



**CARROLL UNIVERSITY**  
Physician Assistant  
Program

**Carroll University  
Physician Assistant Program**

**Student Clinical Rotation  
Manual**

**Clinical Year 2024-2025**



## Table of Contents

<i>A Word From Your Program</i> .....	1
Carroll University Physician Assistant Program Clinical Year Objectives .....	2
Information Sessions .....	2
Overview for Clinical Sites .....	2
Rotation Site Visits .....	3
Rotation Assignments and Changes.....	3
Housing, Transportation and Meals .....	4
International Rotations .....	4
Attendance at Clinical Rotations .....	4
On Call, Night, Weekend, and Holiday Hours and Responsibilities .....	5
Professional Counseling and Accessibility Services.....	<b>Error! Bookmark not defined.</b>
Tardiness and Unauthorized Early Departure .....	6
Dress Code .....	6
Social Media Policy – LinkedIn.....	6
Incident Reporting.....	6
Clinical Rotation Requirements .....	7
Patient Care Responsibility .....	7
Additional Student Responsibilities for Clinical Rotations .....	8
Clinical Rotation Course Descriptions .....	9
Clinical Course Assessment.....	10
<i>Evaluations and Grading</i> .....	11
<i>Grading Scale</i> .....	11
<i>Evaluation Forms</i> .....	11
Preceptor Evaluation of Student (See Appendix Four).....	11
Student Evaluation of Preceptor and Site.....	12
<i>End of Rotation Exams</i> .....	12
<i>OSCE-Objective Structured Clinical Exam</i> .....	13
<i>Elective Rotation Case Presentation</i> .....	13
<i>Case Write-Up Paper</i> .....	13
<i>Discharge Summaries for Internal Medicine Rotation</i> .....	13
<i>Patient Profile/Clinical Procedure Log</i> .....	14
<i>Cultural Reflection Paper</i> .....	14
Clinical Rotation Progression Standards.....	14
Clinical Rotation Remediation Policy:.....	15

Clinical Rotation Evaluation Discrepancies .....	16
PA Student General Clinical Goals.....	16
PA Student Characteristics.....	17
General Clinical Objectives .....	17
General History Taking Objectives .....	18
General Physical Exam Objectives.....	19
Required Exam and Procedural Skills.....	19
Appendix One .....	20
<i>Attendance Policy</i> .....	20
<i>Student Absentee Report – Year I and Year II</i> .....	21
Appendix Two.....	22
<i>Blood Borne Pathogen Exposure Policy and Protocol</i> .....	22
<i>Bloodborne Pathogens Exposure Report</i> .....	27
<i>Source Individual Consent/Refusal form</i> .....	29
Appendix Three.....	31
<i>Assignments and Grading Scales</i> .....	31
Appendix Four .....	35
<i>Required Exam and Procedure Skills Passport</i> .....	35
<i>Preceptor Evaluaiton of Student/End of Rotation</i> .....	37
<i>Receipt of PA Student Clinical Rotation Manual</i> .....	41

## *A Word From Your Program....*

Congratulations on the successful completion of your didactic year and progression to the clinical phase of the Physician Assistant Program! The purpose of the clinical phase of training is to place students in quality clinical rotations that provide access to a diverse patient population and a variety of diseases and injuries involving all body systems across the lifespan of the patient. The clinical year will support the knowledge and skills you learned during the didactic phase of your education including, but not limited to: ongoing development and mastery of your ability to take a medical history, perform a physical exam, order and interpret diagnostic tests, formulate a diagnosis and develop a treatment plan all in the setting of cultural competency. Clinical rotations should prepare you for board examinations, employment, and of course for providing quality patient care.

The clinical phase of your PA education will be both rewarding and challenging. For some, this may be the most difficult part of the journey to becoming a physician assistant. The clinical phase demands long hours, independent study and careful time management. This year will test you in ways not tested before. Good communication between you, the clinical site, your preceptor, and the program will be essential to your success.

Every clinical rotation is different, and completely dependent on the location of the site, the patient population, and the strengths and weaknesses of the preceptor(s). Some will require more independent study and self-motivation than others. Every clinical PA student is ultimately responsible for their rotation objectives and topic lists. Please know, however, that the entire PA faculty and staff are here to provide guidance and assistance when needed throughout the upcoming year.

In this manual you will find specific information on the Program's expectations for attendance, dress code, social media usage, and professionalism during the clinical year. The manual also contains clinical course descriptions. It outlines specific course requirements and assignments, grading scales, progression standards, and remediation policies. It also includes student and preceptor evaluation forms.

You have chosen a wonderful and rewarding career, but the pathway to completing this phase of your education will not always be easy. Remember, during the next 12 months, you will not only be representing yourself, but you will also be representing the Carroll University Physician Assistant Program, Carroll University, and the Physician Assistant profession. We are here to help support you along this journey and wish you a fun and successful clinical year.

*Carroll University Physician Assistant Program*

## Carroll University Physician Assistant Program Clinical Year Objectives

1. Strengthen the commitment of our program and our students to provide culturally competent medical care to all patients.
2. Facilitate the introduction of the PA student to the community in general and to the medical community specifically.
3. Orient preceptors and students to the structure of the preceptorship and student learning.
4. Place students in quality clinical rotations that provide access to a diverse patient population and a variety of diseases and injuries involving all body systems across the lifespan of the patient.
5. Serve as a resource in developing the PA students' role in a specific practice setting.
6. Provide specific objectives for each rotation, though individual learning goals may be tailored to the student and preceptor. Students should be aware that objectives not met during the rotation should be researched by the student.
7. Support and enhance the knowledge and skills learned in the didactic phase of training, while continuing to prepare the student to provide quality patient care.
8. Stimulate and enhance the desire for independent study and lifelong learning.

### Information Sessions

As part of the Professional Development Series, the Director of Clinical Education (DCE) will meet with all students prior to the start of the clinical year to discuss information relative to the clinical education program.

### Overview for Clinical Sites

All clinical training sites are sent an affiliation agreement that formalizes the relationship between the institution and the preceptor/site. Each clinical site is reviewed annually by the Clinical Coordinator for continued appropriateness and quality.

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 at the discretion of the preceptor.

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 four weeks, there is a **two-week observation evaluation to be completed by the student and by the preceptor** to alert us early of any potential problems. The evaluations are available to download in Typhon.

### Rotation Site Visits

Each new clinical site will be evaluated by the clinical education staff or a designated representative of the program by an on-site visit, or by phone/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 with 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.

### Rotation Assignments and Changes

While students may request or suggest a specific clinical rotation or Preceptor (not required to do so), only the Director of Clinical Education may evaluate a new site for appropriateness and establish the rotation and clinical contract. **Students may not solicit or arrange their own clinical rotations.** Students may only participate at the clinical site to which they are assigned and only at the designated time. A student may not present themselves as a Carroll University PA student to non-assigned clinical setting(s), or outside of the assigned clinical rotation dates. This behavior may result in dismissal from the program.

Every attempt will be made to assign clinical rotations in a fair and equitable manner. The DCE, however, will make *all* final decisions on the rotation schedules. These decisions are based on preceptor availability, our program's educational goals and objectives, and our mission. Occasionally, unforeseen circumstances may result in changes to the rotation schedule throughout the year. There may be additions, deletions, and time changes which make it necessary for the student to be flexible. Every reasonable attempt will be made to keep these changes to a minimum. The DCE will make rotation assignments or substitutions that she/he feels is in the best interest of the student, the Preceptor and the program.

A student request for a change in an assigned rotation will only be considered in rare circumstances pending review by the Director of Clinical Education and the Program Director. Difficulty finding housing, financial difficulty, travel expenses, distance from family members or pets, or using the site to help secure future employment will not justify an assignment change. It is expected that students will accept their rotation schedules with

professionalism and without complaint. All placements and changes are at the discretion of the Director of Clinical Education.

### **Housing, Transportation and Meals**

Housing arrangements and costs associated with clinical rotations are the sole responsibility of the student. Some clinical sites will have housing available, but it is the student's responsibility to make those arrangements with the site.

### **International Rotations**

The program recommends that all students traveling internationally as part of a rotation consult a travel clinic to review and receive any additional vaccines or medications recommended by the Centers for Disease Control and Prevention (CDC). The program's blood borne pathogen protocol applies to international clinical experiences as well as rotations within the U.S.

### **Attendance at Clinical Rotations**

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 prior to the assigned start time of the clinical rotation workday, should be reported to the DCE as soon as possible.

- Each student is allowed 5 full days off during the clinical year for personal or family events, interviews etc. Students must report all absences (excused and unexcused) to the PA Program's DCE and to their preceptor or clinic administrator. For an absence to be excused, an explanation following the guidelines in the student handbook must be submitted to the PA program's DCE. The student must fill out the "Student Absentee Report" found in Appendix One and submit it to the DCE for *all* absences.
- For an anticipated absence, a student is required to submit documentation and receive an excused absence from the PA program's DCE prior to the absence.
- For an unanticipated absence, a student is required to submit proper documentation to the PA program's DCE 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's DCE and the preceptor prior to receiving a grade for the course/clinical rotation. Any work not completed by the end of rotation may result in an "incomplete" which must be completed prior to graduation.
- Students' discretionary absences may not exceed 10 percent of a clinical rotation or more than two days consecutively without DCE/PD consent.
- In the event that a preceptor has a planned absence during a student's rotation, the student must contact the program. At that point, the student should work with the preceptor to find alternate educational activities (including but not limited to: working

with another clinician in the department, observing procedures, shadowing in other departments, online medical education, etc.) The student shall then update the DCE as to the final schedule. The DCE will assist in this process as needed.

- Excessive absences will be reviewed by the DCE and Program Director. Pending review, the student may be required to take a leave of absence or repeat the rotation. Long absences may result in dismissal from the program.

Students are expected to work at least 32 hours per week but no more than 55 hours per week. Each student's schedule is determined by the individual preceptor for each rotation. Hours worked outside these limits should be reported by the student to the DCE.

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

- Student illness. If the student is ill for greater than 3 consecutive days, a statement from a physician or other health 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 may be requested.
- Immediate family member illness. A statement from a physician or other health care provider that a member of the student's immediate family (state relationship) was seriously ill and required the student's presence may be requested.
- 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.
- In the event of a death of an immediate family member (parent, grandparent, sibling, spouse, child), a 3 day bereavement leave will be granted or longer at the discretion of the Clinical Coordinator and/or Program Director.

The PA Program Director, in conjunction with the PA program's DCE, 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.

## **On Call, Night, Weekend, and Holiday Hours and Responsibilities**

Some clinical rotations may require students to work during evening, night, weekend, or holiday hours. If not required, students are encouraged to volunteer at the discretion of their preceptor. On call duty can often provide opportunities and experiences not available during normal office and daytime hours. This is especially true of Women's Health, Emergency Medicine, Internal Medicine and General Surgery. Students may only take time off for a designated university holiday with the approval of their preceptor. Special requests for time off during religious holidays must be submitted to the DCE in writing in a timely fashion and will be reviewed according to the attendance policy.

## **Professional Counseling and Accessibility Services**

Any requests for accessibility needs (physical or cognitive) must be made through the Walter Young Accessibility Services Coordinator at Carroll University. Appropriate

accommodations will be evaluated based on the program technical standards once notification has been received from the Walter Young coordinator.

If an individual student has special needs or concerns about course requirements related to religious beliefs, cultural issues, or other issues, the student must contact the Program Director with a request for accommodation.

### **Tardiness and Unauthorized Early Departure**

Students are expected to arrive on time or early. Students are expected to stay in the assigned service until released by their preceptor or designated staff member. All unexcused tardiness or early departure from a clinical site should be reported to the DCE immediately for review.

### **Dress Code**

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 heels, 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. Lab Coats should be clean, pressed and worn without unauthorized patches, buttons, or pins. Professional pins issued by WAPA or the AAPA are allowed. 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 scented 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 RESERVE THE RIGHT TO ASK A STUDENT WHO IS NOT APPROPRIATELY DRESSED TO LEAVE THE CLINICAL SITE.**

### **Social Media Policy – LinkedIn**

The PA Program permits students to connect with professionals via LinkedIn for networking purposes. This includes clinical preceptors, hospital, 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.

### **Incident Reporting due to Exposure at Clinical Site**

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

Two, however the clinical site policy supersedes Carroll's Policy in all cases. A copy of the incident report should be forwarded to the DCE. 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.

## Clinical Rotation Requirements

The following information will be shared with the preceptor / clinic site for each rotation.

### Materials delivered to the rotation site by the STUDENT as requested:

1. Student personal objectives for the rotation
2. Student contact information
3. List of clinical rotations
4. Specific information requested by clinical sites not listed below

### Materials delivered to the rotation site by the PA PROGRAM or THE STUDENT as provided and designated:

1. Student photo, biography, and history
2. Program contact information
  - Verification of certification for: BLS
  - ACLS
  - Blood-borne pathogen/universal precaution training
  - HIPPA training
3. Confirmation that student has satisfactorily completed the following to CU standards:
  - Background check
  - Immunization and PPD record
  - Drug screening
4. Confirmation that student is covered by CU Professional Liability Insurance
5. Preceptor manual
7. List of specific clinical objectives and course syllabi

## Patient Care Responsibility

The student is expected to accept the responsibility associated with treating patients and addressing other problems/issues that arise. The student is expected to discuss patient problems with the clinical preceptor in a timely manner. It is the student's responsibility to self-assess to determine if problems are occurring and discuss it with the clinical preceptor first, then if it is not resolved, with the DCE. If a student is having trouble with some aspect of clinical performance or professional behavior, the following procedures are to be followed:

1. The student is to initiate discussion of the problem with the clinical preceptor as soon as identified. During that discussion, they are to define the problem(s) and design an outline describing resolution. The clinical preceptor is expected to initiate this discussion if the student does not identify the problem or solution.
2. If the situation is of significant concern, and the outline plan does not produce

resolution within one or two days, the student and/or the clinical preceptor are to call the DCE and discuss the situation.

3. The student and clinical preceptor must present a resolution plan specific to the incident or problem, to be approved by the DCE and Program Director. This plan must be documented and signed by student and clinical preceptor for the student's Program file. If failure is a possible consequence of inability to resolve the issue, it must be identified as early as possible and the situation discussed with the clinical preceptor and PA program director.
4. Resolution of the problem may require a visit by the DCE to the clinical site. If the DCE deems it necessary or at the request of the student, the PA program director will make a visit to the facility to discuss the situation with those involved.
5. There is to be a follow up phone call between the DCE and the clinical preceptor and a separate meeting between the DCE or Program Director and the student to follow the progression of resolution.

**The student is expected to call the DCE at any time during the clinical rotation if he/she is experiencing a problem outside of patient related issues.**

### **Additional Student Responsibilities for Clinical Rotations**

- 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.
- Student should review medical textbooks and online materials to expand knowledge of problems and procedures typically seen in the practice setting or those that may be required by the preceptor.
- Students must not receive money or material goods in return for their assistance.
- Students must work under the direct supervision of a licensed PA, physician, DO, midwife, or nurse practitioner. 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 university events. 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.
- Students must maintain professionalism at all times and address the preceptor, clinical

staff, and patients appropriately.

- Students must avoid disagreements with preceptors in front of patients or 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 two weeks prior 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 completed in the time frame the facility requires**.
- Specific objectives for each rotation are provided to both the student and preceptor. End-of-rotation exams are based on the rotation objectives and PAEA blueprint. Clinical experiences may vary depending on patient population and site strengths/weaknesses. **It is the student's responsibility to review the objectives and augment their clinical experiences with independent research and discussion with the preceptor as necessary**.
- If any serious problems arise during the clinical rotation, please notify the DCE as soon as possible. Examples include but are not limited to: personal injury at the clinical site, needle stick or other exposure, discrimination, and harassment of any form. You may not love every rotation, but if any major issues arise where you feel a line has been crossed you must contact the Program.

## Clinical Rotation Course Descriptions

### **PHA 620: Emergency Medicine Supervised Clinical Practice**

**8 credits**

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**

**8 credits**

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**

**8 credits**

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**

**8 credits**

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 & 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/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. 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 participate in an elective clinical rotation, including but not limited to primary care, nephrology, interventional radiology, orthopedics, oncology, gastroenterology, or international medicine. 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 in place of an end of rotation exam. (4 weeks)

**Addition to Clinical Rotation Syllabi For Internal Medicine and Family Medicine: Medicine of Underserved Populations**

Clinical year students will rotate through the Waukesha Free Clinic at Carroll University to deliver healthcare to an underserved population contained within an urban setting.

**Clinical Course Assessment**

The DCE is responsible for assigning the grade for rotation performance. Information from all evaluations, completion of activity logs, end of rotation exams, OSCEs, 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.

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

- a. Four – 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. (Note if the 1 week international experience is chosen as part of the Elective the remainder of the Elective will span 3 weeks' time.)
- c. Attend all required End of Rotation days (EOR) and activities
- d. EOR exams
- e. One end of year cultural reflection paper due at end of block 6
- f. Medical Case write ups (H&Ps) for each rotation and a Discharge Summary for Internal Medicine rotation (if inpatient)
- g. A Year End Comprehensive Summative Exam
- h. A Capstone Project
- i. One to three mini- OSCEs
- j. A Summative OSCE

## 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 | 40%        |
| 3. OSCE  | 10%        |
| 4. Case Write Ups  | 10%        |
| 5. Typhon (Logging and Evals)                              | pass/fail* |
| 6. Cultural Reflection Papers                              | pass/fail* |

\*Must complete in order to receive course grade

## Grading Scale

Grading for the 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 Forms

### Preceptor Evaluation of Student (See Appendix Four)

- The Preceptor Evaluation of Student/End of Rotation and the Rotation Specific Evaluation are to be given to each preceptor at the beginning of the last week of the clinical rotation. Evaluations can be downloaded from Typhon. It is the student's responsibility to collect the completed forms and deliver them to the DCE within one week of completion of the rotation, or sooner as determined by the DCE. A grade for that rotation will not be assigned until all required forms are submitted. Missing

evaluations 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.

### Student Evaluation of Preceptor and Site

- Each student is required to complete EASI evaluations of the rotation site and preceptor in TYPHON according to the rules below:
  - **8 Week Rotations – 2 EASI Evaluations Required.**
    - One EASI mid-rotation evaluation completed at 2 weeks.
    - One EASI eval completed at the end of the rotation to be submitted before the last EOR Day of that cycle.
  - 4 Week Rotations – EASI end of rotation evaluations should be completed and submitted at the end of the rotation or before the last EOR day of that cycle.
- Students will provide their opinion on positives and areas needing improvement of the clinical site and experience. Comments are expected to be professional and constructive.
- If student works with multiple providers during one rotation, separate evaluations for each provider are not required. If student desires, they may make notation of other providers in the comments section of the evaluation.
- Preceptor evaluation of student performance and clinical site evaluations done by students are reviewed by the DCE or clinical staff at week two (for 8 week rotations) 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.

### End of Rotation Exams

Students will complete an exam associated with every required clinical rotation at the end of each block during EOR 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, provided to both the student and preceptor as well as the PAEA’s exam blueprint. 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 Rotation Progression Standards below.

## **OSCE- Objective Structured Clinical Exam**

An OSCE exam allows the student to practice and demonstrate clinical skills in a standardized medical scenario. The student will have the opportunity to demonstrate competency in communication, history taking, physical examination, clinical reasoning, medical knowledge, and the integration of all of these skills. An OSCE station may include clinical interactions with standardized patients (history taking, examination, counseling, professionalism) examination through simulation and interpretation of findings, test interpretation, identification of pictures/images, and writing orders. If a student fails to achieve a passing grade of 70% on the OSCE, the student will need to remediate. Remediation may include repeating the OSCE, a written assignment or an oral presentation regarding the OSCE's subject matter. Assignments are at the discretion of the DCE. The student will receive a 70% grade for the OSCE once remediation is complete.

## **Elective Rotation Case Presentation**

Elective presentations are a grand rounds type of presentation. You will select a specific patient and topic related to your elective and give a 20 minute presentation to your class. It should include 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 DCE within one week. When the repeated assignment is done correctly, the student will be given a passing grade of 70% on the assignment. See Appendix Three for grading scale.

## **Case Write-Up Paper**

The clinical write-up is a complete H&P (SOAP format) including assessment and plan from a case study for each rotation. A case discussion written in AMA format 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 DCE or clinical staff on or before the EOR day or one letter grade will be deducted. See Appendix Three for grading scale.

## **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 DCE on the EOR day or one letter grade will be deducted. See Appendix Three for grading scale.

## Patient Profile/Clinical Procedure Log

Students will be required to maintain a patient/procedure 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. This information assists in providing information to remain in compliance with the Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA). The students will also complete their procedure skills “passport” as proof of entry level competency.

## Cultural Reflection Paper

Student will write a personal reflection paper on a culturally diverse patient issue they have observed or encountered during the clinical year. The topic should be one that adds to their knowledge and personal/professional growth as a clinician, including but not limited to, the cultural skills learned in year one of the practicum. The paper will be due at the end of block 6 and will be graded Pass/Fail. Please see Appendix Three for grading scale.

## 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 which may delay graduation.
2. The student must achieve and maintain a minimum cumulative and semester GPA of 3.0 throughout the clinical year or he/she will be placed on academic probation. The student must come off probation during the subsequent academic full semester of the program. A student can only be placed on academic probation one time during both academic years in the program. If a second academic probation occurs, the student will be dismissed from the program.
3. 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 DCE and the Program Director regardless of the final grade awarded by the preceptor. A failed rotation must be repeated which may delay graduation.
4. Students must pass the EOR examination for each clinical rotation with a C (70% or higher). PAEA EOR exams are used and curved according to a program-approved formula. If a student receives less than a C (70% or lower, **curved score**), they will be required to complete remediation as outlined in the Clinical Manual as facilitated by the PA faculty and take the repeat final 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 which may delay graduation.
5. Second year students can remediate the EOR examination not more than three times across all clinical rotations in the second year. More than three remediations of EOR exams will result in dismissal from the program. If they fail remediation of an EOR examination, they must repeat the clinical rotation. No more than one clinical rotation may be repeated. If a second rotation needs to be repeated, the student will be dismissed

from the program.

6. All students required to repeat a clinical rotation must also complete remediation as outlined by the DCE. Repeat rotations will be arranged and scheduled by the DCE 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.
7. 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.
  - A student may be placed on academic probation only one time during the program. If a student is placed on probation a second time, he/she will be dismissed from the program.
  - A student who requires more than 3 EOR exam remediations will be dismissed from the program.

### **Clinical Rotation Remediation Policy:**

Clinical Rotation Progression Standards are clearly outlined in the Clinical Education Manual provided to each student upon admission to the program. 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 in the Center for Graduate Studies. 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 DCE 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 DCE 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 Directors. 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 DCE 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 DCE 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 DCE 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 DCE by telephone or email.**
- If the DCE 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.

### 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, cardiography, and other routine diagnostic 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.

## PA Student Characteristics

There are many characteristics that are desirable in a Physician Assistant. These include comprehensive *medical knowledge*, *skill* in applying knowledge through the provision of medical care, and *professionalism* in one's conduct. A Physician Assistant must possess attention to detail, reliability, punctuality, and the ability to work as a team player with all levels of a given organization including supervisors, peers, and subordinates.

By the second year of study, Carroll University PA students are expected to demonstrate all these traits, and at progressively higher levels as they move towards completion of clinical rotations. Thus, the evaluation of Carroll University PA students includes consideration of knowledge, skill, and professionalism. All of these factors will be assessed at all times. However, specific forms of evaluation are established to ensure the student is evaluated. Knowledge is assessed through written testing which is carried out at EOR. Skill is assessed via clinical preceptor evaluations and Carroll University Physician Assistant Program faculty. Professionalism is assessed through cooperation with the program staff, attendance at mandatory functions, participation in conferences and group exercises, and adherence to all the guidelines of this manual.

## General Clinical Objectives

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 in 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.

The physician assistant student will demonstrate to the preceptor his/her ability in critical thinking and clinical problem solving to include but not limited to:

1. Analysis of clinical and laboratory data
2. Logical and correct diagnosis
3. Consequences of action taken
4. Use of resources
5. Cost effectiveness
6. Sensitivity to the patient's culture when providing patient information, teaching and counseling

## 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 or complete review of symptoms as appropriate.
- 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 pathophysiology.

## Required Exam and Procedural Skills

Prior to graduation, PA students are expected to demonstrate entry level proficiency of specific procedures to a preceptor/faculty during the clinical year via the passport, with at least one of the following: Pelvic, well women with pap, breast exam, DRE, male GU exam, prenatal exam, destruction/excision of skin lesion, pediatric exams of various ages, I&D, splint placement, sterile technique, placement of simple interrupted sutures, interpretation of EKG and chest x-ray. See passport in Appendix Four.

## Appendix One

### 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 Director of Clinical Education (DCE) to 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 DCE 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 DCE. 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

\_\_\_\_\_  
Director of Clinical Education 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 Director Signature: \_\_\_\_\_

-----  
FOR PROGRAM USE:

Date Notice Received: \_\_\_\_\_

\_\_\_ By Phone

\_\_\_ In Person

\_\_\_ Written/email

\_\_\_ None

Notice Received From:

\_\_\_ Student

Relative: \_\_\_\_\_ Other \_\_\_\_\_

## Appendix Two

### 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. Any costs incurred are the responsibility of the student.

##### **Carroll University Health Center**

##### **POLICY AND PROCEDURE**

**Effective: August 23, 2011**

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##### **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 Bloodborne Pathogen standard. All blood and other potentially infectious body fluids are treated as if infectious for blood borne pathogens.

##### **DEFINITION:**

**Significant Bloodborne 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 Bloodborne 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 Bloodborne 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 bloodborne 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 bloodborne 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 bloodborne 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	<ul style="list-style-type: none"> <li>• HIV</li> <li>• HBsAg</li> <li>• HBsAB</li> <li>• HCsAB</li> </ul>	None
			<ul style="list-style-type: none"> <li>• HIV</li> </ul>	Assuming PEP medication is

Reactive or Unknown  (PEP is started)	Negative	Negative	<ul style="list-style-type: none"> <li>• HBsAg</li> <li>• HBsAB</li> <li>• HCsAB</li> <li>• Pregnancy test</li> <li>• CBC with diff</li> <li>• Metabolic panel with ALT</li> <li>• UA if IDV</li> </ul>	<p>started (2 or 3 drug regimen):</p> <ul style="list-style-type: none"> <li>• Repeat CBC and Metabolic Panel at 2 weeks and 4 weeks post-exposure</li> <li>• HIV at 6 weeks, 3 months, and 6 months.</li> </ul>
Non-Reactive	Positive	Negative	<ul style="list-style-type: none"> <li>• HIV</li> <li>• HBsAg</li> <li>• HBsAB</li> <li>• HCsAB</li> </ul>	<ul style="list-style-type: none"> <li>• If exposed person is HBsAB <i>positive</i>, no further testing.</li> <li>• If exposed person is HBsAB <i>negative</i>, give HBIG and repeat/complete HBV series. Repeat HBsAB 1-2 months after 3<sup>rd</sup> dose.</li> </ul>
Non-Reactive	Negative	Positive	<ul style="list-style-type: none"> <li>• HIV</li> <li>• HBsAg</li> <li>• HBsAB</li> <li>• HCsAB</li> <li>• ALT</li> </ul>	<ul style="list-style-type: none"> <li>• HCV RNA 4 weeks after exposure</li> <li>• HCAB and ALT at 6 months</li> </ul>
Unknown  (not starting PEP)	Unknown	Unknown	<ul style="list-style-type: none"> <li>• HIV</li> <li>• HBsAg</li> <li>• HBsAB</li> <li>• HCsAB</li> <li>• ALT</li> </ul>	<ul style="list-style-type: none"> <li>• HIV at 6 weeks, 3 months, and 6 months</li> <li>• If exposed person is HBsAB <i>negative</i>, give one booster dose and repeat HBsAB titer in 1-2 months. If still negative, cont. 2<sup>nd</sup> series and retiter after 3<sup>rd</sup> dose in 1-2 months. Or finish 2<sup>nd</sup> series and retiter.</li> <li>• HCAB and ALT at 6 months</li> </ul>

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
<b>Unvaccinated</b>	HBIG x 1 & initiate HB vaccine series	Initiate HB vaccine series	Initiate HB vaccine series
<b>Previously Vaccinated</b>			
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: <ol style="list-style-type: none"> <li>1. If adequate, no treatment is necessary</li> <li>2. If inadequate, administer HBIG x 1 and vaccine booster.</li> </ol>	No treatment	Test exposed person for anti-HBsAB: <ol style="list-style-type: none"> <li>1. If adequate, no treatment is necessary</li> <li>2. If inadequate, administer vaccine booster and recheck titer in 1-2 months.</li> <li>3. If still inadequate, finish second vaccine series and re-titer in 1-2 months.</li> </ol>

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  $\geq 10$  mIU/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)**

## Bloodborne 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 with visible blood
<input type="checkbox"/>	Amniotic fluid without visible blood	<input type="checkbox"/>	Pericardial fluid
<input type="checkbox"/>	Peritoneal fluid	<input type="checkbox"/>	Seminal fluid or Vaginal secretions
<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, 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: Director of Clinical Education Program Director

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

\_\_\_ Clinical Site made aware of approximate date of return

**Narrative Description of the Incident/Exposure:**

**Nature and Scope of any Personal Injury:**

**Person Completing Form:**

Name: \_\_\_\_\_

Title/Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Appendix Three

### Assignments and Grading Scales

**Patient Names MUST NOT BE included in any assignments either turned in and/or presented by students.**

- **Use of initials “XX” or the word PATIENT to indicate the patient name is allowed.**
- **Twenty (20) Points will be deducted for any patient names found in ANY assignments and/or presentations.**

**Spelling/Grammar Errors: One (1) point will be deducted for each spelling and/or grammar error in all assignments and presentations.**

#### **Elective Rotation Case Presentation:**

Elective presentations are a grand rounds type of presentation. You will select a specific patient and topic related to your elective and give a 20 minute presentation to your class. It should include 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 DCE within one week. When the repeated assignment is done correctly, the student will be given a passing grade of 70% on the assignment. The presentation is graded as follows:

#### **Communication Skills (20 points):**

Point assignment is based on good communication skills, ability to engage the audience, confidence, and eye contact. PowerPoint slides must be clear, logical, and appropriate to the case. Graphs, tables must be appropriate and not too busy. Background graphic design must not distract from the presentation. *Email a copy of your presentation to the DCE and provide a printed handout the day of presentation.*

#### **Case Presentation (40 points):**

The medical case must be presented in a SOAP format to include a brief HPI, pertinent physical exam findings, pertinent labs, imaging studies and other diagnostic studies, a brief differential diagnosis, assessment, and treatment plan. Inclusion of actual patient imaging is encouraged though all identifiers must be removed. Two points will be deducted for missing minor points. Five points will be deducted for missing sections.

#### **Discussion of the Disease Process and Pathophysiology (40 points):**

The discussion must include epidemiology, typical presenting signs and symptoms, pertinent imaging and diagnostics, treatment, and prognosis. Two points will be deducted for missing minor points. Five points will be deducted for missing sections.

### **Case Write-Up:**

The clinical write-up is a complete H&P (SOAP format) including assessment and plan from a case study for each rotation. 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 staff on or before the EOR day or one letter grade will be deducted. The case write up is graded as follows:

#### **Subjective (20 points):**

The chief complaint must be in the first sentence along with *pertinent patient demographic* data. The paragraph should be concise and contain relevant history and symptom attributes following the “OLDCARTS” formula taught in year one Clinical Medicine. It must be written in a complete H&P format to include full ROS, PMH, FH, SH, social history, medications, and allergies. Two points will be deducted for each section missing minor points. Five points will be deducted if entire sections are missing.

#### **Objective (20 points):**

Data must include all pertinent ROS, PE findings, pertinent laboratory studies and imaging studies. Two points will be deducted for each missing or incorrect minor point. Five points will be deducted if entire sections are missing.

#### **Assessment (25 points):**

The dialogue must include a thoughtful differential diagnosis. The final assessment must be complete, correct and include description of supporting diagnostic evidence. Five points will be deducted for each missing criterion.

#### **Plan (25 points):**

The treatment plan must be complete, concise, and appropriate to the assessment. It must include all therapeutic intervention, referrals, disposition, follow up and patient education. Five points will be deducted for each section missing or for inappropriate treatment.

#### **Case Discussion and Documentation of References (10 points):**

The write up is separate from the SOAP note components and must include a discussion of the general disease epidemiology, presenting signs and symptoms, diagnostic testing, treatment, and prognosis. Discussion and references must be written in the AMA format and a minimum of one full page in length.

### **Discharge Summaries for Internal Medicine Rotation (Inpatient Rotations Only):**

DC summaries 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. Two points will be deducted for each missing minor point. Five points will be deducted for each section missing.

### **Cultural Reflection Paper:**

The purpose of the cultural reflection paper is to describe what you have experienced or observed in regard to culturally related experiences while on clinical rotations. The paper is to include your thoughts and reactions to what you have experienced during your rotation as it pertains to the complexities of cultural interactions and medicine. For example, experiences with racially and ethnically diverse patients, LGBTQIA+ issues, barriers to access (language, education, financial, insurance coverage, rural settings, etc.), patients with disabilities, or ethical dilemmas (advance directives, conflicts with caregivers, life sustaining treatments, etc.). The reflection paper will be turned in by the end of EOR of block 6. Grade will be PASS/FAIL; the paper is required for the rotation to be considered complete and contain the following elements:

#### **Communication Skills:**

- The paper must be 1-2 pages in length, single spaced, 12 point font.
- The paper must focus on *one* patient cultural topic that the student experienced during their rotation.
- The paper must be without spelling and grammatical errors. One (1) point will be deducted for each spelling and/or grammar error in all assignments and presentations.
- The paper must be concise and flow logically.
- The paper must not contain any identifying information.

#### **Knowledge:**

The student must demonstrate and clearly articulate an understanding of the complexity of elements important to members of another culture in relation to its history, values, politics, communication styles, economy, or beliefs and practices.

#### **Attitudes:**

The student must demonstrate and clearly articulate their feelings and reactions to what they have experienced or observed. The discussion must also include an exploration of why those elements were important to them, the provider, the patient, or the family. The student should reflect on their learning, growth, change, or potential for change that has taken place because of their experience.

#### **Skills:**

The student should explain how the cultural topic affected their approach and treatment of the patient and/or family. The paper must include a discussion on options for resolution. It must include reflection on how this experience will affect their approach to patients in the future.

### **Cultural Immersion Discussions:**

(Only applies to students participating in cultural immersions)

Students returning from cultural immersion experiences will be required to lead an informal discussion with the rest of the class regarding their experience. The discussion should include a brief description of the logistics of their trip. Students should also briefly comment on cultural influences on medical care and self-awareness and recognition of personal limitations and cultural sensitivity.

They should include at least one memorable experience that enhanced their cultural

awareness. The discussion should not exceed fifteen minutes in length and does not require PowerPoint slides or handouts. The purpose of the assignment is to enhance cultural awareness through lively discussion and is not graded.

### **TYPHON Logging:**

Students will be required to maintain a variety of logging and evaluations on TYPHON which gives the program an opportunity to further evaluate the clinical experience.

#### **Patient and Procedure Logs (pass/fail):**

- The patient log will show the numbers and types of patients being seen, diagnosis, and level of participation.
- Students must log at least 3 patients on a daily basis which should equate to a total of 120 patients for an 8 week rotation, 60 patients for a 4 week rotation, and 30 patients for a 2 week rotation.
- Credit for logging will be given as a “pass” if the 3 patients logged/day requirement is met.
- All patient logs are due on or before EOR day(s).
- Procedure logs will show the number of procedures assisted in or performed.

#### **EASI evaluation mid-rotation/2 Week (pass/fail):**

For 8 week rotations, a mid-rotation EASI Evaluation is required. EASI evals are found under the “My Evaluations and Surveys” tab on the main Typhon login page. The mid-rotation/2 Week EASI evaluation should be completed by the student at the Friday of the 2nd week. *Mid-rotation/2-week evaluations are not required for rotations lasting 4 weeks or less.*

#### **EASI evaluation End of Rotation (pass/fail):**

EASI evaluations should be completed at the end of each rotation, regardless of length, and submitted on or before the last EOR Day of that cycle.

## Appendix Four

### Required Exam and Procedure Skills Passport

Each student is expected to demonstrate entry level proficiency of the procedures below with the completion of at least one. Passports will be collected at each EOR and documented by clinical staff.

Required Exams Skills & Procedures	Rotation	Preceptor Name/ Initials	Date
Pelvic Exam			
Well Women with Pap			
Breast Exam			
Digital Rectal Exam			
Male GU Exam			
Pre-Natal Exam			
Destruction/Excision of Skin Lesion			

Required Exams Skills & Procedures	Rotation	Preceptor Name/ Initials	Date
Pediatric Exam 0-24 months			
Pediatric Exam 2-11 years old			
Adolescent Exam 12-17 years old			
Incision and Drainage			
Splint Placement			
Sterile Technique			
Simple Interrupted Suture Placement- Skin			
Interpret 12 lead EKG			
Interpret X-ray, Chest			



**Carroll University Physician Assistant Program**

**Preceptor Evaluation of Student / End of Rotation**

Student's Name: \_\_\_\_\_

Rotation: \_\_\_\_\_

Dates of Rotation: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Location: \_\_\_\_\_

Level of Interaction:      Minimum      Moderate      Extensive

**Please indicate how well the Carroll University Physician Assistant didactic curriculum prepared the student 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%, and 9 = 100%**

*See Grading Scale in Preceptor's Manual for more details*

<b><u>Patient Care</u></b>	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
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 plans	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		

<b><u>Medical Knowledge</u></b>	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		

<b><u>Practice-Based Learning and Improvement</u></b>	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		

<b><u>Interpersonal/Communication Skills and Professionalism</u></b>	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 manner	1	2	3	4	5	6	7	8	9		
<b><u>System-Based Practice</u></b>	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, insurance)	1	2	3	4	5	6	7	8	9		
Demonstrates appropriate referrals (specialists, PT, OT, dietician, etc.)	1	2	3	4	5	6	7	8	9		

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

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

<input type="checkbox"/> <b>REPORTER</b> – 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"/> <b>INTERPRETER</b> – 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"/> <b>MANAGER</b> – 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"/> <b>EDUCATOR</b> – 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.
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<b># of Days Absent:</b>	<b># of Days Late:</b>
<b>Students Must Also Report Absences and Tardiness to the Carroll University PA Office</b>	

<b>Preceptor</b>	<b>Student</b>
<b>Print Name:</b>	<b>Print Name:</b>
<b>Signature:</b>	<b>Signature:</b>
<b>Date:</b>	<b>Date:</b>

**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:

Carroll PA Clinical Education Department

Carroll University, [CarrollPAClinEd@carrollu.edu](mailto:CarrollPAClinEd@carrollu.edu) or Fax to: 262-574-2686

Office Use Only:
Reviewed by:
Action Taken:

**Carroll University**  
**Master of Science in Physician Assistant Studies Program**

**Receipt of PA Student Clinical Rotation Manual**

I hereby acknowledge that I have received a copy of the PA Student Clinical Rotation Manual. I further acknowledge that I am responsible for all information contained within the manual and will abide by the policies, rules and regulation set forth thereof.

I realize in some cases, the rules and regulations of the PA Clinical Rotation Manual may exceed those of the Carroll University Graduate Catalog and Student Handbook, such as dress code, attendance etc.... I acknowledge that I have had the opportunity to ask questions regarding any of the policies, rules or regulations set forth in the PA Student Clinical Manual.

I understand that failure to comply with the policies, rules and procedures set forth in all of the Carroll University handbooks and manuals may result in disciplinary action, suspension or termination from the Carroll University Physician Assistant Program.

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Student signature

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Student name (printed)

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Date