator cuff tear, adhesive capsulitis, impingement syndrome, calcific tendinitis
3. Upper Arm and Forearm Disorders:
  - proximal humerus fracture, supercondylar fracture, elbow dislocation, olecranon fracture, proximal radius fracture, Monteggia fracture, greenstick and buckle fractures
4. 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
5. Pelvis/Acetabulum Fractures
6. 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
7. Knee Disorders:
  - patellar fracture, tibial plateau fracture, Baker's cyst, meniscal tears, ligamentous injuries, bursitis, Osgood-Schlatter disease, chondromalacia
8. Fibula Fractures
9. Ankle Disorders:
  - distal fibula fractures, malleolar fractures, sprains, Achilles tendon rupture
10. Foot Disorders:
  - metacarpal fractures, subtalar fracture, calcaneal fracture, planta fasciitis, Morton's neuroma, bunions, hammertoe and clawfoot deformities
11. Charcot Joint
12. Arthritides
13. Reflex Sympathetic Dystrophy
14. Compartment Syndrome
15. Neoplastic Processes

## **Pediatrics Clinical Performance Objectives**

Upon completion of the **Pediatrics Clinical Experience**, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. Student will demonstrate attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills.

### **Pertaining to the problem list below, the student will:**

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis.
- B. Elicit and record a complete and focused history, appropriate for the patient's age, including Chief Complaint and HPI with pertinent Review of Systems, and Family History, and

#### Past Medical History to include:

1. prenatal and perinatal history
2. feeding history
3. growth and development milestones
4. previous serious illness
5. routine childhood illness
6. hospitalization and surgery
7. injuries
8. immunization status
9. allergies
10. medications and vitamins

#### Social History to include: (depending on age of child)

1. socioeconomic status
2. day care
3. hobbies, extracurricular activities
4. sleeping habits
5. diet
6. safety issues
7. pets
8. drug, alcohol and tobacco use

#### The student will gather historical information including:

1. appropriate use of questions
2. listening to the parent/caretaker and patient
3. an organized approach to eliciting the patient's history
4. interpreting normal and abnormal historical data

**Pediatrics Clinical Performance Objectives (continued)**

- C. Perform and record a complete and focused physical examination, appropriate for the patient's age, to include the following:
1. Vital signs, skin, HEENT, neck, breasts, chest/lungs, cardiovascular system, abdomen, genitourinary system, musculoskeletal system, rectal, neurological system, general mental status
- The physical exam will include:
1. an organized head-to-toe approach
  2. using proper technique
  3. selecting the sections of the physical exam pertinent to the patient's age and complaint
  4. interpreting normal and abnormal findings in the context of the patient's age and history
- D. Recognize normal developmental milestones.
- E. Understand the Apgar assessment in the neonatal period at 1 minute and 5 minutes. Describe the Apgar score prognostic value for an infant's overall status.
- F. Develop and record a differential diagnosis, based on the patient's complaint, to include a consideration of:
1. the most likely diagnoses, based on age, history and physical exam data
  2. the most common entities
  3. the most severe and/or life-threatening entities
- G. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
1. risks and benefits
  2. sensitivity and specificity
  3. cost effectiveness
  4. obtaining informed consent
- H. Recognize the indications for tympanometry and audiometry evaluation of hearing and how to interpret result.
- I. Develop, record and implement, as pertinent, a pharmacologic management plan to include:
1. rationale for utilizing each drug, including mechanism of action
  2. indications, contraindications and adverse reactions
  3. potential drug-drug interactions
  4. cost-effectiveness
  5. documented patient education regarding side effects and adherence issues
- J. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate:
1. behavioral and psychosocial interventions
  2. referrals to other health care providers
  3. referrals to community resources
  4. utilization of family resources
  5. plans for follow-up care

**Pediatrics Clinical Performance Objectives (continued)**

- K. Discuss with parent/guardian the advantages and disadvantages of breast and bottle-feeding, and the optimal schedule for each method.
- L. Assess the child's immunization status and provide guidance for the risks and benefits associated with immunizations.
- M. List the signs of child abuse and the procedure for reporting incidents to the state's Child Abuse Authorities.
- N. Initiate contact with the poison control center in the event of ingestion or contact exposure and describe how to execute the treatment plan as directed.
- O. Evaluate the presences of foreign bodies in the stomach, intestines and airway.
- P. Provide and record pertinent anticipatory guidance regarding disease prevention and health maintenance, which is clearly explained to the parent/guardian and patient (as appropriate to the patient's age) and checked for understanding, to include:
  - 1. nutrition
  - 2. accident and violence prevention (e.g. seat belts, helmets, screening for domestic violence)
  - 3. plan for age appropriate screening and periodic health assessment
- Q. Provide patient counseling to include:
  - 1. impact of family dynamics on the patient's health
  - 2. consideration of patient and family's health beliefs and practices, religious/spiritual beliefs and lifestyle choices
- R. Monitor patients' progress over time, to include:
  - 1. reassessment of subjective and objective data
  - 2. reconsideration of differential diagnosis, as needed
  - 3. modification of management plan, based on patient's health status and adherence issues
- S. Chart progress notes following the SOAP format to include:
  - 1. subjective data
  - 2. objective data
  - 3. assessment
  - 4. plan
- T. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner.

## **Pediatrics Clinical Performance Objectives (continued)**

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses:

### **PROBLEM LIST**

#### **DIAGNOSES**

#### **Dermatology**

Acne  
Impetigo  
Lice  
Pinworms  
Scabies  
Childhood Exanthem

#### **Infectious Diseases**

Cat scratch fever  
Chicken Pox  
Infectious Mononucleosis  
Measles (Rubeola)  
Meningitis  
Mumps  
Rubella  
Scarlatina  
Thrush

#### **Psychiatry/Mental Health**

ADHD  
Anorexia – eating disorders  
Autism  
Downs Syndrome

#### **Neonatal Problems**

Fetal Alcohol Syndrome  
Jaundice  
Patent Ductus Arteriosus  
Phenylketonuria  
Prematurity  
Meconium Aspiration

#### **ENT**

Allergies  
Epiglottitis  
Otitis Externa and Media  
Pharyngitis  
Sinusitis  
Strep Throat

#### **Miscellaneous**

Contraception for Adolescents  
Failure To Thrive  
Febrile Seizure  
Fifth Disease

#### **Respiratory**

Asthma  
Bronchiolitis  
Croup  
Pneumonia  
RSV  
Cystic Fibrosis

#### **Cardiovascular**

Cardiac Murmurs  
Rheumatic Fever  
Tetralogy of Fallot

#### **GI**

Colic  
Constipation  
Diarrhea  
Intussusception  
Pyloric Stenosis  
Volvulus

#### **GU**

Enuresis  
Urinary Tract Infection

#### **Musculoskeletal**

Congenital Defects (clubfoot cleft palate)  
Orthopedic Conditions (common)  
Juvenile Arthritis

#### **Emergent Problems**

Drowning  
ER Visits  
Sudden Infant Death (SIDS)  
Poisoning  
Seizures  
Hirschsprung's Disease  
Immunizations  
Juvenile Diabetes  
Lead Poisoning  
Reye's Syndrome  
Anemia  
Allergies

## **Psychiatry/Behavioral Medicine Clinical Performance Objectives**

Upon completion of the **Psychiatry Clinical Experience**, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. Student will demonstrate attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills.

### **Pertaining to the problem list below, the student will:**

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, prognosis and complications pertinent to each diagnosis.
- B. Elicit and record a complete and focused history using all available resources to include chief complaint, HPI, past medical history, family history and social history, with particular focus on:
  1. psychosocial history
  2. substance use/abuse history
  3. assessment of suicide/homicide risk
  4. history of violence and abuse
  5. prior psychiatric history and treatment
  6. appropriate use of questions
  7. listening to the patient
  8. demonstrating a non-judgmental attitude to the patient
  9. an organized approach to eliciting the patient's history
  10. interpreting normal and abnormal historical data
- C. Perform and record a complete and focused physical examination, appropriate for the patient's age, to include the following:
  1. complete mental status exam
  2. using proper technique, including modifications of technique appropriate for the patient's mobility and mental status
  3. selecting the sections of the physical exam pertinent to the patient's chief complaint
  4. interpreting normal and abnormal findings in the context of the patient's history
- D. Develop and record a diagnosis, based on the DSM-IVTR criteria and format.
- E. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
  1. risks and benefits
  2. sensitivity and specificity
  3. cost effectiveness
  4. obtaining informed consent
- F. Utilize standardized instruments, as indicated, such as Beck Depression Inventory.
- G. Assess a patient's suicide potential, identify appropriate intervention and demonstrate knowledge of the involuntary commitment process.
- H. Identify symptoms and signs of child abuse, elder abuse and sexual abuse.

## **Psychiatry/Behavioral Medicine Clinical Performance Objectives (continued)**

- I. Develop, record and implement, as pertinent, a pharmacologic management plan to include:
  - 1. rationale for utilizing each drug, including mechanism of action, indications, contraindications and adverse reactions
  - 2. potential drug-drug interactions
  - 3. cost-effectiveness
  - 4. documented patient education regarding side effects and adherence issues
- J. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate:
  - 1. behavioral, psychosocial interventions, including individual and group therapy
  - 2. referrals to other health care providers
  - 3. referrals to community resources
  - 4. utilization of family resources
  - 5. plans for follow-up care
- K. Monitor patients' progress over time, to include:
  - 1. reassessment of subjective and objective data
  - 2. reconsideration of differential diagnosis, as needed
  - 3. modification of management plan, based on patient's health status and adherence issues
- L. Chart progress notes following the SOAP format to include:
  - 1. subjective data
  - 2. objective data
  - 3. assessment
  - 4. plan
- M. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner.

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses:

### **PROBLEM LIST DIAGNOSES**

Addictive behaviors  
 Mood disorders  
 Anxiety disorders  
 Eating disorders  
 Mental retardation  
 Personality disorders  
 Schizophrenic disorders  
 Somatoform disorders  
 Organic mental disorders

## Women's Health Clinical Performance Objectives

Upon completion of the **Women's Health Clinical Experience**, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. Student will demonstrate attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills.

### **Pertaining to the problem list below, the student will:**

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis.
- B. Elicit and record a complete and focused history, using all available resources, appropriate for the patient's age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include:
  1. appropriate use of questions
  2. listening to the patient
  3. an organized approach to eliciting the patient's history
  4. interpreting normal and abnormal historical data
  5. emphasis on the menstrual cycle, sexual history, gynecologic history, and contraceptive history
- C. Perform and record a complete and focused physical examination, appropriate for the patient's age, to include the following:
  1. an organized head-to-toe approach
  2. using proper technique
  3. selecting the sections of the physical exam pertinent to the patient's complaint
  4. interpreting normal and abnormal findings in the context of the patient's history
  5. emphasis on speculum examination, bimanual examination, breast exam and abdominal exam
- D. Develop and record a differential diagnosis, based on the patient's complaint, to include a consideration of:
  1. the most likely diagnoses, based on history and physical exam data
  2. the most common entities
  3. the most severe and/or life-threatening entities
- E. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
  1. risks and benefits
  2. sensitivity and specificity
  3. cost effectiveness
  4. obtaining informed consent
- F. Collect adequate cervico-vaginal cytologic specimens for PAP smears and microscopic inspections.
- G. Identify the recommended guidelines for frequency of PAP smears and mammograms.
- H. Describe the indications for colposcopic cervical examination following an abnormal PAP smear.

**Women's Health Clinical Performance Objectives (continued)**

- I. Develop, record and implement, as pertinent, a pharmacologic management plan to include:
  - 1. rationale for utilizing each drug, including mechanism of action
  - 2. indications, contraindications and adverse reactions
  - 3. potential drug-drug interactions
  - 4. cost-effectiveness
  - 5. documented patient education regarding side effects and adherence issues
- J. Discuss the methods of contraception and family planning, including their relative advantages, disadvantages, effectiveness, side effects and pharmacotherapeutics.
- K. Assist the gynecologist, as directed, during surgical procedures
- L. Discuss the physiologic changes during menopause and identify the indications and contraindications for hormone replacement therapy.
- M. Recognize the occurrence of common breast masses and identify the appropriate work-up and treatment.
- N. List the physiologic changes and signs of pregnancy.
- O. Describe the criteria and resources available for termination of pregnancy.
- P. Describe routine prenatal care, including the role of electronic fetal monitoring, ultrasound and the biophysical profile to determine fetal well-being. Identify the indications for non-stress and oxytocin challenge testing.
- Q. Identify medical problems that may result in complications during pregnancy, including diabetes, anemia, thyroid disorders, cardiovascular problems and vaginal bleeding.
- R. List the three stages of labor. Identify the reasons for delivery once the amniotic sac has ruptured. Use the fern test to determine the presence of amniotic fluid.
- S. Assist the obstetrician, as directed, during cesarean sections and vaginal deliveries. Identify techniques for clearance of the infant's airway and respiratory stimulation at the time of delivery.
- T. Identify the indications for a hysterosalpingogram.
- U. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate:
  - 1. behavioral and psychosocial interventions
  - 2. referrals to other health care providers
  - 3. referrals to community resources
  - 4. utilization of family resources
  - 5. plans for follow-up care

**Women's Health Clinical Performance Objectives (continued)**

- V. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include:
  - 1. nutrition
  - 2. accident and violence prevention (e.g. seat belts, helmets, screening for domestic violence)
  - 3. physical activity/exercise
  - 4. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
  - 5. warning signs/symptoms of diseases
  - 6. plan for age appropriate screening and periodic health assessment
- W. Provide patient counseling to include:
  - 1. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
  - 2. consideration of patient's health beliefs and practices, religious/spiritual beliefs and lifestyle choices
  - 3. family issue
  - 4. occupational and leisure issues
  - 5. anticipatory guidance appropriate to patient's age
- X. Monitor patients' progress over time, to include:
  - 1. reassessment of subjective and objective data
  - 2. reconsideration of differential diagnosis, as needed
  - 3. modification of management plan, based on patient's health status and adherence issues
- Y. Chart progress notes following the SOAP format to include:
  - 1. subjective data
  - 2. objective data
  - 3. assessment
  - 4. plan
- Z. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner.

## Women's Health Clinical Performance Objectives (continued)

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses:

### **PROBLEM LIST DIAGNOSES**

#### **Gynecology**

Amenorrhea  
Atrophic vaginitis  
Condyloma acuminata  
Dysmenorrhea  
Dysmenorrhagia  
Dysfunctional uterine bleeding (DUB)  
Dyspareunia  
Endometriosis  
Fibroid tumors  
Fibrocystic breast disease  
Galactorrhea  
Hemophilus vaginalis (Gardnerella)  
Infertility  
Pediculosis  
Pelvic inflammatory disease  
Scabies  
Incontinence  
Urinary tract infection  
Vaginal candida

#### **Obstetrics**

Abortion  
Abruptio placenta  
Anemia  
Ectopic pregnancy  
Endometriosis  
Gestational diabetes mellitus  
Hyperemesis gravidarum  
Lactation  
Mastitis  
Placenta previa  
Post-partum care  
Pre-eclampsia, eclampsia  
Prenatal care/labs  
Pre-term labor  
TORCH infections

#### **Sexually transmitted diseases**

chlamydia  
gonorrhea  
herpes simplex  
HIV  
syphilis  
trichomoniasis

#### **Cancer**

breast  
cervical  
endometrial  
fallopian tube  
ovarian  
uterine  
vaginal  
vulvar

## General Surgery Clinical Performance Objectives

Upon completion of the **General Surgery Clinical Experience**, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. Student will demonstrate attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills.

### **Pertaining to the problem list below, the student will:**

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis.
- B. Utilizing all available information sources (patient, family, community, old records) student will elicit and record a complete and focused history, appropriate for the patient's age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include:
  1. appropriate use of questions
  2. listening to the patient
  3. an organized approach to eliciting the patient's history
  4. interpreting normal and abnormal historical data
- C. Perform and record a complete surgical admission, pre-operative and post-operative focused physical examination, appropriate for the patient's age, to include the following:
  1. using an efficient approach
  2. using proper technique, including modifications of technique appropriate for the patient's mobility and mental status
  3. selecting the sections of the physical exam pertinent to the patient's chief complaint
  4. interpreting normal and abnormal findings in the context of the patient's history
- D. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
  1. risks and benefits
  2. sensitivity and specificity
  3. cost effectiveness
  4. obtaining informed consent
- E. Consult providers beyond the surgical department regarding treatment of patients' medical and/or psychiatric problems.
- F. Develop and record a surgical diagnosis and plan, based on the patient's complaint, to include a consideration of:
  1. the risks and benefits of surgery for the patient's condition
  2. medical conditions that impact on the patient's surgical risk
- G. Demonstrate knowledge of the informed consent process.
- H. Scrub and gown in surgical attire following guidelines for maintaining a sterile field.
- I. Identify commonly used surgical instruments and suture materials and describe their use.
- J. Recognize the responsibilities of each member of the surgical team.
- K. Assist in surgical procedures as directed by the surgical preceptor.

**General Surgery Clinical Performance Objectives (continued)**

- L. Assess and monitor patients' status post-operatively in the recovery room.
- M. Provide patient and family counseling to include:
  - 1. communication with empathy and compassion
  - 2. establishing a supportive environment for patients and their families to deal with acute emergencies
  - 3. consideration of patients' health beliefs and practices, religious/spiritual beliefs and lifestyle choices
- N. Develop, record and implement a pre-op and post-op pharmacologic management plan, including fluid replacement, blood products and pain management to include:
  - 1. Rationale for utilizing each drug, including mechanism of action
  - 2. Indications, contraindications and adverse reactions
  - 3. potential drug-drug interactions
  - 4. cost-effectiveness
  - 5. documented patient education regarding side effects and adherence issues
- O. Care for post-surgical patients, including wound care and recognition of infection.
- P. Provide and record a discharge plan, which is clearly explained to the patient and checked for understanding, to include:
  - 1. wound care and expected stages of healing
  - 2. pain management
  - 3. nutrition and dietary restrictions
  - 4. physical activity/exercise/work/school
  - 5. warning signs/symptoms of complications
  - 6. discharge treatment plan – pharmacologic and non-pharmacologic
  - 7. plan for outpatient follow-up care, to include primary health care providers, surgical follow-up, family and community resources
- Q. Chart progress notes in an efficient manner, following the SOAP format to include:
  - 1. subjective data
  - 2. objective data
  - 3. assessment
  - 4. plan
- R. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner.
- S. Perform the following procedures under direct supervision:
  - 1. local anesthetic block
  - 2. digital block
  - 3. repair simple superficial and complex lacerations or incisions
  - 4. incision and drainage of abscess
  - 5. excision of small skin growths, such as moles and cysts
  - 6. debridement of necrotic tissues
  - 7. change sterile dressings

## General Surgery Clinical Performance Objectives (continued)

The student will demonstrate the knowledge and skills described above pertaining to the following symptoms and diagnoses:

### PROBLEM LIST

#### SYMPTOMS

##### Symptoms, Syndromes, Miscellaneous

Acute Abdomen  
GI bleeding  
Gynecosmastia  
Mediastinal diseases  
Shock  
MRSA  
Gangrene

#### DIAGNOSES

##### Cardiovascular

Peripheral vascular diseases  
Varicose veins  
Carotid Stenosis

##### Cancers

Breast  
Colon  
Gastric  
Lung  
Pancreatic  
Prostate  
Testicular  
Lymphoma

#### DIAGNOSES (cont.)

##### GI

Appendicitis  
Cholelithiasis  
Cholecystitis  
Crohn's disease, Ulcerative Colitis  
Hemorrhoids  
Intestinal Obstruction  
Hepatic and biliary tract diseases  
Morbid Obesity

##### GU

Hernias: abdominal, femoral, inguinal  
Hydrocele  
Kidney stones  
Testicular torsion  
Varicocele

##### Post-operative complications

Dehiscence  
Embolism  
Fever  
Hematoma  
Ileus  
Infection  
Phlebitis  
Pneumonia  
Urinary tract infection  
Biopsy and aspiration of breast masses  
Fluid and electrolyte management  
Trauma, blunt and sharp  
Wound care  
Wound healing

## **Elective – Medical Subspecialty Clinical Performance Objectives**

Upon completion of the **Elective – Medical Subspecialty**, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. Student will demonstrate attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills.

### **Pertaining to the problem list below, the student will:**

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis.
- B. Utilizing all available information sources (patient, family, community, old records) student will elicit and record a complete and focused history, appropriate for the patient's age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include:
  1. appropriate use of questions
  2. listening to the patient
  3. an organized approach to eliciting the patient's history
  4. interpreting normal and abnormal historical data
- C. Perform and document a complete and focused physical examination, appropriate for the patient's age, to include the following:
  1. an organized head-to-toe approach
  2. proper technique
  3. selection of the sections of the physical exam pertinent to the patient's complaint
  4. interpretation of normal and abnormal findings in the context of the patient's history
- D. Read and interpret patients' medical records, as to past medical problems, clinical presentation, laboratory and diagnostic data, therapeutic interventions and socioeconomic information pertinent to factors that affect medical care.
- E. Develop and record a differential diagnosis, based on the patient's complaint, to include a consideration of:
  1. the most likely diagnoses, based on history and physical exam data
  2. the most common entities
  3. the most severe and/or life-threatening entities
- F. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
  1. risks and benefits
  2. sensitivity and specificity
  3. cost effectiveness
  4. obtaining informed consent

**Elective – Medical Subspecialty Clinical Performance Objectives (continued)**

- G. Develop, record and implement, as pertinent, a pharmacologic management plan to include:
1. rationale for utilizing each drug, including mechanism of action
  2. indications, contraindications and adverse reactions
  3. delivery method
  4. potential drug-drug interactions
  5. cost-effectiveness
  6. documented patient education regarding side effects and adherence issues
  7. drugs to avoid in the elderly population
- H. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate:
1. behavioral and psychosocial interventions
  2. referrals to other health care providers
  3. referrals to community resources
  4. utilization of family resources
  5. plans for follow-up care
- I. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include:
1. nutrition
  2. accident and violence prevention (e.g. seat belts, helmets, screening for domestic violence)
  3. physical activity/exercise
  4. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
  5. warning signs/symptoms of diseases
  6. plan for age appropriate screening and periodic health assessment
  7. plans for follow-up
- J. Provide patient counseling to include:
1. adjustment to states of health and disease as related to activities of daily living (ADLs), sexuality, relationships, death and dying
  2. consideration of patient's health beliefs and practices, religious/spiritual beliefs, and lifestyle choices
  3. consideration of socioeconomic, racial, and ethnic factors
  4. family issues
  5. occupational and leisure issues
  6. anticipatory guidance appropriate to patient's age
- K. Monitor patients' progress over time, to include:
1. reassessment of subjective and objective data
  2. reconsideration of differential diagnosis, as needed
  3. modification of management plan, based on patient's health status and adherence issues

**Elective – Medical Subspecialty Clinical Performance Objectives (continued)**

- L. Chart progress notes following the SOAP format to include:
1. subjective data
  2. objective data
  3. assessment
  4. plan
- M. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner.
- N. Focus on the below items as they relate to the geriatric population:
1. Identify the risk factors and causes of gait disturbances, falls and immobility issues in geriatric patients and discuss management, home safety and preventative strategies for each
  2. Identify barriers to maintaining function and the ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
  3. Discuss 3 examples each of ADLs and IADLs
  4. Discuss conditions requiring bed rest; describe the consequences of bed rest and describe prevention methods for pressure ulcers, iatrogenic infections, etc.
  5. Describe the risk factors and consequences of loss of independence
  6. Identify risks for malnutrition and dehydration in the geriatric patient
  7. Differentiate among the etiologies of weight loss and weight gain in the geriatric patient
  8. Develop primary and secondary prevention strategies for disease in geriatric patients, including exercise, nutrition, oral health, immunizations, and screening for diseases
  9. Discuss the health conditions in which a geriatric patient is vulnerable with untreated hearing and/or vision impairment
  10. Describe the causes of visual impairment in the geriatric population
  11. Compare and contrast the causes of hearing loss in the geriatric population
  12. Select evaluation methods for visual and hearing impairment
  13. Outline management plans for geriatric patients with visual and hearing impairments
  14. Identify and appropriately report elder abuse and neglect
  15. Compare and contrast the benefits and consequences of a change from independent living to an assisted living or nursing facility
  16. Discuss ways in which the geriatric patient can effectively manage economic changes, including finances, insurance issues, estate issues, etc.
  17. Discuss the risk factors for social withdrawal in a geriatric patient and identify resources for social support

**Elective – Medical Subspecialty Clinical Performance Objectives (continued)**

The below problem list is a general guide. Actual objectives will vary by specialty. Students should discuss and define at minimum 5 site specific objectives with their preceptor.

**PROBLEM LIST****SYMPTOMS**

Fatigue and Weakness  
 Fever  
 Weight loss  
 Syncope  
 Headache  
 Vertigo/dizziness  
 Angina  
 Chest Pain  
 Obesity  
 Constipation  
 Diarrhea  
 Dyspepsia  
 Low back pain  
 Shoulder, neck, arm pain  
 Joint pain/arthritis  
 Abdominal pain  
 Amenorrhea  
 Cough  
 Ear Pain  
 Nasal congestion/rhinorrhea  
 Sore throat  
 Vision changes  
 Rash  
 Pruritus

**DIAGNOSES****Cardiovascular**

Hypertension  
 Congestive Heart Failure  
 Valvular Heart Disease  
 Coronary artery disease  
 Myocardial infarction  
 Pericardial disease  
 Peripheral vascular diseases  
 Thromboembolism  
 Arrhythmias  
 Cardiomyopathies  
 Congenital Heart Defects  
 Dyslipidemias  
 Edema

**DIAGNOSES (cont.)****Respiratory**

Asthma  
 COPD (emphysema, chronic bronchitis)  
 Upper Respiratory Infections  
 Influenza  
 Pneumonia  
 Tuberculosis  
 Acute Bronchitis  
 Obstructive Sleep Apnea  
 Acute Respiratory Distress (Identification)

**Ear /Nose/Throat**

Sinusitis  
 Otitis externa/media  
 Epistaxis  
 Cerumen Impaction

**Endocrine**

Goiter  
 Hypo/Hyperthyroidism

**Hematology/Oncology**

Anemia  
 Lung Cancer  
 Colon Cancer  
 Breast Cancer  
 Bleeding disorders  
 Platelet Disorders  
 Hypercoagulable states

**Infectious Disease**

Sexually transmitted diseases  
 HIV infection  
 Vaginitis & Cervicitis

**Gastroenterology**

Pancreatitis  
 Hepatitis  
 GERD/PUD  
 Irritable Bowel Syndrome  
 Inflammatory Bowel Disease  
 Cirrhosis  
 Diverticulitis  
 GI bleed

**Elective – Medical Subspecialty Clinical Performance Objectives (continued)****PROBLEM LIST  
DIAGNOSES (cont.)****Renal**

Urolithiasis  
Acute and Chronic Renal Failure  
Pyelonephritis

**GU**

Urinary Tract Infections  
Incontinence  
BPH  
Erectile Dysfunction  
Urethritis

**Reproductive**

Endometriosis  
Dysmenorrhea

**Musculoskeletal**

Carpal Tunnel  
Osteoarthritis  
Osteoporosis  
Sciatica  
DeQuervain's tenosynovitis  
Herniated/ruptured intravertebral disc  
Spondylosis  
Tendonitis  
Bursitis  
Sprains  
Strains  
Fractures  
Dislocations

**Rheumatology**

Rheumatoid Arthritis  
Lupus  
Fibromyalgia

**Neurologic**

CVA, TIA  
Seizure disorders  
Bell's Palsy  
Parkinson's Disease  
Alzheimer's Disease  
Dementia  
Cranial/Peripheral nerves

**Psychiatric Disorders**

Substance abuse/ETOH and Narcotic Withdrawal  
Personality Disorders  
Anxiety Disorders  
Mood Disorders  
Depression  
Eating disorders  
Bereavement

**Geriatric**

Heart failure  
Arrhythmias  
Hypertension and hypotension  
Temporal arteritis  
Pneumonia  
COPD  
Constipation and diarrhea  
UTI  
Incontinence  
Benign prostatic hypertrophy  
Rheumatoid arthritis  
Osteoarthritis  
Osteoporosis  
Fibromyalgia/Chronic pain  
Parkinson's disease  
Dizziness/syncope  
CVA/TIA  
Diabetes mellitus  
Hyper/hypocalcemia  
Dehydration  
Edema  
Cancer - solid tumors, leukemias, lymphomas, myeloma  
Sexual dysfunction

**Health Screening/Maintenance of Asymptomatic Adults**

PAP smear  
Fecal occult blood  
Flexible sigmoidoscopy/colonoscopy  
Mammogram  
Adult Immunizations  
Basic EKG Interpretation  
Abnormal Urinalysis

## **Elective – Surgical Subspecialty Clinical Performance Objectives**

Upon completion of the **Surgical Subspecialty Clinical Experience**, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. Student will demonstrate attainment of a strong knowledge base, clinical skills, self-directed learning, self-assessment, clinical reasoning, professional behavior and team skills.

### **Pertaining to the problem list below, the student will:**

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis.
- B. Utilizing all available information sources (patient, family, community, old records) student will elicit and record a complete and focused history, appropriate for the patient's age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include:
  1. appropriate use of questions
  2. listening to the patient
  3. an organized approach to eliciting the patient's history
  4. interpreting normal and abnormal historical data
- C. Perform and record a complete surgical admission, pre-operative and post-operative focused physical examination, appropriate for the patient's age, to include the following:
  1. using an efficient approach
  2. using proper technique, including modifications of technique appropriate for the patient's mobility and mental status
  3. selecting the sections of the physical exam pertinent to the patient's chief complaint
  4. interpreting normal and abnormal findings in the context of the patient's history
- D. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
  1. risks and benefits
  2. sensitivity and specificity
  3. cost effectiveness
  4. obtaining informed consent
- E. Consult providers beyond the surgical department regarding treatment of patients' medical and/or psychiatric problems.
- F. Develop and record a surgical diagnosis and plan, based on the patient's complaint, to include a consideration of:
  1. the risks and benefits of surgery for the patient's condition
  2. medical conditions that impact on the patient's surgical risk
- G. Demonstrate knowledge of the informed consent process
- H. Scrub and gown in surgical attire following guidelines for maintaining a sterile field
- I. Identify commonly used surgical instruments and suture materials and describe their use
- J. Recognize the responsibilities of each member of the surgical team
- K. Assist in surgical procedures as directed by the surgical preceptor
- L. Assess and monitor patients' status post-operatively in the recovery room

**Elective – Surgical Subspecialty Clinical Performance Objectives (cont.)**

- M. Provide patient and family counseling to include:
1. communication with empathy and compassion
  2. establishing a supportive environment for patients and their families to deal with acute emergencies
  3. consideration of patients' health beliefs and practices, religious/spiritual beliefs and lifestyle choices
- N. Develop, record and implement a pre-op and post-op pharmacologic management plan, including fluid replacement, blood products and pain management to include:
1. Rationale for utilizing each drug, including mechanism of action
  2. Indications, contraindications and adverse reactions
  3. potential drug-drug interactions
  4. cost-effectiveness
  5. documented patient education regarding side effects and adherence issues
- O. Care for post-surgical patients, including wound care and recognition of infection.
- P. Provide and record a discharge plan, which is clearly explained to the patient and checked for understanding, to include:
1. wound care and expected stages of healing
  2. pain management
  3. nutrition and dietary restrictions
  4. physical activity/exercise/work/school
  5. warning signs/symptoms of complications
  6. discharge treatment plan – pharmacologic and non-pharmacologic
  7. plan for outpatient follow-up care, to include primary health care providers, surgical follow-up, family and community resources
- Q. Chart progress notes in an efficient manner, following the SOAP format to include:
1. subjective data
  2. objective data
  3. assessment
  4. plan
- R. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner
- S. Perform the following procedures under direct supervision
1. local anesthetic block
  2. digital block
  3. repair simple superficial and complex lacerations or incisions
  4. incision and drainage of abscess
  5. excision of small skin growths, such as moles and cysts
  6. debridement of necrotic tissues
  7. change sterile dressings

## **Elective – Surgical Subspecialty Clinical Performance Objectives (cont.)**

The below problem list is a general guide. Actual objectives will vary by specialty. Students should discuss and define at minimum 5 site specific objectives with their preceptor.

### **PROBLEM LIST**

#### **SYMPTOMS**

##### **Symptoms, Syndromes, Miscellaneous**

Acute Abdomen  
GI bleeding  
Gynecomastia  
Mediastinal diseases  
Shock  
MRSA  
Gangrene

#### **DIAGNOSES**

##### **Cardiovascular**

Peripheral vascular diseases  
Varicose veins  
Carotid Stenosis

##### **Cancers**

Breast  
Colon  
Gastric  
Lung  
Pancreatic  
Prostate  
Testicular  
Lymphoma

##### **GI**

Appendicitis  
Cholelithiasis  
Cholecystitis  
Crohn's disease, Ulcerative Colitis  
Hemorrhoids  
Intestinal Obstruction  
Hepatic and biliary tract diseases  
Morbid Obesity

#### **DIAGNOSES (cont.)**

##### **GU**

Hernias: abdominal, femoral, inguinal  
Hydrocele  
Kidney stones  
Testicular torsion  
Varicocele

##### **Post-operative complications**

Dehiscence  
Embolism  
Fever  
Hematoma  
Ileus  
Infection  
Phlebitis  
Pneumonia  
Urinary tract infection  
Biopsy and aspiration of breast masses  
Fluid and electrolyte management  
Trauma, blunt and sharp  
Wound care/healing

**Elective – Surgical Subspecialty Clinical Performance Objectives (cont.)****PROBLEM LIST  
DIAGNOSES (cont.)****Orthopedics**

1. Spine Disorders:
  - Jefferson's, odontoid, hangman's, other fracture-dislocations of cervical and thoracolumbar spine, acute hyperextension, herniated discs, stenosis, spondylosis, spondylolisthesis
2. Shoulder Disorders:
  - acromio-clavicular joint injuries, anterior and posterior dislocations, rotator cuff tear, adhesive capsulitis, impingement syndrome, calcific tendinitis
3. Upper Arm and Forearm Disorders:
  - proximal humerus fracture, supercondylar fracture, elbow dislocation, olecranon fracture, proximal radius fracture, Monteggia fracture, greenstick and buckle fractures
4. 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
5. Pelvis/Acetabulum Fractures
6. 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
7. Knee Disorders:
  - patellar fracture, tibial plateau fracture, Baker's cyst, meniscal tears, ligamentous injuries, bursitis, Osgood-Schlatter disease, chondromalacia
8. Fibula Fractures
9. Ankle Disorders:
  - distal fibula fractures, malleolar fractures, sprains, Achilles tendon rupture
10. Foot Disorders:
  - metacarpal fractures, subtalar fracture, calcaneal fracture, planta fasciitis, Morton's neuroma, bunions, hammertoe and clawfoot deformities
11. Charcot Joint
12. Arthritides
13. Reflex Sympathetic Dystrophy
14. Compartment Syndrome
15. Neoplastic Processes

## **PROFESSIONAL GROWTH OBJECTIVES**

The student's attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the clinical experience. The student will demonstrate Professional Growth by:

- A. Developing and maintaining good interpersonal relationships with patients as demonstrated by:
  - 1. encouraging discussion of problems and/or questions
  - 2. recognizing verbal and non-verbal clues
  - 3. offering support and reassurance
  - 4. listening attentively
  - 5. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures
- B. Seeking and maintaining competence by:
  - 1. demonstrating evidence of self-directed learning (reading, research, utilizing principles of evidence based medicine)
  - 2. completing clinical experience in accordance with assigned schedule, with punctuality
  - 3. adhering to the clinical experience objectives as set forth
- C. Demonstrating professionalism by:
  - 1. recognizing one's limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
  - 2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
  - 3. eliciting and demonstrating receptivity to constructive feedback
  - 4. forming and maintaining positive relationships with patients, peers, staff and supervisors
  - 5. maintaining a calm and reasoned manner in stressful and/or emergency situations
  - 6. showing respect for patients and maintaining appropriate confidentiality of the patient's record
  - 7. demonstrating awareness and sensitivity to patients' cultural beliefs and behaviors
  - 8. displaying a high level of motivation and interest
  - 9. dressing and grooming appropriately
  - 10. adhering to the AAPA Code of Ethics and HIPAA

# EVALUATION PROCESS AND DOCUMENTS

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## 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, (412) 365-2902, (412) 365-2430 or (412) 365-1829.**

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
<b><u>Professionalism</u></b> professional demeanor, recognition of personal limitations, respect for patients, honesty and ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>Attitude</u></b> initiative, teachability, dependability, team member function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>Applied Knowledge</u></b> general medical knowledge, test selection and interpretation, patient education/health promotion, integration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b><u>Skill</u></b> interviewing, therapeutic relationships, physical exam, written communication, oral communication, management plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Strengths:**

**Areas for Improvement:**

Has the student ever been late?  Yes  No      If yes, how many times? \_\_\_\_\_

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

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

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

CE #: \_\_\_\_\_

Please circle the appropriate number based on your final evaluation of the student. **5=Exceptional, 4=Above Average, 3=Average, 2=Below Average, 1=Poor**

### 12. 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
13. Rate the student's overall performance.	<input type="checkbox"/>				

14. Has the student called off from or been late to assigned clinical days?  Yes  No  
If yes, the student has called off from or been late to assigned clinical days, how often? \_\_\_\_\_

15. 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 2015

### End Rotation Evaluation of Preceptor

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

<b>Student:</b> _____	<b>Preceptor:</b> _____
<b>CE #:</b> _____	<b>Specialty:</b> _____
<b>Date:</b> _____	<b>Identify Elective:</b> _____

<b>Place an "X" in the appropriate column.</b>	Exceptionally (5)	Above Average (4)	Average (3)	Poorly (2)	Never	N/A
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 (5)	Above Average (4)	Average (3)	Below (2)	Poor (1)	N/A
<b>Based on the above, rate the preceptor and site overall</b>						

<b>Instructions: Written comments are mandatory.</b>	
List rotation strengths.	
List rotation weaknesses.	
Comment on Preceptor's teaching style.	
<b>Provide any useful information regarding the following:</b>	
Housing	
Meals	
Parking	
Any additional comments you have:	

## FREQUENTLY ASKED QUESTIONS

### 1. What are the benefits of precepting?

#### Continuing Medical Education Credits

Physicians receive Category II CME Credits toward the AMA Physician's Recognition Award (PRA). Physician Assistants receive Category I or II CME Credits.



*Chatham University PA Program is approved by the American Academy of Physician Assistants to award AAPA Category 1 CME credit to eligible physician assistant preceptors. This approval is valid for one clinical year beginning January 6, 2014. This program was planned in accordance with AAPA's CME Standards. Physician assistants may earn a maximum of 10 hours of AAPA Category 1 CME credit for clinical precepting during any single calendar year.*

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 Program Assistant 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>. Chatham University email is the preferred account to use for all communication with students and University members.

#### 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 Affairs Department located in the Carriage House on campus to have your photo taken and ID Card created. 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.

**Athletic and Fitness Center:** All AFC patrons must present a valid Chatham University ID Card in order to utilize the facilities. Please check the website or call the AFC (412-365-1625) for hours of operation.

#### D. 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 (continued)

3. 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.

4. Can the student work on weekends and/or be on-call?

Yes. The student's hours are determined at your discretion.

5. 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.

6. 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.

7. 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.

8. 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.

9. 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.

10. 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, 412-365-2430, or 412-365-2902.**

If a student fails a rotation, that student will be placed at a different site to make the rotation up.

11. 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

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## **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](http://www.aapa.org)  
E-mail: [aapa@aapa.org](mailto:aapa@aapa.org)

## **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](http://www.nccpa.net)  
E-mail: [nccpa@nccpa.net](mailto:nccpa@nccpa.net)

## **PHYSICIAN ASSISTANT ORGANIZATIONS (continued)**

### **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.paeonline.org](http://www.paeonline.org)

### **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](http://www.pspa.net)  
E-mail: [pspa@pspa.net](mailto:pspa@pspa.net)

## **HIRING A PHYSICIAN ASSISTANT**

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1. Employer information can be found at the Pennsylvania Society of Physician Assistants (PSPA) web site: <http://www.pspa.net/members.php?index=employer>  
(For those outside of PA, 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 Registration as a Supervising Physician of a Physician Assistant) can be found at the Pennsylvania Department of State web site:  
[http://www.portal.state.pa.us/portal/server.pt/community/state\\_board\\_of\\_medicine/12512/licensure\\_information/599413](http://www.portal.state.pa.us/portal/server.pt/community/state_board_of_medicine/12512/licensure_information/599413)
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/your\\_pa\\_practice/reimbursement.aspx](http://www.aapa.org/your_pa_practice/reimbursement.aspx)

## **PHYSICIAN ASSISTANT FACTS**

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1. There are over 83,000 practicing Physician Assistants.
2. There are 173 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. Typical PA programs last for 24-32 months.
4. All 50 states, the District of Columbia and Guam have laws that authorize PA's to prescribe medications.
5. 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.
6. 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.
7. Only graduates of an accredited PA school can take the Physician Assistant National Certification Exam (PANCE).
8. A PA must take the Physician Assistant National Recertification Exam every six or ten years depending on their current recertification cycle.
9. Every two years a PA must obtain 100 hours of continuing medical education to maintain his/her certification.