



CARROLL UNIVERSITY
Physician Assistant
Program

**Carroll University
Physician Assistant Program
Clinical Preceptor Manual
AY 2019-2020**

Table of Contents

WELCOME PRECEPTORS AND THANK YOU!	1
PRECEPTOR FAQ	1
PA FACULTY AND STAFF CONTACT INFORMATION.....	ERROR! BOOKMARK NOT DEFINED.
MISSION, PHILOSOPHY AND GOALS OF THE PROGRAM.....	4
MASTER OF SCIENCE IN PHYSICIAN ASSISTANT STUDIES - THE PROGRAM.....	4
STATEMENT OF THE CURRICULAR PHILOSOPHY.....	4
PROGRAM GOALS.....	ERROR! BOOKMARK NOT DEFINED.
PROGRAM RESPONSIBILITIES	5
TECHNICAL STANDARDS FOR THE PA PROGRAM	5
PRECEPTOR TEACHING GUIDELINES	6
PRECEPTOR RESPONSIBILITIES.....	7
ORIENTATION AND COMMUNICATING STUDENT EXPECTATIONS.....	8
PREPARING STAFF	8
SUPERVISION OF THE PA STUDENT.....	9
INFORMED PATIENT CONSENT REGARDING STUDENT INVOLVEMENT IN PATIENT CARE	9
DOCUMENTATION	10
MEDICARE POLICY.....	10
PRESCRIPTION WRITING	10
PROFESSIONAL LIABILITY INSURANCE	10
PRECEPTOR-STUDENT RELATIONSHIP.....	11
THE ONE MINUTE PRECEPTOR.....	11
PRECEPTOR DEVELOPMENT	12
CARROLL UNIVERSITY'S PHYSICIAN ASSISTANT PROGRAM CURRICULUM.....	13
YEAR - 1	13
YEAR - 2	14
CLINICAL YEAR COMPONENTS FOR STUDENTS.....	15
CLINICAL ROTATION DESCRIPTIONS	15
ELECTIVE ROTATION GUIDELINES.....	16
EVALUATIONS AND GRADING	16
GRADING SCALE.....	17
EVALUATION PROCESS AND FORMS	17
<i>Student Evaluation of Site and Preceptor (See Appendix C)</i>	17
<i>Preceptor Evaluation of Student (See Appendix D)</i>	17
END OF ROTATION EXAMS.....	17
CASE WRITE-UP	18
PATIENT PROFILE/CLINICAL PROCEDURE LOG	18
CULTURAL REFLECTION PAPER.....	18
DISCHARGE SUMMARIES FOR INTERNAL MEDICINE ROTATION	18
ELECTIVE ROTATION CASE PRESENTATION	18
CLINICAL ROTATION PROGRESSION STANDARDS.....	19
PROGRAM PROGRESSION STANDARDS	19
CLINICAL ROTATION REMEDIATION POLICY	19
CLINICAL ROTATION EVALUATION DISCREPANCIES	20
CLINICAL SITE OVERVIEW.....	21

APPROVED CLINICAL ROTATIONS.....	21
ROTATION SITE VISITS.....	21
PA STUDENT GENERAL CLINICAL GOALS.....	22
STUDENT RESPONSIBILITIES FOR CLINICAL ROTATIONS.....	22
SOCIAL MEDIA GUIDELINES	26
STUDENT HEALTH, OSHA REQUIREMENTS & HIPAA TRAINING	27
HEALTH REQUIREMENTS	27
UNIVERSAL PRECAUTIONS / OSHA	27
HIPAA TRAINING.....	27
INCIDENT REPORTING.....	27
HOUSING, TRANSPORTATION, AND MEALS	27
MEDICAL DIAGNOSTIC EQUIPMENT	27
CLINICAL OBJECTIVES.....	28
GENERAL CLINICAL OBJECTIVES - (APPLIES TO ALL ROTATIONS)	28
COMPETENCIES	28
MEDICAL KNOWLEDGE.....	28
PATIENT CARE	29
INTERPERSONAL AND COMMUNICATION SKILLS.....	29
PRACTICE-BASED LEARNING AND IMPROVEMENT.....	29
SYSTEMS-BASED PRACTICE	30
PROFESSIONALISM.....	30
GENERAL HISTORY TAKING OBJECTIVES	31
GENERAL PHYSICAL EXAM OBJECTIVES.....	31
APPENDIX A	33
ATTENDANCE POLICY	33
STUDENT ABSENTEE REPORT - YEAR I AND YEAR II	34
APPENDIX B	35
BLOOD BORNE PATHOGEN EXPOSURE POLICY AND PROTOCOL	35
APPENDIX C	46
STUDENT'S EVALUATION OF THE PRECEPTOR TWO WEEK OBSERVATION.....	46
STUDENT'S EVALUATION OF THE PRECEPTOR END OF ROTATION EVALUATION.....	47
APPENDIX D.....	48
PRECEPTOR EVALUATION OF STUDENT / TWO WEEK OBSERVATION.....	48
PRECEPTOR EVALUATION OF STUDENT / END OF ROTATION.....	49

Welcome Preceptors and Thank You!

The faculty, staff and students of Carroll University's Master of Science in Physician Assistant Studies Program extends heartfelt thanks and appreciation to you for the tremendous contribution you are making to the education of future Physician Assistants. We appreciate your investment and dedication to the teaching and mentoring of our Physician Assistant Students. Your time and efforts directly correlate to the successful completion of our students' training. It is during the clinical year that students transition from classroom learning to real world practice. Your expertise will help them synthesize the concepts and application of principles of quality health care delivery. It's our sincere hope that you find this opportunity to impart your knowledge to our students a rewarding and exciting challenge.

Introduction

The Carroll University Physician Assistant Program is working with health care professionals and administrators to train physician assistant students to become culturally competent health care providers. The generous contribution of time and effort on the part of a wide variety of clinical preceptors will be the vital key to the success of Carroll University's Physician Assistant Program. The program is 24 months in length which includes 12 months of didactic courses immediately followed by 12 months of clinical rotations. The information in this manual is intended to provide an overview of the Carroll University PA Program as well as specific guidelines and evaluation tools for our clinical preceptors.

The objectives of this manual are three-fold:

- I. To provide guidance for preceptor's teaching and administrative responsibilities.
- II. To provide the preceptors with the objectives to be covered during each preceptorship.
- III. To present the process by which the student's performance will be evaluated during his/her clinical year.

The purpose of this manual is to act as a reference for preceptors. The clinical objectives in this manual outline the minimum knowledge and skills that a student should acquire during each clinical rotation. The student is responsible for acquiring the core knowledge as outlined in the objectives. We are aware you may not be able to cover all topics in a specific rotation; therefore, many topics are listed in multiple clinical rotation objectives.

Preceptor FAQ

What is a preceptor?

A preceptor is an integral part of the teaching program. Physician Assistant Preceptors give practical experience and training to a student and are typically MD's, DO's, PA's, NP's or CNM's, who volunteer their time to teach students in a one-on-one relationship during their clinical year. In the case of Behavioral Medicine, our students can spend time with other licensed mental health providers.

What makes an effective preceptor?

Effective preceptors should be able to create an atmosphere that allows the student appropriate learning opportunities. It's also important for preceptors to be able to provide the student with honest and regular feedback about their progress, as this will help them grow into successful healthcare professionals.

How will I know what to focus on with students?

Each student rotation will have different objectives. It is the student's responsibility to share these objectives with their preceptor at the beginning of the clinical rotation. Additional information about objectives can be found in course specific syllabi provided by the program.

Am I eligible to be a preceptor?

You are eligible to serve as a preceptor if you meet the following criteria:

- ☒ You are licensed, board certified and in good standing in your discipline and with your state medical board.
- ☒ You have practiced in your discipline for at least one year prior to becoming a clinical preceptor.
- ☒ You are willing to assist students in achieving the objectives of a rotation.
- ☒ You are willing to provide an honest and fair evaluation of student performance.

What are the benefits of volunteering as a preceptor?

Some of the benefits of volunteering as a preceptor include the opportunity to help shape the next generation of professionals, give back to and promote the medical profession and achieve personal and professional gratification. Preceptors often state that working with students is a rewarding experience for both staff and patients.

Continuing Medical Education Credits (CME):

Preceptors who are PAs may earn Category I CME credits for precepting by participating in the following programs:

1. Carroll University's Physician Assistant Program is approved by the American Academy of Physician Assistants to award **AAPA Category 1 CME** credits to eligible *physician assistant preceptors*. This program was planned in accordance with AAPA's CME Standards. Physician assistant preceptors can earn 2 Category 1 CME credits per student per 40 hours of clinical teaching, up to a maximum of 20 AAPA Category 1 CME for precepting per calendar year

To log your CME credits, you must submit documentation of your Carroll University PA Program clinical preceptorships via email, fax or mail to the program's Clinical Coordinator at the conclusion of your preceptorships for the academic year. Preceptors must only report actual hours earned.

Documentation must include the following information:

1. Name of the Physician Assistant preceptor requesting Cat I CME credit
 2. Name of the rotation and the location of the clinical site
 3. Number of weeks precepted
 4. Number of students precepted during each rotation
 5. Address your certificate should be mailed to
- Carroll University will provide reconciliation to AAPA within 90 days of the clinical year end date and provide preceptors with a certificate validating your CME credits.

Other disciplines should contact their accrediting bodies for further information on CME credits for precepting clinical PA students.

Do I give the student a grade at the end of their rotation?

Upon completion of each clinical rotation, students are required to provide their preceptor with an evaluation form that is to be returned to Carroll University within 7 days of the completion of the rotation. Feedback included on the evaluation form will influence the student's overall grade, however, the student will also be required to complete a written exam, give a presentation, and/or be given written assignments.

Can my colleagues cover for me or help precept the student?

Yes, as long as they are in the same practice group and a MD, DO, PA, NP or Certified Midwife. For the Behavioral Medicine rotation, other licensed mental health providers may serve as preceptors as well.

Can the student work the weekend and/or be on call?

Yes, the students schedule is up to you, they are encouraged to do on call/weekends etc.

Can the student document in the patient chart?

It is up to the individual preceptor. We do encourage the student to be able to document as it is an important part of their training. However, the student needs to sign their note PA-S (Physician Assistant Student) and it must be cosigned by you the preceptor. *Hospitals and large health organizations may have their own guidelines. Please familiarize yourselves with these individual guidelines.*

Can I provide the student with reading assignments?

Yes, we welcome preceptors assigning relevant readings. The students will have limited assignments from Carroll (i.e., H&P's, cultural reflection paper or case presentation).

What if a student is not performing to my expectations?

Please contact the Clinical Coordinator or Program Director at Carroll University as soon as possible with your concerns.

PA Faculty and Staff Contact Information

Name	Title	Email	Phone
James Brandes, M.D.	Program Director	jbrandes@carrollu.edu	262-524-7398
A. Miranda Spindt, M.S., PA-C	Clinical Education Coordinator/Clinical Assistant Professor	mspindt@carrollu.edu	262-524-7401
Kerri Murphy, MMS, PA-C	Didactic Coordinator/Clinical Assistant Professor	kmurphy@carrollu.edu	262-524-7402
Robert Schellinger, M.D.	Medical Director	bschelli@carrollu.edu	
Monika Baldridge, Ph.D.	Clinical Associate Professor	mbaldrd@carrollu.edu	262-524-7627
Cindy Holahan	Admissions Coordinator	cholahan@carrollu.edu	262-524-7361
Melanie Fitzgerald	Administrative Assistant	mfitzger@carrollu.edu	262-524-7403

MISSION, PHILOSOPHY AND GOALS OF THE PROGRAM

The ***Mission of the Master of Science in Physician Assistant Studies Program*** is to educate Physician Assistants to provide comprehensive quality health care to all, to be respectful of patient values, to be committed to ethical principles and to be grounded in evidence-based practice and clinical reasoning. Graduates will contribute to the profession and their communities and be prepared to practice medicine in a variety of primary care settings under the supervision of physicians. Graduates will also be prepared to provide service to medically underserved communities and diverse patient populations.

Master of Science in Physician Assistant Studies – The Program

Students who are accepted into the Physician Assistant Program have previously obtained a bachelor's degree in a variety of subject areas. Throughout our program the prior experiences of the students are enhanced by integrating the health sciences and clinical skills necessary for the student to successfully enter into employment in a variety of practice settings upon graduation.

The Carroll University Master of Science in Physician Assistant Studies Program has Continuing Accreditation from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Program and approval from HLC/NCA to award the Master of Science in Physician Assistant Studies.

The Physician Assistant Program is a cohort model, 24 months in length, requiring 116 credit hours to complete. The first year of curriculum, consists of 66 credit hours of didactic courses and integrated service-learning opportunities designed to lead the student to deliver health care in a culturally competent manner. The second year is 12 months of clinical rotations, totaling 50 credits, plus the completion of a Capstone Project, Observed Structured Clinical Exam (OSCE) and Summative Exam.

Statement of the Curricular Philosophy

The mission of Carroll University is to provide a superior educational opportunity to students, which is grounded in the liberal arts tradition and focused on career preparation and lifelong learning. The aim of the Physician Assistant Program at Carroll University is to produce clinicians, trained for general practice in a dynamic health care environment, who provide best care, respectful of patient values and culture, grounded in evidence-based practice and clinical reasoning and who contribute to the profession and their community. To this end, the Physician Assistant Program considers the current and anticipated needs of society, the profession, Carroll University, faculty, and students in the program.

Graduates are prepared to examine, evaluate, diagnose, make prognoses, and provide interventions to prevent the onset, symptoms, and progression of disease, functional limitations, and disabilities that may result from diseases, disorders, or injuries. Understanding professional practice expectations and patient management expectations as well as practice management allow graduates to impact health care delivery systems in their communities.

Graduates have a life-long commitment to self-directed learning and critical inquiry recognizing that completion of their professional education is the first phase on a continuum of phases to mastery in medicine. Graduates contribute to the profession and society by sharing knowledge with and caring for underserved populations in a culturally competent manner.

PROGRAM GOALS

To achieve its mission, the Master of Science in Physician Assistant Studies Program has three goals:

1. To develop skilled primary care physician assistants who demonstrate the medical knowledge, skills, and abilities to provide quality patient care for entry level practice as a PA.
2. To develop PAs with a high level of professionalism and interpersonal communication skills.
3. To provide all students with practicum medical experiences in underserved areas or with underserved populations.

PROGRAM RESPONSIBILITIES

1. Orient preceptors and students to the structure of the preceptorship and student learning.
2. Carroll University Physician Assistant Program is committed to serving the medically underserved populations and all patients in a culturally competent manner.
3. Objectives for each rotation will be provided by the program, but individual learning goals may be tailored to the student and preceptor. Objectives not met during the rotation should be researched by the student.
4. Preceptors can receive Continuing Medical Education credit for precepting Physician Assistant Students. Credits may be claimed for teaching on an hour for hour basis that the physician is working with the PA student. (MD & PA =Cat II) (DO & PA = Cat IA). The program will provide the documentation of the preceptorship period for the CME credit upon request.
5. The Clinical Coordinator is responsible for assigning the grade for rotation performance. Information from all evaluations, completion of activity logs, end of rotation exams, OSCE's, case presentations, projects, cultural reflection paper and professionalism are the basis for the decision whether to pass the student, extend the rotation, place the student on probation, or in some instances, dismiss the student from the program. The performance evaluations become a permanent part of the student's record. Further information may be found in the course syllabi.
6. Serve as a resource in developing the PA role in a specific practice setting. The program is prepared to facilitate the introduction of the PA to the community in general and to the medical community specifically.
7. Make the final decision on the rotation schedules. Each student's clinical schedule will be arranged to insure the best possible educational experience. Students will be given the opportunity for input where the assignment of rotation is concerned, as well as requests and suggestions for rotations. It is the sole responsibility, however, of the Clinical Coordinator to evaluate, arrange and schedule all clinical rotations. It is important to note that the Clinical Coordinator reserves the right of permitting a student to attend a specific rotation on the basis of the student's level of skill and knowledge. There may be changes in the rotation schedule throughout the year, with additions, deletions and time changes which make it necessary for the student to be flexible. The Clinical Coordinator will make rotation assignments or substitutions, which she/he feels is in the best interest of the student, Preceptor, and the Program.

TECHNICAL STANDARDS FOR THE PA PROGRAM

The Physician Assistant Studies Program requires that a student possess the ability to meet the requirements of the program. Though the program might modify certain course requirements to provide accommodations required by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1990, there are no substitutes for the following essential skills. The applicant

must independently, with or without reasonable accommodation, be able to meet each requirement to gain admission to the program and must also continue to meet them throughout participation in the program.

1. **Physical Requirements:** The applicant/student must be willing and capable of performing the customary techniques for physical assessment, such as visual observation, auscultation, percussion and palpation. The applicant must be able to timely perform physician assistant procedures such as suturing, splinting, venous and arterial puncture and cannulation, bladder catheterization, nasogastric tube placement, emergency procedures such as cardiopulmonary resuscitation, suctioning of airway, endotracheal intubation, operation of cardioverter/defibrillator, and application of routine first aid procedures.
2. **Communication:** The applicant/student must be able to elicit information, describe changes in health, mood and activity, and perceive nonverbal communication. The applicant/student must be able to communicate effectively and sensitively with patients and all members of the health care team.
3. **Intellectual Ability:** The applicant/student must be competent in problem solving skills, including measurement, calculation, reasoning and analysis.
4. **Behavioral and Social Attributes:** The applicant/student must be able to tolerate physically taxing workloads, function effectively under stress, adapt to changing environments, display flexibility, learn to function in the face of uncertainties inherent in the evaluation and treatment of patients, and must possess integrity, compassion, effective interpersonal skills and be motivated for a career in health care. The student/applicant must be able to work with patients who have serious illnesses, infectious or terminal diseases and severe emotional disorders.
5. The Physician Assistant Studies Program requires that the applicant/student undergo a physical examination. Carroll University does not discriminate against qualified applicants or enrolled students with disabilities. These Technical Standards are not intended to deter any candidate or enrolled student for whom reasonable accommodation will allow the fulfillment of the complete curriculum.

PRECEPTOR TEACHING GUIDELINES

Clinical assignments can be both challenging and rewarding. The guidelines that follow are valuable suggestions in helping to ensure a successful experience for both the preceptor and PA student.

- ☒ It is important to remember that students must function within the academic policies established by Carroll University for the duration of the program.
- ☒ Expect the PA students to perform similar to a third- or fourth-year medical student. If the student shows any serious deficiency or is in danger of not achieving the learning objectives or failing the preceptorship, please notify the Clinical Coordinator.
- ☒ Contact the Clinical Coordinator if any clarification of matters relating to the preceptorship is needed.
- ☒ Notify the hospital, nursing home, or surgery center that you will be a preceptor. Inquire about the policies and regulations governing PA students in the locations you practice.
- ☒ Provide the needed supervision by ensuring that only medical tasks delegated by you are preformed and that the quality of services rendered by the student are regularly evaluated.
- ☒ Involve the student in all aspects of the practice so that the student will receive a comprehensive clinical learning experience.
- ☒ Each student's learning pace is individual: however, the PA program requires that each student assume a very active role in his/her education. The student is expected to show initiative in asking questions, read assignments after following patients and giving feedback

concerning how well the clinical preceptorship is meeting his/her academic needs. It is important that preceptors assign appropriate readings to the student relative to their learning experience.

- ☐ Because one cannot predict with certainty that patients with specific problems will be seen during a given rotation, the student may not receive firsthand experience with all common problems in a given area. In the event that the student is not assigned patients with these problems, it is anticipated they may learn from patients with these problems who have been assigned to other students or staff of the clinic. This can be done by reading the charts of these patients and following their progress. The student may also learn from reading journals, texts, case studies and grand rounds.
- ☐ Although students will be confronted with a variety of medical problems that often involve the synthesis of much information, he/she must remember that “common diseases occur commonly.” The student should concentrate on gaining an expertise in the recognition and management of these common problems.
- ☐ When students feel that they are unable to proceed further with a specific problem because of their lack of knowledge, they should seek help from medical textbooks, journals, or medical staff. The PA student must learn to refer expeditiously as well as appropriately: the patient is always more important than any embarrassment that may be felt by saying “I don’t know.”

PRECEPTOR RESPONSIBILITIES

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

- ☐ Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation. The student must be made aware of all safety procedures, protocols and OSHA guidelines specific to the clinical site. Orientation should also include parking information and housing if applicable.
- ☐ Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the clinical coordinator by submitting two-week and end-of-rotation evaluations.
- ☐ Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care.
- ☐ Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student’s experience and expertise.
- ☐ Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting.
 - Direct evaluation of presentations (including both oral and written).
 - Assignment of outside readings and research to promote further learning.
- ☐ Audit and co-sign charts in order to evaluate the student’s ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.
- ☐ Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience.
- ☐ Maintain an ethical approach to the care of patients by serving as a role model for the student.
- ☐ Demonstrate cultural competency through interactions with patients.
- ☐ Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other’s needs and expectations, and what changes need to be

made in the roles and relationship.

Orientation and Communicating Student Expectations

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

On the first day of the rotation (or when possible, prior to the rotation) the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional *site-specific* HIPAA training, if needed. The student is aware that it is their responsibility to contact the clinical site at minimum two weeks prior to the start of the rotation.

Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regard to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations may include, but are not limited to:

- ☐ Hours
- ☐ Interactions with office and professional staff
- ☐ General attendance
- ☐ Call schedules
- ☐ Overnight/weekend schedules
- ☐ Participation during rounds and conferences
- ☐ Expectations for clinical care, patient interaction, and procedures
- ☐ Oral presentations
- ☐ Written documentation of patient care
- ☐ Assignments
- ☐ Write-ups
- ☐ Anything additional that the preceptor feels is necessary

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

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

Preparing Staff

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

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

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

Supervision of the PA Student

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

In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge.

The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the "**Documentation**" section below. The PA student will not be allowed to see, treat or discharge a patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a Physician Assistant Student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission or on a verbal person-by-person basis. Most hospital organizations that have students include student participation comments in their registration process. The students should be clearly identified as a

PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Documentation

If allowed by the preceptor and/or facility, PA students may enter information into a patient medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes.

Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S". Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop.

The introduction of EMR's (electronic medical records) may present obstacles for students if they lack a password or are not fully trained in the use of one particular institution's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own edification, which should be reviewed by preceptors whenever possible for feedback.

Medicare Policy

"The Centers for Medicare & Medicaid Services (CMS) is revising the Medicare Claims Processing Manual, Chapter 12, Section 100.1.1, to update policy on Evaluation and Management (E/M) documentation to allow the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work. Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision-making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work." (Effective March 5, 2018) www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10412.pdf

Prescription Writing

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

Professional Liability Insurance

Each PA student is fully covered for professional malpractice insurance by the PA Program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the University and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal

rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the University's liability coverage does not cover the student in these circumstances.

Preceptor-Student Relationship

The preceptor should maintain a professional relationship with the Physician Assistant Student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment must be carefully selected so as not to put the student or preceptor in a compromising situation. Contact through social media (Facebook, MySpace etc.) should be avoided until the student fully matriculates through the Carroll PA Program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting.

THE ONE MINUTE PRECEPTOR

A Method for Efficient Evaluation and Feedback

The one-minute preceptor is a strategy for efficiently structuring an interaction with a student. It consists of the following steps:

1. Getting the Student's Commitment

- So, what do you think is going on with this patient?
- How would you like to treat this patient?
- Why do you think the patient came today?
- What would you like to accomplish on this visit?

2. Probe For Supportive Findings, Evaluate The Thinking Leading To That Commitment

- How did you reach that conclusion?
- What makes you...?
- What findings support your diagnosis?
- What else did you consider?

3. Reinforce What Was Correct; Give Positive Feedback

- I agree with your interpretation...
- I am pleased that you included...that aspect of the physical exam.
- I appreciate your consideration of the patient's financial situation in prescribing...

4. Constructive Guidance About Errors or Omissions; Give Negative Feedback

- I disagree with...the scope of your differential diagnosis.
- What else do you think you might have included?
- Including the abdominal exam would have been important...
- A more efficient way to...

5. Teach A General Principle/Clarify "The Take Home" Lesson

- So, in general, it's important to remember...
- It is always important to think about...
- In general, taking a little extra time...
- Why don't you read up on this tonight and report back tomorrow...

(Adapted by the Physician Assistant Program, Oregon Health Sciences University, Portland, with credit to the Department of Family Medicine, University of Washington, Seattle. Reference: Nether JO, Gordon KC, Meyer B, Stevens N. A Five-Step “Microskills” Model of Clinical Teaching. J AM Board of Fam. Practice July-Aug. 192; Vol. 5 No. 4, 419-424.)

PRECEPTOR DEVELOPMENT

Tools specific to each of the appendices listed below can be found in the electronic copy of this handbook, which can be accessed on the PAEA website at: www.PAEAonline.org, under Preceptors.

- A. Integrating The Student Into A Busy Practice
 - ☐ The Model Wave Schedule
 - ☐ Integrating the Learner into the Busy Office Practice
 - ☐ Time-Efficient Preceptors in Ambulatory Care Settings

- B. Evaluation And Teaching Strategies
 - ☐ Evaluation Using the GRADE Strategy
 - ☐ The One-Minute Preceptor
 - ☐ Feedback and Reflection: Teaching Methods for Clinical Settings
 - ☐ Characteristics of Effective Clinical Teachers

- C. Providing Effective Feedback
 - ☐ Getting Beyond “Good Job”: How to Give Effective Feedback
 - ☐ Feedback in Clinical Medical Education
 - ☐ Feedback: An Educational Model for Community-Based Teachers

- D. Managing Difficult Learning Situations
 - ☐ Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
 - ☐ Provide Difficult Feedback: TIPS for the Problem Learner

- E. Developing Expectations
 - ☐ Setting Expectations: An Educational Monograph for Community-Based Teachers

- F. Conflict Resolution
 - ☐ Aspects of Conflict Resolution

CARROLL UNIVERSITY'S PHYSICIAN ASSISTANT PROGRAM CURRICULUM

YEAR - 1

Summer

	Credits
☑ PHA 500 Human Gross Anatomy	6
☑ PHA 501 Medical Physiology	4
☑ PHA 502 Patient Assessment: History and Physical Exam	4
☑ PHA 503 Introduction to Physician Assistant Profession	1
☑ PHA 504 Introduction to Clinical Medicine	2
☑ PHA 523 Foundations of Cultural Competence and Health Disparities I	1
	18 credits

Fall

	Credits
☑ PHA 505 Clinical Medicine I	5
☑ PHA 507 Pharmacotherapy I	4
☑ PHA 509 Clinical Diagnostics I	2
☑ PHA 511 Behavioral Medicine	2
☑ PHA 517 Pediatrics	2
☑ PHA 519 OB/GYN	2
☑ PHA 521 Clinical Decision Making I	2
☑ PHA 524 Foundations of Cultural Competence and Health Disparities II	1
	20 credits

Winter

	Credits
☑ PHA 512 Healthcare Systems, Health Policy and Administration	1
☑ PHA 514 Medical Ethics	2
☑ PHA 518 Geriatrics	1
	4 credits

Spring

	Credits
☑ PHA 506 Clinical Medicine II	5
☑ PHA 508 Pharmacotherapy II	4
☑ PHA 510 Clinical Diagnostics II	2
☑ PHA 516 Emergency Medicine	4
☑ PHA 520 Surgery	3
☑ PHA 522 Clinical Decision Making II	2
☑ PHA 525 Foundations of Cultural Competence and Health Disparities III	1
	21 credits

May

	Credits
☑ PHA 513 Evidence Based Medicine and Research	2
☑ PHA 515 Clinical Procedures	1
	3 credits

Year 1 Total Credits: 66 credits

YEAR - 2

Required Clinical Rotations

		Credits
☑ PHA 620 Emergency Medicine	(8 weeks)	8
☑ PHA 621 Family Medicine	(8 weeks)	8
☑ PHA 622 General Internal Medicine	(8 weeks)	8
☑ PHA 623 General Surgery	(8 weeks)	8
☑ PHA 625 Pediatrics	(4 weeks)	4
☑ PHA 626 Women's Health and Prenatal Care	(4 weeks)	4
☑ PHA 627 Psychiatry and/or Behavioral Medicine	(4 weeks)	4

Elective Clinical Rotation

☑ PHA 628 Elective Clinical Rotation	(4 weeks)	4
--------------------------------------	-----------	---

Required Capstone

☑ PHA 630 Capstone Project		2
		50 credits

Year 2 Total Credits: 50 credits

CLINICAL YEAR COMPONENTS FOR STUDENTS

The clinical year is composed of several components. Carroll University PA students must successfully complete the following:

- a. Four (8) eight-week clinical rotations, Family Medicine, Internal Medicine, Surgery and Emergency Medicine
- b. Four – four-week clinical rotations. Pediatrics, Women’s Health, Behavioral Health/Psychiatry and Elective (1 week of the elective can be done in Guatemala)
- c. Attend all required End of Rotation days (EOR) and activities
- d. EOR exams
- e. Culture reflection paper for each end of rotation day
- f. Medical Case write ups for each rotation
- g. A Year End Comprehensive Written Exam
- h. A Capstone Project
- i. A Summative OSCE

Course description for clinical rotations and the capstone project are listed below. Course syllabi with specific clinical rotation course objectives will be provided by the PA Program to each preceptor at the beginning of each rotation.

Clinical Rotation Descriptions

PHA 620: Emergency Medicine Supervised Clinical Practice credits

8

The student is introduced to triage and stabilization of patients with life threatening conditions and procedures performed in the emergency medicine department. Emphasis is placed on skills required to perform and document a problem-oriented history and physical, formulate a differential diagnosis, order and interpret the tests necessary to confirm or rule out a primary diagnosis, and give appropriate patient education. The student will learn strategies for interacting with patients and families in various levels of stress. (8 weeks)

PHA 621: Family Medicine Supervised Clinical Practice credits

8

The student will evaluate, document, diagnose, and treat problems common in primary care/family medicine. The student will demonstrate proficiency in office procedures commonly performed in a family medicine office. (8 weeks)

PHA 622: General Internal Medicine Supervised Clinical Practice credits

8

The student will perform in-depth evaluation and ongoing treatment of patients with complex problems and/or chronic illness. The student will evaluate and manage the effects of chronic disease on multiple body systems and perform or assist in procedures commonly done in internal medicine. (8 weeks)

PHA 623: General Surgical Supervised Clinical Practice credits

8

The student will evaluate and manage patients with a variety of surgical problems. The student will develop an understanding of the role of the surgeon, anesthesiologist, assistant surgeon, circulating nurse, scrub nurse, scrub tech, recovery room nurse and the surgery floor nurses, aides and techs in the care of the surgical patient. (8 weeks)

PHA 625: Pediatrics Supervised Clinical Practice **4 credits**

The student will provide care to the neonate through adolescent in outpatient and inpatient settings. The student will perform evaluation of the healthy pediatric patient and recognize, evaluate and treat the common illnesses and problems experienced by the neonate, infant, small child and adolescent to age 18 years. The student will identify and manage problems in growth and development of these age groups and recognize and manage pediatric emergencies. (4 weeks)

PHA 626: Women's Health and Prenatal Care Supervised Clinical Practice **4 credits**

The student will provide care to female patients in the areas of women's health, prenatal care, and disease processes of the reproductive system. The student will evaluate, manage, and educate female patients regarding annual exams, birth control, infertility, menstruation, sexuality, pregnancy, pre- and postnatal care, menopause, and relationships. (4 weeks)

PHA 627: Psychiatry and/or Behavioral Medicine Supervised Clinical Practice **4 credits**

The student will evaluate and manage patients with a variety of psychiatric problems. The student will develop an understanding of the role of psychiatrists, psychologists, social workers and nurses in the care of the psychiatric patient. Students will administer selected psychoactive pharmaceuticals. The student will perform a psychiatric interview and mental status examination and make referrals for specialized psychiatric treatment. (4 weeks)

PHA 628: Elective Supervised Clinical Practice **4 credits**

The student will select an elective clinical rotation, including but not limited to primary care, nephrology, interventional radiology, orthopedics, oncology, dermatology, or international medicine. (4 weeks)

Elective Rotation Guidelines

The elective rotation is provided to give students an opportunity to increase their knowledge and skills in an area or to explore another field that is not required in the clinical rotation schedule. Students must have their elective rotations approved and assigned by the Clinical Coordinator. If desired, students can choose to participate in international health care opportunities as part of their elective rotation. The student will do a formal grand rounds type case presentation following their elective rotation.

Evaluations and Grading

Evaluation and grading for the rotations will be on the following scale:

- | | |
|--|-----|
| 1. Student Evaluation (completed by Preceptor) | 40% |
| 2. End of Rotation Exams or Case presentation for elective | 45% |
| 3. Case Write-ups | 10% |
| 4. TYPHON Patient Profile Log and Clinical Procedure Log | P/F |
| 5. Cultural reflection paper | 5% |

Grading Scale

Grading for rotations will be on the following grading scale:

A	100 – 93	C	79.99 – 70
AB	92.99 – 90	D	69.99 – 60
B	89.99 – 83	F	59.99 and below
BC	82.99 – 80		

Evaluation Process and Forms

Student Evaluation of Site and Preceptor (See Appendix C)

- ☑ Each student is required to complete an EASI evaluation of the rotation site and preceptor in the school's database TYPHON. This is completed at 2 weeks, for rotations which are greater than 4 weeks in length, and also at the end of the rotation. Examples of the Student Evaluation of Preceptor/Two Week Observation and Student Evaluation of Preceptor/End of Rotation Student Evaluation are in Appendix C.
- ☑ The final EASI evaluation must be completed by the EOR day.
- ☑ Students will provide their opinion on positives and areas needing improvement of the clinical site and experience.
- ☑ Preceptor evaluation of student performance and clinical site evaluations done by students are reviewed by the Clinical Coordinator at week two (for rotations greater than 4 weeks) and at the end of the rotation. Any issues or problems are identified, documented and discussed with the preceptor and the student for resolution or improvement.

Preceptor Evaluation of Student (See Appendix D)

- ☑ The Preceptor Evaluation of Student/2-week Observation form is to be completed by the preceptor for each rotation that is longer than 4 weeks in duration and delivered to the Clinical Coordinator in a timely manner for review.
- ☑ The Preceptor Evaluation of Student/End of Rotation form is to be given to each preceptor at the beginning of the last week of the clinical rotation. It is the student's responsibility to collect the completed forms and deliver them to the Clinical Coordinator within one week of completion of the rotation. A grade for that rotation will not be assigned until all required forms are submitted and may result in an "Incomplete" for the rotation.
- ☑ The preceptor's evaluation is based on demonstration of the student's medical knowledge and skill in the performance of developing a diagnosis and treatment plan, history-taking, physical examination, and procedures as designated and permitted by preceptors.
- ☑ The preceptor is encouraged to have an exit interview with the student. This evaluation process should allow for more direct feedback between the preceptor and student regarding the student's performance. The student should also provide feedback to the preceptor concerning the rotation.
- ☑ Preceptor evaluation forms become a part of the student's permanent record and are calculated into the grade received for a particular rotation. Please see Rotation Progression Standards as outlined below.

End of Rotation Exams

Students will complete an exam associated with every required clinical rotation completed in the 8-weeks preceding the Return to Campus Day with the exception of the elective rotation. Due to scheduling, some students will have to complete more than one exam. Exam content will be based

on the learning objectives and topic list outlined in each rotation's syllabus and provided to both the student and preceptor. Clinical experiences may vary depending on patient population and site strengths/weaknesses. ***It is the student's responsibility to review the objectives and topics and augment their clinical experiences with independent research and discussion with the preceptor as necessary.*** See Clinical Rotation Progression Standards below.

Case Write-Up

The clinical write-up is a complete H&P (SOAP format) which includes an assessment and plan from a case study for each rotation. No patient identifying information is to be included. A case discussion should also be completed along with documentation of references. If a student fails to achieve a passing grade of 70% on the case write up, they will be required to re-write the assignment and be given a grade of 70% on the assignment. The clinical write ups must be submitted to the Clinical Coordinator on the EOR day or one letter grade will be deducted.

Patient Profile/Clinical Procedure Log

Students will be required to maintain a patient log in TYPHON which gives the program an opportunity to further evaluate the clinical experience. The patient log will show the numbers and types of patients being seen, diagnosis, and level of participation, as well as any procedures observed or performed. This information assists in providing information to remain in compliance with the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA).

Cultural Reflection Paper

Student will write a personal reflection paper on **one** culturally diverse patient issue they have observed or encountered during the clinical rotation including, but not limited to, the cultural skills learned in year one of the practicum. One paper is due at each EOR time. Over the course of the clinical year, the student will have completed 6 cultural reflection papers.

Discharge Summaries for Internal Medicine Rotation

Discharge summary is to be completed for any Internal Medicine rotation that includes inpatient care. It must be in typical format and include a Date of Admission, Date of Discharge, Admission Diagnosis, Discharge Diagnosis, a brief HPI, an updated "day of discharge" physical exam, and separate summary lists of all consultations, procedures and imaging studies. The hospital course summary must be complete, concise, logical and easy to follow. Discharge instructions should include instructions for diet, activity, medications, instructions for follow-up, and instructions for referrals if appropriate. If a student fails to achieve a passing grade of 70% on the discharge summary, they will be required to re-write the assignment and be given a grade of 70% on the assignment. The clinical write ups must be submitted to the Clinical Coordinator on the EOR day or one letter grade will be deducted.

Elective Rotation Case Presentation

This is a grand rounds type of presentation; you will select a specific patient and topic and present to the class a 20-minute presentation on the presenting symptoms, work-up, differential diagnosis and treatment of the patient. Also include pertinent review of anatomy, physiology and pathophysiology. This should be a PowerPoint presentation with a handout for faculty. The presentation takes the place of the EOR exam. If a student fails to achieve a passing grade of 70% on the presentation, he/she will be required to make the necessary corrections to the assignment and return the corrected handout to the Clinical Coordinator within one week. When the repeated assignment is done correctly, the student will be given a passing grade of 70% on the assignment.

CLINICAL ROTATION PROGRESSION STANDARDS

1. **Students must receive a grade of C (75% or higher) on the final preceptor evaluation for each clinical rotation.** If a student receives less than a grade of C (75% or higher) on any final preceptor evaluation, they will be required to repeat that clinical rotation.
2. If a student is dismissed from a rotation by a preceptor for any cognitive or non-cognitive reason, the dismissal may be considered a failure of that rotation pending review by the Clinical Coordinator and the Program Director regardless of the final grade awarded by the preceptor. A failed rotation must be repeated.
3. Students must pass the EOR examination for each clinical rotation with a C (70% or higher.) If a student receives less than a C (70% or lower), they will be required to complete remediation as outlined in the Clinical Manual as facilitated by the PA faculty and retake the exam within two weeks. If the student passes the repeat examination, he/she will receive a grade of a C (70%) on the examination regardless of the grade achieved on the second examination. If the student receives less than a C (70% or lower) a second time, they must repeat that rotation.
4. All students required to repeat a clinical rotation must also complete remediation as outlined by the Clinical Coordinator. Repeat rotations will be arranged and scheduled by the Clinical Coordinator at or near the end of the clinical year and may delay the student's graduation pending preceptor availability. All students will be given the final minimum passing grade of a C (70%) for a repeat rotation regardless of the grade achieved during the repeat rotation.
5. A student will be dismissed from the program for any of the following:
 - A student who receives less than a C (75% or lower) on a repeat rotation's final preceptor evaluation or is again dismissed from a rotation by the preceptor, will be dismissed from the program.
 - A student who is required to repeat two rotations will be dismissed from the program.

Program Progression Standards

1. Students must pass the summative practical examination (OSCE) with a 70% or higher. If a student receives less than 70% on the OSCE, they must successfully complete remediation as determined by the faculty, prior to graduation from the program. If the student fails to successfully complete remediation, they will be dismissed from the program.
2. Students must pass the summative written exam with a 70% or higher. If a student receives less than 70%, they will be required to complete remediation as determined by the PA faculty. If the student fails to successfully complete remediation, they will be dismissed from the program.
3. Students must receive a grade of C or higher on the Capstone Project. If a student receives a grade of D or F, they must complete remediation as determined by the faculty and make the appropriate corrections to their project to the satisfaction of the PA faculty prior to graduation.

Clinical Rotation Remediation Policy

Clinical Rotation Progression Standards are clearly outlined in the Clinical Education Manual provided to each student upon start of the clinical year. Students are also required to sign a

Learning Contract upon admission to the program, which states that they have been advised in writing of the program's curriculum and of the demanding nature of physician assistant training. This agreement is kept in the student's file. If, however, the student fails to meet the criteria for

progression as outlined in their manual, the following steps for remediation will be activated:

1. The student must attend an urgent meeting with the Clinical Coordinator and the student's Academic Advisor on campus.
2. Specific areas of deficiency whether cognitive, psychomotor, affective or professional will be identified and reviewed with the student in detail. A student assessment via the Walter Young Center will be used if the problem cannot be readily identified. The student will be provided with a written copy detailing the specific deficiencies. This document will be signed by the student and the Clinical Coordinator at their initial meeting and will remain in the student's file. The student will be given the opportunity to add comments or write a rebuttal if desired and this will also remain with the original documentation.
3. If the deficiency is *academic*, the student will be offered additional study resources such as, but not limited to, our on-line self-study/board review materials, library resources and review books. Additional notes and lecture review material will be provided by the Clinical and Didactic Coordinators. A consultation with Student Affairs Office of Student Success regarding study habits, time management, and one on one tutoring will be arranged if needed. The student must then meet the remainder of our Progression Standards as outlined. If these standards are not met after academic remediation, the student will be dismissed from the program.
4. If the deficiency is *behavioral*, the student will be offered the opportunity to meet with Counseling Services at the Walter Young Center for assessment and counseling. Referral to community resources will be offered if needed. The student must then meet the remainder of our Progression Standards as outlined. If these standards are not met after behavioral remediation, the student will be dismissed from the program.
5. During the remediation process, the student must continue to complete all other requirements of their current clinical rotation on time.

Clinical Rotation Evaluation Discrepancies

The student should meet with the preceptor for a final evaluation. If the student is dissatisfied with the evaluation and has met with the preceptor to discuss the evaluation, the student should contact the Clinical Coordinator in writing outlining specific reasons why he/she disagrees with the preceptor's final evaluation. The statement needs to be submitted within one week of the final evaluation. The statement will be reviewed by the PA Program Director and Faculty. A meeting with the student will take place if further information is required. If further action is necessary, the Clinical Coordinator will contact the preceptor for more information. A final written decision will be sent to the student from the PA Program Director.

The program makes every attempt to keep in close contact with each student, clinical site and preceptor. The Clinical Coordinator is available for consultation with the student or preceptor whenever necessary.

Communication between PA Faculty and PA Students is accomplished through several methods that may include site visits, email, and telephone calls. Students should be allowed and encouraged to check email at least once a day. Whether checking email is done at the practice site or at another nearby facility (i.e. university/medical center or even public library) is at the discretion of the preceptor.

Problems on rotations can occur, be they academic, professional, or personal in nature. Preceptors should use the following guidelines in dealing with any problems:

- ☒ Attempt to resolve problems with the individual directly.
If unable to resolve a problem for any reason, contact the Clinical Coordinator by telephone or email.
- ☒ If the Clinical Coordinator or Program Director is unavailable, please contact the Administrative Assistant in the PA office and they will put you in contact with an available faculty member.

CLINICAL SITE OVERVIEW

Clinical rotations are designed to give the students as much “hands-on” experience as possible and the ability to apply the knowledge and further enhance the skills they learned during the didactic phase of their education. The *ideal setting* for the students would include the following:

1. Interview patients to obtain a medical history.
2. Perform focused and full physical examinations.
3. Present the findings to the preceptor both orally and in writing.
4. Formulate a diagnosis with appropriate input from the preceptor.
5. Determine a treatment plan that integrates the student’s current level of knowledge with the preceptor’s clinical experience.
6. Write or dictate appropriate notes in the medical record to be reviewed and countersigned by the preceptor.
7. Assist with patient education under the direction of the preceptor.
8. If the clinical site includes hospital care, it is anticipated that the PA students will make rounds with the physician.
9. Students should take call whenever possible.

The degree of student involvement in the practice is determined by the type of practice, the demands of the patients, the skill level of the student and the precepting health care provider. Maximal hands on care will allow the student to markedly improve their knowledge and understanding of practicing medicine. For rotations longer than two weeks, there is a *two-week observation evaluation to be completed by the student and preceptor*, to alert us early of any potential problems. The evaluations are available electronically or hard copy. Copies are available in the back of this manual. It is the student’s responsibility to collect all assessment material and return it to the clinical coordinator at the end of his/her rotation.

Approved Clinical Rotations

While students may request or suggest a clinical rotation, only the Clinical Coordinator may evaluate a new site for appropriateness and establish the rotation and clinical contract. Students may only participate at the clinical site to which they are assigned and only at the designated time. All clinical training sites are sent an affiliation agreement that formalizes the relationship between the school and the preceptor/site. Each clinical site is evaluated annually. It is inappropriate for a student to present themselves as a PA student to non-assigned clinical setting(s).

Rotation Site Visits

Clinical sites will be evaluated by the Clinical Coordinator or a designated representative of the program by an on-site visit, phone or electronic communication at least once. Additional formal program evaluations of the clinical site can be scheduled at any time as deemed necessary by the program or preceptor. Students may also request a clinical site visit if indicated, but do not need to be present at the site during the visit unless deemed necessary. The site visit provides an opportunity for an honest exchange of information among all concerned parties. Visits are scheduled by the Clinical Coordinator and the clinical site/preceptor at a mutually convenient time.

Site visits provide another venue for obtaining feedback from the preceptor and/or student concerning the rotation experience and student performance.

PA Student General Clinical Goals

1. **History Taking:** Students will approach a patient of any age group in any setting and elicit an accurate, detailed patient history (appropriate to the situation) and record that data in an acceptable fashion.
2. **Physical Examination:** Students will perform a complete or focused physical examination of a patient of any age, sex or condition in any setting.
3. **Diagnostic Skills:** Students will identify, perform, order, and appropriately interpret common laboratory, radiologic, and other routine diagnostic tests and procedures used to identify pathophysiologic processes.
4. **Differential Diagnosis/Diagnostic Impression:** Students will develop a differential diagnosis and diagnostic impression considering the database.
5. **Therapeutic Skills:** Students will perform routine procedures such as injections, immunizations, suturing and wound care. They will be able to manage conditions produced by infection or trauma, assist in the management of complex illness and injury, and take initiative in performing evaluations and therapeutic procedures in response to life-threatening situations.
6. **Emergency Skills:** Students will recognize and manage life threatening or harmful situations under any circumstance or setting. They will work alone or as a team member in a medical emergency.
7. **Communication:** Students will communicate in a professional manner orally and in writing to health professionals and lay individuals.
8. **Attitude:** Students will appreciate the health problems of individual patients as well as those of population groups and approach such with an attitude of professional concern.
9. **Professionalism:** Students will possess the skills, attributes and behaviors necessary to function as a physician assistant and as a member of the professional medical community.

STUDENT RESPONSIBILITIES FOR CLINICAL ROTATIONS

- ☒ Appropriate dress for a clinical rotation is determined by the clinical site/preceptor. However, the Physician Assistant Program expects the student to dress in a professional manner at all times. Clothing should allow for adequate movement during patient care, and should not be tight, short or low cut. Students may not wear jeans, tennis shoes, open toe, high heel or platform shoes exceeding two inches in height, shorts, cut-offs, hats or clothing with rips, tears or stains. During clinical rotations, all students must wear white lab coats unless the clinical site or preceptor wishes them not to. All students must wear photo ID name tags supplied by the program, which identifies them as Carroll University PA students at all times while at the clinical site. Some sites may require additional identification. Students are expected to refrain from chewing gum, wearing perfume or lotions, and to remove facial / nose / mouth piercings. Tattoos should be covered. Hairstyles must not interfere with patient care. **CLINICAL SUPERVISORS, PRECEPTORS, AND OR PHYSICIAN ASSISTANT DEPARTMENT FACULTY HAVE THE RIGHT TO ASK A STUDENT WHO IS NOT APPROPRIATELY DRESSED TO LEAVE THE CLINICAL SITE.**
- ☒ Work the same hours as the preceptor to include all office hours/clinics, emergency calls, nursing and hospital rounds, grand rounds/educational sessions and meetings.

- ☒ Any charts or orders written by the student must have their name clearly written followed by the initials “**PA-S**” (**Physician Assistant Student**). Students who possess other titles (e.g. RN, RT, etc.), will at no time be allowed to use these designations. All charts and orders must be signed by the preceptor immediately.
- ☒ Review medical textbooks to expand knowledge of problems and procedures typically seen in the practice setting or those that may be required by the preceptor.
- ☒ Punctuality. Students should not be late to a clinical site or to rounds. The Clinical Coordinator must be notified of any absence from the rotation. Students should contact the preceptor/or designee if they are going to be absent or unable to be on time.
- ☒ Students must attend the rotation 100% of the time. Any absences must be excused by Clinical Coordinator and the preceptor. If absent, the Clinical Coordinator must be notified in **writing** of why the student will be absent from the site and how this rotation day will be made up.
- ☒ All students will keep a log of each patient encounter with all the pertinent data as required by the Clinical Coordinator. At the end of the rotation the logs are to be submitted via Typhon to the Clinical Coordinator. Failure to keep logs and to input them into Typhon will result in an Incomplete and/or possible failure for the rotation. Logging requirements must be completed to receive an EOR grade.
- ☒ All final evaluations are due at the end of the rotation when students return for testing. This can be done in electronic or paper form. **Failure** to submit final evaluations within one week of the end of rotation date may result in an **incomplete**.
- ☒ The End of Rotation Exam Days and Campus Day gatherings of all students are **mandatory**.
- ☒ Students should not receive gifts in the form of money or material goods in return for his/her assistance.
- ☒ Students must work under the direct supervision of a licensed PA, physician, midwife, nurse practitioner, or in the case of Behavioral Medicine rotation, a licensed mental health provider.
- ☒ Students must always work under the direct supervision of a preceptor (assigned preceptor or alternate). Students are at no time allowed to be in charge of a patient’s care. Students are not allowed to provide any services without consultation and supervision of the preceptor.
- ☒ Students may perform procedures within the scope of practice as authorized by the preceptor and clinical site. Students are not to undertake any procedures without consulting the preceptor.
- ☒ Students cannot be under the influence of alcohol or drugs when working at a clinical site or events at the university. Students must not compromise the safety and health of patients,

students, faculty, or hospital/clinic personnel. Any violation may result in dismissal from the program.

- ☒ Students must honor patient-physician confidentiality and deliver health care service to patients without regard to their national origin, race, creed, disease status, sexual orientation, religion, socioeconomic status, disability, and political beliefs.
- ☒ Each student should follow universal precautions while at the clinical sites. All students should understand when and what to use for given circumstances. If a student is not aware of the appropriate equipment to be utilized, they need to contact the Clinical Coordinator for additional training.
- ☒ Students must maintain professionalism at all times and address the preceptor, clinical staff and patients appropriately.
- ☒ Students should avoid disagreements with preceptors in front of patients and other health care workers.
- ☒ Students are not allowed to work at any rotation site for compensation during the clinical year.
- ☒ It is the student's responsibility to contact the preceptor or his/her designated contact person ***at least one week prior (two weeks if possible)*** to the start of a new rotation, to determine what time, where, and to whom the student should report for the first day of that rotation.
- ☒ It is the student's responsibility to make sure that paperwork, documents and trainings that are required for a clinical rotation ***are complete in the timeline the facility requires.***
- ☒ As this is a full time experience, students are expected to work at least 32 hours per week, plus any on-call or weekends as scheduled by the preceptor.
- ☒ Consistent attendance and punctuality are expected of all students during enrollment in the program. Part of the socialization in the PA program is learning the values necessary to be a competent Physician Assistant. One of these is a sense of responsibility and obligation to commitments. Students make a commitment to patient care for clinical assignments, both to the patients and to the other members of the health care team. Students should not be late to a clinical site or rounds. Failure of a student to inform the health care team that they will be late or absent, should be reported to the Clinical Coordinator as soon as possible.
 - Each student is allowed 5 full days off at their discretion during the clinical year. Students must report all absences (excused and unexcused) to the PA Program Clinical Coordinator or the PA program administrative assistant and to their preceptor or clinic administrator. For an absence to be excused, an explanation must be submitted to the PA program Clinical Coordinator.
 - For an anticipated absence, a student is required to submit documentation and receive an excused absence from the PA program Clinical Coordinator prior to the absence.

- For an unanticipated absence, a student is required to submit proper documentation to the PA program Clinical Coordinator within 24 hours following his/her return to any educational/program activities.
- All work missed during the absence must be completed to the satisfaction of the PA program Clinical Coordinator and the preceptor prior to receiving a grade for the course/clinical rotation. Any work not completed by the end of rotation will result in an incomplete which must be completed prior to graduation.
- Excessive absences will be reviewed by the Clinical Coordinator and Program Director. Pending review, the student may be required to take an excused leave of absence or repeat the rotation. Long absences may result in dismissal from the program.

Acceptable reasons for "excused" absenteeism may include the following:

- A statement from a physician or primary care provider that, at the time of the mandatory activity, the student was under his/her care and too ill to attend patient care activities.
- A statement from a physician or primary care provider that a member of the student's immediate family (state relationship) was seriously ill and required the student's presence.
- A death in the student's immediate family. The relationship of the deceased to the student and the date of the death must be provided.
- Childbirth (maternity and paternity policy of the University takes precedence).
- Educational or professional considerations, e.g., attendance at a professional meeting.
- Observation of religious holiday.

The PA Program Director, in conjunction with the PA program Clinical Coordinator, must grant approval for any excuse not specifically covered above. A student may appeal to the PA Program Director if he/she feels that the policy is not being honored or equitably enforced.

- ☐ Students are expected to arrive on time or early. Students are expected to stay in the assigned service until released by professional staff. All unexcused tardiness or early departure from a clinical site should be reported to the Clinical Coordinator immediately for review.
- ☐ The Clinical Coordinator must be notified of all absences for any reason. ***Failure to contact the PA program concerning absences from rotation may lower your rotation grade one full letter grade.***
- ☐ Specific objectives for each rotation are provided to both the student and preceptor. End-of-rotation exams are based on the rotation objectives. Clinical experiences may vary

depending on patient population and site strengths/weaknesses. ***It is the student's responsibility to review the objectives and augment clinical experiences with independent research and discussion with the preceptor as necessary.***

- ☒ Students are to abide by HIPAA standards.
- ☒ Students are responsible for following OSHA guidelines for universal precautions at the clinical site.
- ☒ Students should maintain a professional appearance and dress appropriately whenever they are representing Carroll University and the PA profession in any on or off-campus setting. This includes clinical sites, meetings, EOR, and special events. Being neatly dressed and well-groomed exemplifies a professional appearance.
- ☒ Students may be required to wear a separate security I.D. badge at clinical sites. The clinical site(s) will make arrangements for the student during orientation prior to beginning the rotation.

SOCIAL MEDIA GUIDELINES

The following are guidelines for Carroll University PA students' use of social media. Social media includes, but is not limited to the following: personal blogs and cell phones, Facebook, Twitter, LinkedIn*, MySpace, YouTube, multimedia sites and others. These guidelines apply whether a student is posting on their own sites or commenting on other sites. Violation of this policy may result in disciplinary action or dismissal from the program pending review of the incident by the program and the university faculty.

1. Students must not share confidential information about Carroll University, the Physician Assistant Program faculty or staff, clinical sites, preceptors or clinical staff.
2. Students must maintain patient privacy at all times. They must never share confidential patient information including health information, patient images, financial information or other identifying patient information.
3. Students should not "friend" patients, families, preceptors or staff on social media websites, nor should they accept friend requests from patients, families, preceptors or staff.
4. Use of social media must not interfere with clinical requirements or patient care and should be reserved for use during personal time.
5. Your social name, handle or URL should not include Carroll University's name or logo. If you identify your affiliation to Carroll University or to the PA program, your social media activities should be consistent with the university's standards of professional conduct. It should be clear that any commentary reflects the student's personal views and not the views of Carroll University or the PA program.
6. Students are prohibited from dispensing medical advice or making medical referrals.
7. Students are encouraged to use common sense and good judgment in their use of social media. They should avoid unprofessional language, images and behavior which would reflect poorly on them and on the university.
8. *The PA Program permits students to connect with professionals via LinkedIn for networking purposes. This includes clinical preceptors, hospital or clinic staff, and/or recruiters. The student must maintain a professional demeanor in all communication on LinkedIn. If the Program receives a complaint regarding a student's professionalism, they will not meet professionalism expectations, and further remediation will be required.

STUDENT HEALTH, OSHA REQUIREMENTS & HIPAA TRAINING

Health Requirements

Students are responsible for maintaining current immunization/immunity status and are required to follow program guidelines based on the Center for Disease Control (CDC) guidelines for Healthcare Workers. Designated requirements must be completed prior to the beginning matriculation and must remain current to continue clinical rotations. Updated tuberculosis screening and influenza vaccination are required by designated deadlines. For international electives the student should consult a travel clinic for any additional immunizations or medications recommended by the CDC. Failure to provide updated documentation of immunization and screening requirements will result in withdrawal from clinical courses and may affect the student's ability to graduate on time.

Universal Precautions / OSHA

Prior to the beginning the clinical year all PA students are required to review specific guidelines on the universal precautions and prevention and control of blood-borne pathogens as mandated by OSHA. This includes the use of personal protective equipment, proper care and disposal of sharps, and other precautionary measures. The student can provide a certificate of training if requested.

HIPAA Training

Students will receive HIPAA training during the didactic phase of the program. A certificate of completion is available from the student upon request.

INCIDENT REPORTING

Should a student sustain an exposure at the clinical site (i.e., blood or body fluid exposure, TB exposure, or needle stick) the student should report the incident immediately to the preceptor and receive appropriate medical care at the time of the incident. A copy of the Carroll University's Blood-borne Pathogen Exposure Policy and Protocol is located in Appendix B of this manual in case the student cannot access care from the preceptor. The site policy will supersede Carroll's Policy. A copy of the incident report should be forwarded to the Clinical Coordinator. Ultimately, the student is responsible for initiating follow up care after an exposure, at a physician's office or at the clinic on campus (if in or near Waukesha). All costs are the sole responsibility of the student.

HOUSING, TRANSPORTATION, AND MEALS

Students are responsible for all housing, transportation, and meals associated with rotations. On occasion, clinical sites may have housing available.

MEDICAL DIAGNOSTIC EQUIPMENT

All students may bring their properly functioning medical diagnostic equipment with them to clinical rotations if desired. This includes the blood pressure cuffs, stethoscope, ophthalmoscope, otoscope, reflex hammer, and tuning forks.

CLINICAL OBJECTIVES

General Clinical Objectives – (Applies To All Rotations)

The student will participate in the management of the patient under the direct supervision of the preceptor, and as appropriate to the student's level of experience/expertise.

1. Elicit a problem-oriented medical history and perform the appropriate physical examination.
2. Identify, perform and/or order diagnostic procedures based on history and physical examination findings.
3. Integrate data and formulate a problem list.
4. Formulate tentative diagnostic, internal therapeutic and disposition plans.
5. Give oral case presentations to the preceptor, using the proper format and terminology.
6. Implement appropriate treatment as approved and directed by the preceptor/supervising physicians.
7. Assist the preceptor with diagnostic procedures and/or required treatment.
8. Comply with treatment protocols as established by the host institution.
9. Accurately record the history and physical examination on the medical chart using the format established by the institution or using the SOAP format. Recordings will be clear, concise, organized documentation of all pertinent findings and include diagnosis, diagnostic tests, therapy, management plans, referrals and patient education.
10. Write prescriptions under the direct supervision of the preceptor and signed only by the supervising physician.
11. Provide patient education and counseling to patient and family regarding the health problem(s) including explanation of the disease process, risks, benefits and alternatives to treatment/testing, prognosis and community resources as appropriate, in a context that is appropriate to the patient's culture.
12. Express awareness of the physical, psychological, social and economic distress created by health problems.
13. Communicate effectively with both patient and family by using vocabulary familiar to all concerned.
14. Give emotional support to both patient and family.

Competencies

Throughout the curriculum the NCCPA *Competencies for the Physician Assistant Profession* will be addressed through the learning objectives. The Course Evaluation will be based upon the specific competencies listed below.

Medical Knowledge

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

- Demonstrate an ability to obtain, perform and document a focused or comprehensive history and physical examination on an adult, geriatric, or pediatric patient and correctly identify normal and abnormal findings.
- Demonstrate an ability to effectively communicate an oral or written patient history, physical examination, signs, symptoms, differential diagnosis, and proposed treatment plan for a variety of populations such as pediatric, adult, and geriatric patients.
- Evaluate signs and symptoms of disease processes and formulate an appropriate differential diagnosis to aid in diagnosis.
- Demonstrate the ability to evaluate normal and abnormal lab and other diagnostic data.
- Demonstrate an ability to develop an appropriate therapeutic plan taking into consideration patient specifics such as, socioeconomic factors, patient cultural background, therapeutic interventions, indications, contraindications, side effects, and scientific evidence.
- Demonstrate an ability to provide health care services especially relating to preventive medicine and health promotion.

Patient Care

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

- Demonstrate an ability to counsel and instruct patients and their families regarding general health issues as well as specific medical conditions in a culturally sensitive manner.
- Demonstrate an ability to provide health care services especially relating to preventive medicine and health promotion.
- Demonstrate basic life support and advanced cardiovascular life support skills.
- Demonstrate an ability and increased willingness to practice medicine in medically underserved areas.
- Formulate and communicate a patient education plan/program for patients and/or their families.
- Formulate and implement a plan for basic patient/family counseling.

Interpersonal and Communication Skills

- Demonstrate an ability to build and sustain effective relationships with patients, families and colleagues.
- Demonstrate appropriate PA/patient relationships in all professional and non-professional situations.
- Demonstrate compassionate behavior and good listening skills in controlled and routine clinical situations.
- Demonstrate the ability to effectively communicate orally and in writing with patients, families and other health professionals.
- Demonstrate an ability to collaborate with other health care professionals, including those from other disciplines, to provide patient-focused care.

Practice-Based Learning and Improvement

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

- ☐ Demonstrate broad awareness of current clinical and scientific research findings.

- ☒ Demonstrate an understanding of clinical research methods and medical informatics.
- ☒ Demonstrate an ability to use clinical and scientific research findings to improve patient-care practices and outcomes.
- ☒ Demonstrate an ability to self-evaluate clinical encounters for the purpose of improving future practice.
- ☒ Demonstrate ability to access, evaluate and assimilate current medical, research and technical literature.
- ☒ Compose a publishable medical research paper utilizing commonly accepted standards for medical writing.
- ☒ Practice the skill of lifelong learning.
- ☒ Demonstrate an ability to gather, appraise and utilize essential patient information from a range of sources.
- ☒ Demonstrate an ability to use information technology to optimize patient care.

Systems-Based Practice

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

- ☒ Demonstrate knowledge of local, regional and national health care delivery systems and policy.
- ☒ Demonstrate understanding of how their patient care and professional practices impact other health care professionals and organizations as well as society as a whole.
- ☒ Demonstrate knowledge of how broader health care systems and societal demands affect health-care practices.
- ☒ Demonstrate an understanding of how various medical practices and delivery systems differ, especially in relation to their broader costs.
- ☒ Demonstrate an ability and desire to practice cost-effective health care.
- ☒ Demonstrate a commitment and ability to help patients receive the best possible care, including assisting them in their interactions with an increasingly complex medical system.
- ☒ Demonstrate an awareness and understanding of rural health care needs and challenges.

Professionalism

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

- ☒ Demonstrate understanding of legal and regulatory requirements, as well as the appropriate role of the Physician Assistant.
- ☒ Demonstrate professional relationships with physician supervisors and other health care providers.
- ☒ Demonstrate respect, compassion, and integrity.
- ☒ Demonstrate responsiveness to the needs of patients and society.
- ☒ Demonstrate accountability to patients, society, and the profession.
- ☒ Demonstrate commitment to excellence and on-going professional development.

- ☒ Demonstrate commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
- ☒ Demonstrate self-reflection, critical curiosity and initiative.
- ☒ Demonstrate respect for patients and families in clinical, professional and non-professional situations, especially when from a different cultural background.
- ☒ Demonstrate a commitment to advocate for the primacy of patients' welfare and autonomy.
- ☒ Demonstrate an understanding of the theoretical and practical foundations that govern ethical PA/patient relationships.
- ☒ Demonstrate an ability to apply ethical standards to real-life situations.
- ☒ Demonstrate an awareness and understanding of the issues underlying human diversity.
- ☒ Demonstrate sensitivity and respect regarding differences in patients and colleagues' gender, race, culture, age, socio-economic status, sexual orientation, and physical or mental abilities.

General History Taking Objectives

The student should be able to:

- ☒ Elicit an appropriate, culturally relevant complete, interval or acute history from patients.
- ☒ Establish rapport with the patient and family.
- ☒ Determine the chief complaint (s).
- ☒ Obtain a history of present illness including location of the problem, quantity and quality of symptoms, chronology of symptoms, aggravating and alleviating factors and associated symptoms.
- ☒ Elicit a pertinent and complete review of symptoms.
- ☒ Elicit a past medical history including previous health issues, surgeries, hospitalizations, injuries, accidents and childhood illness.
- ☒ Elicit a list of current medications, relevant past medications, allergies and adverse reactions, including herbs and vitamins.
- ☒ Elicit a history of health care habits including tobacco, alcohol, recreational drugs, exercise and nutrition.
- ☒ Elicit pertinent social history including socio economics, work history, cultural norms for that patient, etc.
- ☒ Elicit sexual history when appropriate.
- ☒ Obtain a cursory yet pertinent history from friends, relatives or bystanders in an emergent situation.
- ☒ Obtain an appropriate history through an interpreter if needed.

General Physical Exam Objectives

The student should be able to:

- ☒ Perform a complete or problem-orientated physical exam on a patient of either gender, of any age group in a culturally sensitive manner.
- ☒ Gain the patient's confidence and provide reassurance about the exam.
- ☒ Recognize normal from abnormal findings.
- ☒ Utilize correctly the various instruments used in physical exam, including but not limited to:
 - Blood pressure cuff – sized appropriately for the individual
 - Stethoscope, bell and diaphragm when indicated
 - Oto-ophthalmoscope with correct size of speculum
 - Tuning fork, choose appropriate frequency for indication
 - Percussion hammer

- Sharp/dull, cold/hot for neuro exam
 - Pen light
 - Tongue depressor
 - Snellen eye chart, near and far, chart appropriate for population
 - Lubricant and gloves
 - Vaginal speculum
 - Pap smear spatula and brush
 - ECG
- ☒ Perform exam in a logical and efficient manner with emphasis on the area of chief complaint.
 - ☒ Alter the sequence of exam according to the special needs of the patient.
 - ☒ Communicate with the patient what they are doing during the exam in language that is understandable to them.
 - ☒ Examine all appropriate systems for a specific disease process.
 - ☒ Recognize the relationship between symptoms, physical findings and path physiology.

APPENDIX A

Carroll University Physician Assistant Program

Attendance Policy

I, (Print Name) _____ understand that if I am going to be absent

from a scheduled rotation, I will immediately contact my Preceptor and the Clinical Coordinator notifying her/him of the circumstances causing my absence. I also understand that to complete the process for an excused absence, verbal notification must be followed by a written request with sufficient documentation attesting to the reason(s) for the absence.

Failure to notify both the Clinical Coordinator and the Preceptor of any absence from a rotation, regardless of the reason, results in an unexcused absence. **A Preceptor's absence is not considered an excused absence for a student. If the Preceptor is going to be absent, the student must contact the PA Program.** One unexcused absence requires review by the Clinical Coordinator. Two or more unexcused absences require review by the PA Student Progress Committee and could lead to failure of the scheduled clinical rotation.

Student's Signature

Date

Clinical Coordinator's Signature

Date

**Carroll University
Physician Assistant Program**

Student Absentee Report - Year I and Year II

Student Name: _____

Date of Absence: _____

REASON FOR OCCURRENCE:

___ STUDENT ILLNESS

___ FAMILY ILLNESS

___ DEATH IN FAMILY

___ WEATHER

___ MEDICAL APPOINTMENT

___ TRANSPORTATION

___ ACCIDENT

___ OTHER: _____

COMMENTS:

Student Signature: _____ Date: _____

Didactic or Clinical Coordinator Signature: _____

PROGRAM USE:

Date Notice Received: _____

___ By Phone

___ In Person

___ Written

___ None

Notice Received From:

___ Student

Relative: _____

Other _____

APPENDIX B

Carroll University Physician Assistant Program

Blood Borne Pathogen Exposure Policy and Protocol

Blood Pathogen Exposure Policy and Plan

The Blood Borne Pathogen Exposure Plan was developed by the Carroll University Health Center staff and will be applicable to all PA students, faculty and staff. If you have a blood borne pathogen exposure, contact the Carroll University Clinical faculty as soon as possible, subsequently the University's exposure plan can be put into action.

Carroll University Health Center

POLICY AND PROCEDURE

Effective: August 23, 2011

TITLE:

Prevention of and response to blood or body fluid exposure.

PURPOSE:

To promote a safe environment and to eliminate or minimize student, staff exposure to blood borne pathogens.

POLICY:

Standard Precautions are observed with all individuals when in contact with blood or other potentially infectious body fluids in accordance with the OSHA Blood borne Pathogen standard. All blood and other potentially infectious body fluids are treated as if infectious for blood borne pathogens.

DEFINITION:

Significant Blood borne Pathogen Exposure— contamination of an individual with another's blood, tissues, or other potentially infectious body fluids by percutaneous injury (e.g., needle stick or cut with a sharp object), contact with mucous membranes, or contact with non-intact skin (especially when the exposed skin is chapped, abraded, or excoriated).

PROCEDURES:

I. Prevention of Blood or Body Fluid Exposure:

- i. **Hand washing:** All students and staff using PPE (personal protective equipment) must wash hands before and after removal of gloves.
- ii. **Exposure to Blood or Body Fluids:** Skin is immediately washed with soap and water thoroughly for 10-15 minutes. Allow blood to flow freely from the wound. Mucous membranes of the eye, mouth, or nose are flushed immediately with water for 10-15 minutes. Bleach is not to be used as a skin disinfectant. If a garment is penetrated, the garment shall be removed as soon as possible and isolated and later washed. Students and faculty should immediately notify the appropriate department at their clinical facility about any significant blood borne pathogen exposure for PEP (post exposure prophylaxis) consideration and counseling as soon as possible after the exposure. Staff and students at Carroll University will

contact the ED at a hospital as soon as possible after the exposure for PEP consideration and counseling. Health Services can help to determine if the exposure was significant, and draw baseline and follow up labs if needed, but the ED staff will have the most up to date PEP recommendations and are better able to respond to these situations.

- iii. **Preventing Needle sticks and other Parenteral Exposures to Blood:** Needles are not to be recapped or manipulated by hand after use. Used Syringes, Needles, Scalpel Blades, and other Sharp Items are immediately discarded after use in puncture-resistant containers. Safety devices are to be used.
- iv. **Food and Drink** shall be stored in clearly marked refrigerators.
- v. **Personal Protective Equipment:** Specialized clothing or equipment shall be worn to prevent skin or mucous membrane exposure to blood or body fluids. These include gloves, masks, protective eyewear, and gowns. Remove PPE after it becomes contaminated and before leaving the work area.

II. Reporting Blood borne Pathogen Exposure:

- i. Students and staff working in hospitals, clinics, long term health care facilities, or other health care centers, will notify the appropriate department (i.e. ED or Occupational Health Dept.) **at their facility** about any significant blood borne pathogen exposure for PEP (post exposure prophylaxis) consideration and counseling as soon as possible after the exposure. If the exposure occurs at Carroll University, students and faculty will contact Health Services or an ED at a hospital as soon as possible after the exposure for consultation, PEP consideration and counseling. Health Services can help to determine if the exposure was significant, and draw baseline and follow up labs if needed, but the ED staff will have the most up to date PEP recommendations.
- ii. A history of the incident should be obtained including documentation of route of exposure, how and when the exposure occurred, and where the exposure occurred.
- iii. Determine if the exposure was significant.
- iv. If it is determined that no significant exposure has occurred, PEP will not be offered.

III. Significant Blood borne Pathogen Exposure:

- i. All individuals with a potential blood or body fluid exposure will be evaluated using Public Health Service and CDC recommendations to determine whether a significant exposure has occurred, the risk associated with the exposure, and what type of PEP is appropriate.

- ii. Exposed persons will be counseled regarding risk of blood borne pathogens, exposure information, PEP medication information, and prophylaxis, assurance of confidentiality, follow-up, and post exposure transmission prevention. Baseline labs will be obtained for HIV, HBsAg, HBsAB, and HCAB.
- iii. Identify source person if possible. Test source person for HIV, HBsAg, and HCAB if status is unknown. If source person is HIV +, gather available information regarding person's stage of infection (i.e., asymptomatic, symptomatic, or AIDS), CD4+ T-cell count, result of viral load testing, current and previous antiretroviral therapy, and results of any viral resistance testing in order to choose an appropriate PEP regimen for the exposed person.
- iv. For unknown sources, evaluate the likelihood of exposure to a source at high risk for infection when considering PEP therapy.
- v. If PEP is initiated, the following is required: Lab testing of the exposed person (in addition to above baseline testing) to include CBC with differential, ALT, Metabolic Panel, Pregnancy test if indicated, and UA if indicated by PEP medications. Confidentiality will be maintained.
- vi. An informed consent must be signed for each drug that is prescribed.
- vii. A declination of PEP meds will be signed if the exposed person decides against PEP therapy after counseling.
- viii. A 2-day or 3-day supply of PEP medications will be prescribed to the exposed person until the source person's laboratory results are obtained and the source person is determined to be HIV AB negative. Medications will be continued and will be prescribed at 1-2 week intervals according to CDC guidelines if source is HIV AB positive.
- ix. PEP medications will be prescribed at 1-2 week intervals if the exposed person decides to take PEP meds after counseling and the source person is unknown.
- x. Follow-up visits will be scheduled at least every 1-2 weeks during PEP therapy to:
- xi. Review medication side effects, vital signs, and consult with NP
- xii. Lab testing: 2 wk. CBC with diff, ALT and Metabolic Panel; 4 wk. CBC with differential, ALT. Other tests may be ordered depending on the PEP medication prescribed.
- xiii. Referral to an Infectious Disease Specialist will be made for pregnant women and all others with special concerns.

- xiv. Follow-up laboratory testing for prophylaxis and monitoring of blood borne pathogens (HIV, Hepatitis B virus and Hepatitis C virus) based on CDC recommendations is outlined in Table I and Table II.
- xv. If the source person is **not infected** with a blood borne pathogen after lab testing, further follow-up of the exposed person is **not** necessary.

**LABORATORY PROTOCOLS FOR
SIGNIFICANT BLOOD BORNE PATHOGEN EXPOSURE**

SOURCE PERSON			EXPOSED PERSON	
HIV	HBsAg	HCAB	INITIAL Laboratory Testing	FOLLOW-UP Laboratory Testing
Non-Reactive	Negative	Negative	<input type="checkbox"/> HIV <input type="checkbox"/> HBsAg <input type="checkbox"/> HBsAB <input type="checkbox"/> HCsAB	None
Reactive or Unknown (PEP is started)	Negative	Negative	<input type="checkbox"/> HIV <input type="checkbox"/> HBsAg <input type="checkbox"/> HBsAB <input type="checkbox"/> HCsAB <input type="checkbox"/> Pregnancy test <input type="checkbox"/> CBC with diff <input type="checkbox"/> Metabolic panel with ALT <input type="checkbox"/> UA if IDV	Assuming PEP medication is started (2 or 3 drug regimen): <input type="checkbox"/> Repeat CBC and Metabolic Panel at 2 weeks and 4 weeks post-exposure <input type="checkbox"/> HIV at 6 weeks, 3 months, and 6 months.
Non-Reactive	Positive	Negative	<input type="checkbox"/> HIV <input type="checkbox"/> HBsAg <input type="checkbox"/> HBsAB <input type="checkbox"/> HCsAB	<input type="checkbox"/> If exposed person is HBsAB <i>positive</i> , no further testing. <input type="checkbox"/> If exposed person is HBsAB <i>negative</i> , give HBIG and repeat/complete HBV series. Repeat HBsAB 1-2 months after 3 rd dose.
Non-Reactive	Negative	Positive	<input type="checkbox"/> HIV <input type="checkbox"/> HBsAg <input type="checkbox"/> HBsAB	<input type="checkbox"/> HCV RNA 4 weeks after exposure <input type="checkbox"/> HCAB and ALT at 6 months

			<input type="checkbox"/> HCsAB <input type="checkbox"/> ALT	
Unknown (not starting PEP)	Unknown	Unknown	<input type="checkbox"/> HIV <input type="checkbox"/> HBsAg <input type="checkbox"/> HBsAB <input type="checkbox"/> HCsAB <input type="checkbox"/> ALT	<input type="checkbox"/> HIV at 6 weeks, 3 months, and 6 months <input type="checkbox"/> If exposed person is HBsAB <i>neactive</i> . give one booster dose and repeat HBsAB titer in 1-2 months. If still negative, cont. 2 nd series and retiter after 3 rd dose in 1-2 months. Or finish 2 nd series and retiter. <input type="checkbox"/> HCAB and ALT at 6 months

Based on CDC recommendations (MMWR, Vol. 50/No.RR-11, June 29, 2001)

**RECOMMENDED POST-EXPOSURE PROPHYLAXIS FOR EXPOSURE TO
HEPATITIS B VIRUS**

Vaccination and antibody response of EXPOSED PERSON	TREATMENT		
	SOURCE HBsAg positive	SOURCE HBsAg Negative	SOURCE Unknown or not available for testing
Unvaccinated	HBIG x 1 & initiate HB vaccine series	Initiate HB vaccine series	Initiate HB vaccine series
Previously Vaccinated			
Known Responder	No treatment	No treatment	No treatment
Known Non-responder	HBIG x 1 & initiate revaccination or HBIG x 2**	No treatment	If known high risk source, treat as if source were HBsAg positive
Antibody Response Unknown	Test exposed person for HBsAB: 1. If adequate, no treatment is necessary 2. If inadequate, administer HBIG x 1 and vaccine booster.	No treatment	Test exposed person for anti-HBsAB: 1. If adequate, no treatment is necessary 2. If inadequate, administer vaccine booster and recheck titer in 1-2 months. 3. If still inadequate, finish second vaccine series and re-titer in 1-2 months.

Persons who have previously been infected with HBV are immune to reinfection and do not require post-exposure prophylaxis.

HBsAg—Hepatitis B surface antigen.

HBsAB—Hepatitis B surface antibody.

HBIG—Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

A responder is a person with adequate levels of serum antibody to HBsAg (i.e., HBsAB \geq 10 IU/ml).

A non-responder is a person with inadequate response to vaccination (i.e., serum HBsAB < 10 MIU/mL).

** The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for non-responders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series, but failed to respond, two doses of HBIG are preferred.

Based on CDC recommendations (MMWR, Vol. 50/No.RR-11, June 29, 2001)

Blood Borne Pathogens Exposure Report

In case of exposure to blood-borne pathogens, complete this form and submit a copy to the evaluating preceptor and retain a copy for the program Clinical Coordinator.

Date of Incident Exposure: ___/___/___

Time of Incident Exposure: _____ am /pm

Date of Report: ___/___/___

Time of Report: _____ am / pm

Exposed Individual's Information:

Name (Last, First, M.I.): _____ Sex: _____

Carroll University I.D. Number: _____

Address (Local): _____

City, State, Zip: _____

Date of Birth: _____

Cell Phone: _____ Home/Other Phone: _____

Status at time of exposure: Employee Student Faculty Other: _____

Has the Exposed Individual been immunized against hepatitis B Virus? Yes No

Dates of Immunization (if known): (1) ___/___/___ (2) ___/___/___ (3) ___/___/___

Place (Facility/Dept.) where incident exposure occurred: _____

Name of individual in charge of area where exposure occurred: _____

Individual in charge role: Clinical Preceptor Supervisor Clinical Staff

Site Preceptor/Supervisor/Staff Contact Phone: _____

List any witnesses present:

#1) Name: _____ Role/Title: _____

Phone: _____

#2) Name: _____ Role/Title: _____

Phone: _____

Exposure to: (Check all that apply)

<input type="checkbox"/>	Blood/ blood products	<input type="checkbox"/>	Cerebrospinal fluid
<input type="checkbox"/>	Body fluid with visible blood	<input type="checkbox"/>	Synovial fluid
<input type="checkbox"/>	Body fluid without visible blood	<input type="checkbox"/>	Pleural fluid Solution with visible blood
<input type="checkbox"/>	Amniotic fluid Solution without visible blood	<input type="checkbox"/>	Pericardial fluid Vaginal secretions
<input type="checkbox"/>	Peritoneal fluid	<input type="checkbox"/>	Seminal fluid
<input type="checkbox"/>	Other: _____		

Mechanism of Exposure: (Check all that apply)

Needle stick/sharps accident

Device Type: _____

Device Brand: _____

Human Bite with or without open wound

Contact with mucous membranes (eyes, mouth, and nose) – includes inhalation

Contact with skin:

(circle all that apply) broken, chapped, abraded, dermatitis, prolonged contact, extensive contact

Anatomical location of injury/exposure: _____

Personal protective equipment in use at time of exposure: _____

Severity of Exposure:

How much fluid (approx.)? _____

How long was exposure? _____

Describe any injuries: _____

Estimated time interval from exposure until medical evaluation: ___ minutes ___ hours

Source of Exposure:

Source Individual

Name (if known): _____

Address: _____

Telephone: _____

Medical Record # (if available): _____

Date of Birth: _____

Primary Care/Attending Physician: _____

Diagnosis: _____

Source Individual Consent/Refusal Form

Is a blood sample from the source available? Yes No

Is the source individual's HBV/HCV antigen/antibody status known? Yes No

Status: _____

Is the source individual's HIV antibody status known? Yes No

Status: _____

Source Risk Factors: (as documented in medical record or patient interview)

- | | | | |
|-----|----|---------|---|
| Yes | No | Unknown | Known HIV Positive |
| Yes | No | Unknown | Known homosexual, bisexual, prostitute, or sexual contact with same |
| Yes | No | Unknown | Known IV drug user or history of same |
| Yes | No | Unknown | Received blood transfusion 1977 - 1985 |
| Yes | No | Unknown | Currently taking Zidovudine (AZT), Lamiduvine (3TC), and/or Indinivir (IDV) |
| Yes | No | Unknown | History of Hepatitis B, past, present or carrier |
| Yes | No | Unknown | History of Hepatitis C, past, present or carrier |
| Yes | No | Unknown | History of hemophilia, kidney, dialysis, and or transplant |
| Yes | No | Unknown | Currently elevated liver enzymes |
| Yes | No | Unknown | Current fever, lymphadenopathy, rash, malaise, GI or neuro symptoms |
| Yes | No | Unknown | Traveled outside of the United States |

If yes, when and to which countries: _____

Activity Leading to Exposure: (Check all that apply)

<input type="checkbox"/>	Giving Injection	<input type="checkbox"/>	Handling waste products
<input type="checkbox"/>	Recapping needle	<input type="checkbox"/>	Handling lab specimen
<input type="checkbox"/>	Discarding needle	<input type="checkbox"/>	Controlling bleeding
<input type="checkbox"/>	Handling IV line	<input type="checkbox"/>	Performing invasive procedure
<input type="checkbox"/>	Handling disposal box	<input type="checkbox"/>	Cleaning blood spill
<input type="checkbox"/>	Other: _____		

Actions Taken after the Exposure: (Check when completed)

- Area washed with soap and water or other cleanser
 Did the injury bleed freely? Yes No
 Was topical antiseptic applied? Yes No
 Areas flushed (if applicable)
 Site Preceptor/Supervisor notified
 Infection / Exposure Control Officer notified
 Exposed Individual referred for medical evaluation/treatment
 Site/Facility (ED, Employee Health, Occupational Health, etc.)
 Off-Site affiliated location (Occupational Health, Clinic, etc.)

Name of location: _____

School affiliated

Other facility: _____

School/Program faculty notified: _____ Clinical Coordinator _____ Program Director

Follow-up made for re-evaluation of lab studies, clinical condition

Clinical Site made aware of approximate date of return

APPENDIX C

Student's Evaluation Of the Preceptor Two Week Observation

Example of Questions On EASI EVAL - TYPHON Database

Student Name:

Date:

Preceptor Name:

Rotation Type and Location:

Circle the appropriate response in regards to your two week observation of the clinical site and preceptor.

The staff and other health professionals have been receptive to my role as a Physician Assistant Student.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

Patients have been receptive to my role as a Physician Assistant Student.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

Opportunities have been provided to practice technical skills after instruction was given.
(Physical exam, procedures, etc. as appropriate for rotation type)

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

I feel my PA skills and knowledge are improving.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

Assigned tasks are pertinent to my role as current level of training as I perceive it..

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

My preceptor is available to provide supervision when needed.

Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

My rotation objectives are been met during this rotation **Yes No**

I would like a site visit **Yes No**

Are there any problems or concerns at this time during the rotation? **Yes No**

If yes, explain.

Comments:

Student's Evaluation Of the Preceptor End of Rotation
Evaluation

Example of Questions On EASI EVAL - TYPHON Database

Student Name:

Date:

Preceptor Name:

Rotation Type and Location:

Circle the appropriate response in regard to your observation of the clinical site and preceptor.

Please rate each item. If rated disagree or strongly disagree or NA, please give explanation in comments section:

- 1. There was an appropriate orientation provided by the preceptor who included discussion of rotation expectations/objectives and the practical aspect of the site, i.e., patient flow, charting etc.**
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A
- 2. Other staff and health professionals were receptive to my role as a physician assistant student.**
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A
- 3. The patients were receptive to my role as a physician assistant student.**
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A
- 4. I was encouraged to educate the patient regarding his/her health problems, treatment and follow-up and preventive health measures.**
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A
- 5. My preceptor taught me a variety of pertinent medical concepts in a way that I could understand.**
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A
- 6. Assigned tasks encouraged increased competence in my role as a physician assistant.**
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A
- 7. I was observed by my preceptor while taking a patient history and performing an exam.**
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A
- 8. My preceptor was available to provide supervision when needed.**
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A
- 9. After jointly seeing a patient, my preceptor explained the basis for his/her treatment.**
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A
- 10. The didactic curriculum was adequate to prepare me for this rotation.**
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A
- 11. My rotation objectives were met during this rotation.**
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A
- 12. My skills and knowledge increased during this rotation**
Strongly Agree Agree Neutral Disagree Strongly Disagree N/A

APPENDIX D

Preceptor Evaluation of Student / Two Week Observation Carroll University Physician Assistant Program

Student Name: _____ Date: _____

Preceptor Name: _____ Rotation: _____

Please circle the appropriate response regarding your observation of the student at this point. If you would like the program to call regarding an area of competence please circle "call me".

1. The student acts in a professional manner.

(Dress, sense of responsibility, punctuality, compliance with policies, accepts criticism, etc.)

Strongly Agree Agree Neutral Disagree Strongly Disagree Call me

2. The student has a good work ethic, a positive attitude and demonstrates appropriate behavior and actions.

Strongly Agree Agree Neutral Disagree Strongly Disagree Call me

3. Student's cognitive knowledge and ability to synthesize information, interpret data, make clinical decisions, and formulate differential diagnosis and therapies is at a level appropriate for their training/standing as student.

Strongly Agree Agree Neutral Disagree Strongly Disagree Call me

4. The student performs clinical skills at a level appropriate for their training/standing as a student. (i.e., physical exams, procedures, follows guidelines, provides comfort and safety to patients)

Strongly Agree Agree Neutral Disagree Strongly Disagree Call me

5. The student interacts and communicates well with supervisors and staff of health care team as well as with patients.

Strongly Agree Agree Neutral Disagree Strongly Disagree Call me

Student strengths:

Areas for improvement:

Concerns:

Preceptor Signature: _____ **Date:** _____

Questions? Call: A. Miranda Spindt, MS, PA-C, DFAAPA, Clinical Coordinator @ 262-524-7401

Please return this form: Email mspindt@carrollu.edu Fax: 262-574-2686

Carroll University Physician Assistant Program

Preceptor Evaluation of Student / End of Rotation

Student's Name: _____

Rotation: _____

Dates of Rotation: _____

Preceptor: _____

Location: _____
Extensive

Level of Interaction: Minimum Moderate

Please indicate how well you feel the Carroll University Physician Assistant didactic curriculum prepared the student for this rotation.

		Moderately/ Adequately		
Not At All	Minimally		Well	Very Well
1	2	3	4	5

Please indicate how well you feel the student performed in the following areas:

Comments are required at the end of this form, for any score of <6.

NOTE: A score of: 5 = 75% 7 = 87.5% 9 = 100%

See Grading Scale in Preceptor's Manual for more details

<u>Patient Care</u>	Clearly inadequat ; needs immediate remediatio	Some deficiencies; needs improvement	Average performance; does not excel in some areas	Exceeds minimum standards; excels in some areas	Superior in every way; in top 5%	N/A			
History taking; accurate and complete	1	2	3	4	5	6	7	8	9
Physical Exam: needed components present	1	2	3	4	5	6	7	8	9
Complete assessment and preventative care	1	2	3	4	5	6	7	8	9
Case Presentation: Quality and Clarity	1	2	3	4	5	6	7	8	9



Documentation complete and logical 1 2 3 4 5 6 7 8 9

<u>Medical Knowledge</u>	Clearly inadequate ; needs immediate remediation		Some deficiencies; needs improvement		Average performance; does not excel in some areas		Exceeds minimum standards; excels in some areas		Superior in every way; in top 5%		N/A
Overall problem solving ability	1	2	3	4	5	6	7	8	9		
Anatomy and Pathophysiological knowledge	1	2	3	4	5	6	7	8	9		
Pharmacological knowledge and usage	1	2	3	4	5	6	7	8	9		
Case Presentation: Quality and Clarity	1	2	3	4	5	6	7	8	9		
Appropriate rationale for selection of diagnostic test	1	2	3	4	5	6	7	8	9		
Integrates H&P, diagnostics test findings into diagnosis and Treatment Plan	1	2	3	4	5	6	7	8	9		

<u>Practice-Based Learning and Improvement</u>	Clearly inadequate ; needs immediate remediation		Some deficiencies; needs improvement		Average performance; does not excel in some areas		Exceeds minimum standards; excels in some areas		Superior in every way; in top 5%		N/A
Good initiative/work ethic	1	2	3	4	5	6	7	8	9		
Responds to feedback positively	1	2	3	4	5	6	7	8	9		
Appropriate research to optimize care	1	2	3	4	5	6	7	8	9		

Interpersonal/Communication Skills and Professionalism

Creates an effective patient/provider relationship

Sensitive to cultural, age, gender, and disability issues

Demonstrates caring and respectful behavior with patients and staff

Works well as part of a team

Exhibits professional appearance and

System-Based Practice

Demonstrates knowledge of medical delivery systems (coding, billing,

Demonstrates appropriate referrals (specialists, PT, OT, dietician,

	Clearly inadequate ; needs immediate remediation	Some deficiencies; needs improvement	Average performance; does not excel in some areas	Exceeds minimum standards; excels in some areas	Superior in every way; in top 5%	N/A			
Creates an effective patient/provider relationship	1	2	3	4	5	6	7	8	9
Sensitive to cultural, age, gender, and disability issues	1	2	3	4	5	6	7	8	9
Demonstrates caring and respectful behavior with patients and staff	1	2	3	4	5	6	7	8	9
Works well as part of a team	1	2	3	4	5	6	7	8	9
Exhibits professional appearance and	1	2	3	4	5	6	7	8	9
	Clearly inadequate ; needs immediate remediation	Some deficiencies; needs improvement	Average performance; does not excel in some areas	Exceeds minimum standards; excels in some areas	Superior in every way; in top 5%	N/A			
Demonstrates knowledge of medical delivery systems (coding, billing,	1	2	3	4	5	6	7	8	9
Demonstrates appropriate referrals (specialists, PT, OT, dietician,	1	2	3	4	5	6	7	8	9

Comments: (Add addendum if necessary) Comments are required for any score of "<6".

Please Mark the category that best describes the student at this point in their education:

<input type="checkbox"/> REPORTER – Student accurately gathers and communicates the clinical facts of their patients. Mastery of obtaining a history and physical and knowing what to look for in a particular clinical situation are required. Good bedside skills are required.	<input type="checkbox"/> INTERPRETER – Student can prioritize and assemble a reasonable differential diagnosis, follow up on diagnostic tests and analyze their results. Student must make the emotional transition from bystander to active participant.	<input type="checkbox"/> MANAGER – Student is able to demonstrate a much better command of medical knowledge and has the confidence and ability to make decisions on patient management. The student is able to tailor the plan to each patient problem. Student has sound interpersonal and procedural skills.	<input type="checkbox"/> EDUCATOR – Student is beyond the basics in ability. They must be able to read deeply and share new learning with others. Student can derive relevant clinical questions and find the best evidence to answer the questions, analyze and apply the information their patients. There is a level of maturity and confidence to lead and educate the other members of the health care team.
--	--	--	--

# of Days Absent:	# of Days Late:
--------------------------	------------------------

Students Must Also Report Absences and Tardiness to the Carroll University PA Office

Preceptor	Student
Print Name:	Print Name:
Signature:	Signature:
Date:	Date:

How can Carroll University enhance your experience as a preceptor of our students?

Please provide any suggestions for curricular improvement to help us better prepare our students.

Please return this form to:

A. Miranda Spindt, MS, PA-C, DFAAPA, Clinical Coordinator Physician Assistant Studies
 Carroll University, mospindt@carroll.edu , Fax 262-574-2686

Office Use Only:
Reviewed by:
Action Taken:

