

**Division of Academic Affairs**

**School of Pharmacy and Health Professions**

**Physician Assistant Department**

Clinical Education Handbook 2023-2024

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**Contained herein are policies pertaining to students within the Department of Physician Assistant. Students in the Physician Assistant Program are bound to the policies in the University of Maryland Eastern Shore Student Handbook, the School of Graduate Studies Handbook, Clinical Education Handbook and Physician Assistant Program Handbook. The policies in this Physician Assistant Program Handbook and Clinical Education Handbook apply to all students and faculty in the University of Maryland Eastern Shore Physician Assistant Program regardless of their location or time in the program. In the clinical phase of the program, certain program policies may be superseded by this clinical site policy.**

# Physician Assistant Department Directory

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# Section 1 ~ Overview

## Introduction

The second year of The University of Maryland Eastern Shore (UMES) Physician Assistant Program consists of supervised clinical practice experiences (SCPE) also referred to as clerkships or clinical rotations. The purpose of these experiences is to provide hands-on practical training to physician assistant students enabling them to integrate the knowledge obtained in the basic medical science, applied medical science and behavioral science curriculum, and use this in the diagnosis and treatment of patients in a supervised educational setting. These experiences are designed to build competence in fundamental clinical skills through practice and feedback, and to enhance confidence in preparation for graduation and practice.

## Philosophy

Thefaculty believes acquisition of the skills necessary to become a competent, empathetic health care practitioner is best accomplished through organized clinical experiences in a positive, nurturing environment through direct observation, hands-on practice, constructive feedback, mentoring, and supplemental reading. We view this process as an active partnership between the student, the preceptor, the PA Program, and UMES. ***Students must always remember that through their words and actions, they represent themselves, the PA Program, UMES, and the PA profession.***

## Purpose of this Manual

This manual provides students with the policies, procedures, competencies, and expectations required during the clinical phase of the program. It is a valuable source of information for success during the clinical experiential phase and contains specific instructions, helpful hints, tools and guidelines to assist the student in obtaining the necessary knowledge and skills to competently and successfully complete their training as a physician assistant.

Students in the UMES PA Program should use this handbook in conjunction with:

1. UMES Student Handbook <https://www.umes.edu/uploadedFiles/_DEPARTMENTS/Student/Content/Student%20Handbook%202017%20-%202018.pdf>
2. PA Program Handbook ([Link to UMES PA Program Handbook](https://wwwcp.umes.edu/pa/wp-content/uploads/sites/110/2022/08/Program-Hdbk-2023.docx))

Together these resources provide students with information that will assist them in their academic endeavors at the university: services available to students, policies, an outline of the curriculum, and guidelines to prepare for this challenging academic experience. By enrolling at The University of Maryland Eastern Shore PA Program, students agree to conform to the rules, codes, and policies as outlined in this publication, and in all applicable student handbooks, including any amendments. Students must abide by all the rules, codes, and policies established by the university both on and off campus. The UMES PA Program specific policies are in addition to university policies listed in the UMES Student Handbook. A copy of all of the handbooks is available on Canvas. The UMES Student Handbook and PA Program Handbook contain important policies, procedures, and rules that are not included in this document. **Please note, in event that this handbook or any other handbook conflicts with and/or is more restrictive or specific than the UMES Graduate school, the provision in this handbook shall apply.**

If a student has questions that cannot be answered by these sources, the student should discuss them with the Program Director or Clinical Education Director. Students are required to sign the attestation statement on the last page of this 2022-2023 Clinical Education Handbook as a condition for participation in the Supervised Clinical Year Experience.

Please read these sources *carefully* and *thoroughly*. **Ignorance of the rules does not excuse noncompliance.**

***\*\*The university reserves the right to amend this handbook and change or delete any existing rule, policy, or procedure, or to add new rules, policies, and procedures at any time throughout the clinical year and without prior notice. The student will be notified via email or Canvas announcement of any changes.***

# Section 2 ~ The Clinical Year Curriculum

The clinical year (12 months) of the PA Program consists of a total of eight (8) five-week clinical rotation blocks; PHAS 690, PHAS 691, PHAS 692 plus a SUMMATIVE II Evaluation.

Course Design and Registration**:**

|  |  |  |
| --- | --- | --- |
| **Course Designator** | **Course Name** | **Length; Credits** |
| PHAS 690 | Clinical Education I  SCPE Clerkship 1, 2, 3 | 16 weeks, 9 credits |
| PHAS 691 | Clinical Education II  SCPE Clerkship 4, 5 | 12 weeks, 6 credits |
| PHAS 692 | Clinical Education III  SCPE Clerkship 6, 7, 8 | 16 weeks, 9 credits |

Students do not progress to the clinical phase of the program until they have successfully completed all didactic course work; background checks; documentation of all required immunizations, titers, and health care insurance; and HIPAA, OSHA, BLS, ACLS, PALS training and certification. Failure to complete any of these requirements by the designated due date as outlined in Appendix A-2, may result in a delayed start to the clinical year. This may in turn delay the student’s graduation from the program. Some rotations have additional requirements which students must complete prior to starting the specific rotation (e.g., drug testing, physical exam, site orientation or site-specific training). The clinical portion of the program involves an in-depth exposure to patients in a variety of clinical settings. The settings, characteristics, assigned tasks, and student schedules vary depending on the site. The organization of the clinical experiences is outlined below, although the order of rotations will vary for each student based on preceptor availability.

## Required Clinical Rotations {B3.07}[[1]](#endnote-1)

* Family Medicine (five weeks)
* Pediatrics - (five weeks)
* Psychiatry and Behavioral Health (five weeks)
* Women’s Health (five weeks)
* Internal Medicine - **Inpatient experience will vary by clinical site** (five weeks)
* Surgery (**must include pre-op, intra-op and post-operative experience**) (five weeks)
* Emergency Medicine (five weeks)
* Elective Clerkship - (five weeks)

Each clinical rotation has a designated preceptor who is responsible for coordination of the student’s overall learning experience. Preceptors are licensed clinical instructors (MD, DO, PA-C, NP, CRNP, CNM or LSW) who have been assigned by the clinical site to supervise you. (For more information, see Section 5.) The preceptor may delegate some of the teaching or coordination functions to other qualified clinicians throughout the course of your rotation.

Clinical rotations average 40-60 hours a week at the designated clinical site(s). Some rotations may involve shorter or longer hours, evening or on-call responsibilities, and weekend hours. The preceptor determines the student’s on-site schedule and clinical responsibilities. Students **MUST** adhere to each rotation site schedule and to all assignments developed by the sites and preceptors; if your preceptor is working, you, as a student, should be working also.

## Clinical Year Objectives Common to All Rotations {B3.03}[[2]](#endnote-2)

**(Specific goals and objectives in syllabi)**

Over the course of 12 months of supervised clinical training, the student will demonstrate entry-level professional competence in the following cognitive and performance areas characterizing general medical practice.

1. The student will develop rapport and an atmosphere of trust with patients and families by providing patient centered care.
2. The student will obtain an accurate and logical patient history including:
   1. Chief complaint
   2. History and Physical
   3. Past medical history
   4. Family history
   5. Psychosocial history
   6. Review of Systems
   7. Medication
   8. Allergies
3. The student will perform an accurate, efficient, and detailed physical examination by:
   1. Completing a physical exam.
   2. Performing an appropriate problem specific physical exam. Appropriately using special physical exam tests to further assess a problem.
   3. Consistently using appropriate and accepted physical examination techniques, including the proper selection and use of equipment.
   4. Developing rapport with patient to facilitate the examination.
   5. Providing for patient comfort and modesty.
   6. Using optimal and efficient time with patient.
4. The student will develop an appropriate, rational differential diagnosis, and problem list through the application of evidence-based medicine principles and skills.
5. The student will consider the patient's overall condition including psychosocial and economic factors in the development of the management plan.
6. The student will be able to recognize when a problem is beyond the scope of the PA provider and refer the patient to the supervising physician, appropriate specialists, and/or community resources as part of their management plan.
7. The student will develop and implement a comprehensive management plan to include health promotion and disease prevention measures such as disease screening, risk factor identification, and patient education, diet and nutrition, and immunizations.
8. The student will apply principles of pharmacotherapeutic and non-pharmacotherapeutic modalities as appropriate for patient management.
9. The student will select appropriate diagnostic studies for the clinical problem.
10. The student will evaluate and interpret results of diagnostic tests accurately.
11. The student will recall and apply clinical decision making and problem solving to assess and manage patients.
12. The student will appropriately select and perform procedure skills for diagnostic or therapeutic purposes.
13. The student will progress towards competent performance of specific, routine, technical and invasive and surgical procedures, and assist with more complex procedures.
14. The student will provide assistance with performing, evaluating and providing therapy in response to life threatening situations.
15. The student will evaluate and validate the management plan based upon patient outcomes, discussion with supervising physicians and review of medical literature, and will modify the plan as necessary.
16. The student will consistently integrate patient education and counseling into their management plan to include common medical and psychological illnesses, common medical procedures, therapeutic regimens, adherence and health maintenance.
17. The student will interact with patients and their families respectfully, through awareness and sensitivity to cultural, environmental and socioeconomic aspects that affect the patient, the patient’s condition and the patient’s family, all while using empathy and active listening techniques.
18. The student will respect and preserve patient confidentiality.
19. The student will utilize effective interpersonal skills in written, oral and electronic forms of communication with patients, their families and other members of the healthcare team.
20. The student will document in a legible, effective and efficient manner by communicating information into the medical record (written, EMR or dictated) including
    1. Complete history
    2. Physical examination findings
    3. Progress notes written in SOAP format
    4. Admission notes
    5. Problem lists
    6. Initial assessment and recommendations for a consult.
    7. Diagnostic tests
    8. Discharge summaries
    9. Communication with other health care providers
21. The student will verbally present data in a concise, logical and professional manner.
22. The student will actively participate in the educational process by recognizing self -limitations and appropriately seeking assistance/advice, applying universal precaution principles, and seeking opportunities to actively participate in the clinical learning environment.
23. The student will cooperate with all people involved in clinical education, including, but not limited to, the preceptor, staff, patient and their family/support persons, other health care providers, other learners, and faculty.
24. The student will conduct themselves in a professional and courteous manner and with the highest ethical and legal standards expected of a health care professional and consistent with the role and responsibilities of a physician assistant.
25. The student will engage and employ lifelong learning skills through on-going self-reflection, active engagement, and professional development.
26. The student will defend their actions and medical decisions exhibiting confidence and decorum.

## Additional Curriculum Requirements during the Clinical Year

### Capstone Case Study and Presentation {B2.13}[[3]](#endnote-3)

Learning description

Each student will have the opportunity to present results of their individual Capstone case study project. This will build upon the initial case presentation given during the first semester of the clinical year.

Instructional Objectives

Upon completion of the course, the student will be able to:

* Demonstrate the ability to produce a document that follows biomedical requirements for scientific journals style.
* Demonstrate the ability to organize, complete, and fulfill project guidelines while meeting proposal deadlines.
* Successfully present the project results through the effective use of multimedia equipment, formal oral presentation, and written documentation.
* Develop a basic appreciation for and comfort with participation in self-generated extra-curricular professional activity that will transfer to similar professional behavior following graduation.
* Analyze a clinical vignette in case study format and develop a basic hypothesis in the form of a differential diagnosis.
* Develop basic critical thinking skills necessary to evaluate a patient with specific signs and symptoms and formulate a differential diagnosis.

Teaching Strategies

* Students will work with the course instructor on the topic of research they are developing.
* The student will communicate with the instructor through email, live chat, one-on-one meetings, and/or telephone to complete the goals and meet the timelines for project development and completion.
* Expectations for the project will be clearly delineated by both parties via a written learning contract/rubric.

Schedule:

The chart given below outlines the material to be covered during the Capstone learning process.

|  |  |
| --- | --- |
| **Date** | **Assignment/Activities** |
| See Syllabus | Case study topic due |
| See Syllabus | First draft of case study to be submitted for approval. |
| See Syllabus | Second draft of case study due. |
| See Syllabus | First draft of poster due. |
| See Syllabus | Case study Presentations. Poster Presentations. |

Course Assessments:

Please refer to Appendix B for course assessments.

* See Appendix B for further information about the case study presentation.
* See appendix B for guidelines about presenting the case study project.
* Specifications and examples for the poster will be forthcoming
* A rubric for grading will be available prior to the dates for presenting.

Academic Integrity and Copyright Laws:

Per the University of Maryland Eastern Shore’s Policy on Academic Integrity, **students are not permitted to share information about an examination with other students who have not yet taken the examination**. Any student found in violation of this policy will be reported to the Progress and Promotion Committee (PPC) initially, and then after further review, the violation may be presented to the Office of Student Conduct Affairs.

All EORE content is protected by the federal Copyright Act, 17 U.S.C. § 101, et seq. Access to all such materials, as further detailed below, is strictly conditioned upon agreement to abide by PA Program’s rights under the Copyright Act and to maintain examination confidentiality.

EORE examinations are confidential, in addition to being protected by federal copyright and trade secret laws (PAEA). **Students, who undertake examinations agree that they will not copy, reproduce, adapt, disclose, or transmit examinations, in whole or in part, before or after taking an examination, by any means now known or hereafter invented. They further agree that they will not reconstruct examination content from memory, by dictation, or by any other means or otherwise discuss examination content with others.** Students further acknowledge that disclosure or any other use of EORE content constitutes professional misconduct and may expose them to criminal as well as civil liability, and may also result in the PA Program’s imposition of penalties against them, including but not limited to, invalidation of examination results, exclusion from future examinations, suspension and de-matriculation.

If an instructor believes that a student has violated any standard of the academic integrity policy, it is the instructor’s responsibility to report this behavior to the Progress and Promotion Committee (PPC) through the **Academic Dishonesty Procedures Below**:

## Academic Dishonesty

Alleged violations of the UMES Policy on Academic Integrity involving academic dishonesty such as falsification, collusion, plagiarism or cheating will be resolved through the proceedings of the Promotion and Progression Committee (PPC). Complaints can be made confidentially. Every effort should be made to maintain the confidentiality of all the members involved in the alleged incident. However, if a full hearing is warranted, the accused will have the opportunity to review the evidence against them including information about witnesses involved in the case. Faculty, preceptors and staff who become aware of academic dishonesty may choose to first counsel that student. However, in all cases the incident should be documented and submitted to the Progress and Promotion Committee (PPC) for inclusion in the student’s file. If the issue is not resolved, the student should be told that he/she is being referred to the student to the Office of Student Conduct Affairs.

Professionalism

Students that receive two professional citations during the didactic or clinical year will be automatically put on Professional Probation. Students on Professional Probation will be followed continuously via a Professionalism Improvement/Remediation Plan for the remainder of the didactic year/clinical year and will be required to check in with their advisors as outlined in the plan. Students who do not meet the Professionalism Improvement/Remediation Plan requirements will be dismissed from the program.

The PPC serves as a hearing board for violations of the UMES PA Program Professionalism Policy. The PPC will make recommendations to the Program Director. The Program Director will then notify the student in writing of actions concerning alleged violations. A record of disciplinary action normally is maintained by the Office of Student Conduct Affairs until the student graduates or leaves the School of Pharmacy and Health Professions or university. Students may examine the contents of their file by appointment with the Program Director.

One of the objectives of the Physician Assistant Program is to promote the highest standards of professionalism among its students. The integrity of work performed is the cornerstone of professionalism. Acts of falsification, cheating, and plagiarism are acts of academic dishonesty, which show a failure of integrity and a violation of our educational objectives. These acts will not be accepted or tolerated. The following definitions and guidelines describe violations related to academic dishonesty.

1. ***Plagiarism*** as a form of cheating is unacceptable. Plagiarism is the act of presenting as one‘s own creation works actually created by others. Plagiarism consists of:
   1. taking ideas from a source without clearly giving proper reference that identifies the original source of the ideas and distinguishes them from one‘s own;
   2. quoting indirectly or paraphrasing material taken from a source without clearly giving proper reference that identifies the original source and distinguishes the paraphrased material from one‘s own compositions;
   3. quoting directly or exactly copying material from a source without giving proper reference or otherwise presenting the copied material as one‘s own creation.
2. ***Falsification*** is unacceptable. Falsification includes but is not limited to:
   1. creating false records of academic achievement;
   2. altering or forging records;
   3. misusing, altering, forging, falsifying or transferring to another person, without proper authorization, any academic record;
   4. conspiring or inducing others to forge or alter academic records.
3. ***Cheating*** is also unacceptable. Cheating includes but is not limited to:
   1. giving answers to others in a test situation without permission of the tester;
   2. taking or receiving answers from others in a test situation without permission of the tester;
   3. having possession of test materials without permission;
   4. taking, giving, or receiving test materials prior to tests without permission;
   5. having someone else take a test or complete one‘s assignment;
   6. submitting as one‘s own work, work done by someone else;
   7. permitting someone else to submit one‘s work under that person's name;
   8. falsifying research data or other research material;
   9. copying, with or without permission, any works, (e.g., essays, short stories, poems, etc.), from a computer hard drive or discs and presenting them as one‘s own.
4. ***Collusion*** is also unacceptable. Collusion includes but is not limited to:
   1. completing any portion of an assignment, report, project, experiment or exam for another student;
   2. claiming as their own work any portion of an assignment, report, project, experiment or exam that was completed by another student, even with that other student’s knowledge and consent;
   3. providing information about an exam (or portions of an exam) to another student without the authorization of the instructor;
   4. seeking or accepting information provided about an exam (or portions of an exam) from another student without the authorization of the instructor.

SUMMING UP

It is expected that students will be honest, exhibiting the highest standards of personal integrity. The University also expects to severely penalize acts of dishonesty, academic or otherwise, and urges students to be of good conscience and conduct as they pursue their career at the University of Maryland Eastern Shore. Students should be aware of the UMES System Policy on misconduct. The Student conduct policy can be found in the UMES Student Handbook and the UMES PA Program Handbook.

# Section 3 ~ Clinical Year Policies and Procedures {A3.03}; {B3.01}; {B3.02}; {B3.03}; {B3.04}; {B3.05}; {B3.06}; {B3.07}[[4]](#endnote-4)

## Clinical Placement:

Students (prospective or enrolled) are not allowed to provide or solicit clinical sites or preceptors. All clinical site placements will be done by the Clinical Education Director.

Clinical Assignment:

Prior to the start of the clinical year, students have the opportunity to submit their preferences for site placement via a survey provided the Clinical Year Team (CYT). This survey provides the student the opportunity to indicate their most desired/least desired defined clinical area in the state of Maryland and states directly surrounding Maryland (when deemed necessary by the PA Program). Students will also have the opportunity to submit a letter of Special Circumstance Placement Consideration. The CYT will take these requests into consideration; however, there is no guarantee students will be placed at one of their top requested sites. Ultimately, students are placed based on a number of factors:

* Survey Results
* Hometown
* Availability of defined clinical area
* Needs of the PA Program (site maintenance)
* Special consideration requests

## Rotation re-assignments**:**

Should a core rotation warrant student reassignment due to detrimental findings from ongoing monitoring of the site or newly identified barriers to an optimal student learning experience (for example, recent staffing shortage, the preceptor leaves the practice, the clinic/practice cannot commit to teaching students due to implementation of a new EHR system, etc.), the PA Program will re-assign the student using the following guidelines:

1. Re-placement within the previously defined clinical area, but possibly necessitating a longer drive or distance to the clinical site (> 60-mile radius).
2. Pulling the student from his/her defined area of clinical placement and placing the student elsewhere within the state of Maryland where there is a preceptor/clinical site available and willing to precept the student for the required rotation. This relocation may only be necessary for one 5-week rotation after which the student would return to their defined clinical area.

## Clinical Rotation Sites

UMES PA Program Supervised Clinical Practical Experiences (SCPE) sites are unique in comparison to other PA Programs. As most programs are associated within one specific health system, UMES must rely on multiple health systems and independent clinical sites for its SCPEs. Because of this unique set up, the program creates areas or PODS based on the number of resources it can provide. The number of PODS varies per year and PODS are not necessarily available every year.

*\*A note about PODS: Although the program strives to place students within their preferred POD for all SCPE's, the program reserves the right to place students in SCPE's outside of the generalized 60-mile radius POD if necessary. The program also may reassign a student to a new POD altogether during the course of the clinical year.*

1. All of the mandatory core rotations will be completed in the State of Maryland and surrounding areas. Exceptions will be made on a case-by-case basis and will be sought only after all resources stated above have been exhausted and only with health systems which already have an existing Affiliation Agreement with UMES.
   1. Placement at some clinical sites will require special paperwork to be completed by the student and/or require attendance at an orientation which is to be done during callback week when possible. There may also be additional costs for badges, or additional credentialing requirements. The student is required to pay any and all associated costs for additional credentialing requirements or any retesting necessary. Additional requirements may include additional background, drug, alcohol, or other screening such as fingerprinting.
   2. Students are prohibited from taking part in a clinical experience in which a family member would or may serve as a preceptor.
   3. Students are prohibited from rotating in a clinical site where they maintain employment or have signed a contract for future employment.
   4. Students are prohibited from providing or soliciting clinical sites or preceptors.

## Core Rotations {B3.07}[[5]](#endnote-5)

When a student commits to the 28-month program (including the 12 months of SCPEs) the program has a responsibility to ensure its students are provided and receive the required elements to graduate, meeting all program and ARC-PA standards. Students must successfully complete one five-week rotation in each of the following areas of practice: Family Medicine, Internal Medicine, Pediatrics, Surgery, Women’s Health, Emergency Medicine, and Behavioral Health. **{B3.07}[[6]](#endnote-6)**

## Match Process for SCPE Assignments

The match process is an exciting rite of passage for PA graduate students that is a culmination of years of hard work, dedication, and matriculating from the didactic to the clinical year. This process will align students within a POD in which they will train for the majority of the clinical year. Utilizing the online survey tool forms, the program will do its best to match students with their top preferences.

* The program makes all decisions with regard to clerkship assignments, content and sequencing. The PA Program reserves the right to modify the above referenced clerkship rotation assignments in accordance with accreditation standards, preceptor availability, clinical site resources and program need.
* Students are permitted to identify a potential preceptor outside of the established PA Program network. Students are asked to provide contact information for the potential preceptor. The Program Management Specialist will contact the site to inquire about the interest and appropriateness of the site. Once the site is vetted via phone, a site visit will be made by a member of the clinical team to determine if the site meets the expectations for servicing as acceptable clinical experiences.
* Students are not allowed to have a relative serve as a preceptor for himself or herself. The provider (relative) may serve as a preceptor to a classmate.
* Students are not allowed to have clinical rotations with a current employer. If a student has a signed contract to work with a particular office or preceptor after graduation, the student may not use that provider as a preceptor during the clinical year. This includes the elective rotation.

## Elective Rotations {B3.02}[[7]](#endnote-7)

1. The Elective Clerkship SCPE is designed to provide the student with an opportunity to gain additional clinical knowledge and skills in a subspecialty during the clinical year and this is a **MANDATORY ROTATION.** This elective rotation will preferably be assigned during one of your last three rotations.
2. Students are asked to submit two elective options via a survey. The survey will be issued just prior to the start of the clinical year. The survey will be due within two weeks of issuance.
3. Students may not change their request after the survey is submitted. The only exception will be when both the first and second choices requested are not available.
4. Students are encouraged to choose an elective based on clinical areas in which the student feels that they need improvement or desire increased exposure. Alternatively, students are encouraged to choose an elective in a field of medicine that is pertinent to the students' desired area of practice after graduation or in an area which may lead to employment. Students may not rotate with a current employer or with a preceptor where employment has been accepted in writing.
5. Students can choose from a list of existing clinical sites or initiate a request for a new clinical site. All students are encouraged to meet with their academic advisor, Clinical Education Director, or Program Management Specialist to discuss the elective rotation selection prior to the final decision. The list of potential elective sites will be posted on Canvas and/or Exxat prior to the issuance of the survey.
6. Students are strongly discouraged from selecting an elective with a former preceptor if that person has precepted the student during a rotation previously. The program wishes to provide the student with a variety of enriching experiences that will further enhance clinical skills; returning to a preceptor multiple times will not provide students with this opportunity.
7. Once the program begins the process of site development for a student requested site, the student will not be able to opt out of that site. Submission of the request form does not guarantee that the site will be acceptable or that the student will be placed in the site.
8. Students who fail a core SCPE will have to remediate the failed rotation during the period after the last rotation, which will delay their graduation. **Students cannot substitute a failed rotation for an elective. All students are required to complete ALL seven core rotations and one elective rotation.**

**\*\*\*PLEASE NOTE\*\*\***

All rotations are scheduled by the Clinical Education Director. Securing electives will depend upon preceptor availability and cannot be guaranteed. Once a rotation has been confirmed, changes will not be permitted. The final decision in scheduling all rotations is at the discretion of the Clinical Education Director. \* Students, by ARC-PA standard, cannot set up their own rotations however, if a student has a personal knowledge of a willing preceptor or has discussed the possibility of rotating at a particular site, one may possibly be arranged. In such cases, the student must provide the Clinical Education Director with the contact information of the clinical site and the preceptor to make arrangements on behalf of the student. Again, a student can only provide information and cannot set up rotations.

**\**(ARC-PA Standard A3.03[[8]](#endnote-8): Students must not be required to provide or solicit clinical sites or preceptors. The Program must coordinate Clinical Sites and preceptors for program required rotations.)***

## Callback Week

After the completion of each five-week rotation, students are required to return to campus for scheduled events. This is a **mandatory** component of the PA Program’s clinical year {**B4.01}[[9]](#endnote-9).** These callback days include end of rotation testing as well various educational and professional events, seminars, ongoing review and assessment of clinical and presentation skills, student-advisor meetings, summative testing, and Capstone project presentations. Attendance is REQUIRED for callback days and all scheduled events on those days. If a student chooses not to attend a callback day or is tardy without advanced notice and approval from the Clinical Education Director, a referral will be made to the Progress and Promotion Committee for possible disciplinary action and the student will lose all percentage points for callback of that rotation. **All travel and housing expenses for these seminars are the responsibility of the student.** **Also, students will need to have a current parking pass to park on campus.** You will be ticketed by campus police!

\*\***See Appendix A1 and A2 for callback dates and tentative schedule of assignments/testing/ presentations**.

## Student Preparation of Self and Others/Policies and Procedures

In anticipation of the clinical year, students need to consider how to best prepare themselves and any significant others/family who will be affected by the student’s long hours and time away from home. The time could be affected by hours in clinic, driving to and from clinical sites (especially if a student chooses to live outside of their assigned area), completing assignments or studying. It is important and recommended that each student schedules some time daily (even if it is only 10 minutes) to rest, relax and refresh by whatever means the student deems helpful.

To provide a clinical experience that is well defined and accountable, The University of Maryland Eastern Shore Physician Assistant Program is supported by the over-arching leadership and management of the university. As such, the Physician Assistant Program, its faculty, staff, and students are subject to any and all University policies. For further information beyond what is provided in this handbook, please refer to the links below:

* [Link to PA Student Handbook](https://wwwcp.umes.edu/pa/wp-content/uploads/sites/110/2022/08/Program-Hdbk-2023.docx)
* [University Graduate Catalog](http://catalog.umes.edu/preview_program.php?catoid=13&poid=2270&returnto=417)

All students enrolled in the UMES Physician Assistant Program obligate themselves to these rules and regulations of the University, UMES Graduate School, the UMES PA Program and all clinical institutions in which they practice. Each student is expected to be fully acquainted and comply with all published policies, rules and regulations of the University and the PA Program. Serious violations of these policies, rules and regulations may result in failed course grades and/or dismissal from the program.

## Housing and Transportation

**Students are responsible for securing and paying for their own housing during the clinical year.** This may include additional housing, food and transportation costs, in addition to those of their primary or local residence. Students must plan ahead to ensure they have housing in time for the start of a rotation. Students should also assess the status of their vehicle. You will be required to drive to clinical sites and having a car that is running poorly, if at all, is not an acceptable excuse to miss a clinical day. Students do have the option of commuting from previously available housing if financing additional housing is an issue. The program does not recommend this as an option and is not responsible for any issues that may arise from a long commute. Students who choose to commute a long distance are subject to the same responsibilities and rules as all other students. There will not be special consideration due to inclement weather, lack of study time due to extensive travel time, the excess cost of gasoline or transportation issues. If the extensive commute interferes with a student’s ability to successfully complete the requirements of the rotation, they will fail the rotation and have to repeat it at a later time. This could delay graduation.

## Health Insurance and Immunization Requirements {A3.07}[[10]](#endnote-10)

Students are required to maintain personal health insurance during enrollment in UMES Physician Assistant Program. Proof of insurance coverage must be provided prior to orientation. Students are responsible for all personal health care costs incurred while enrolled in the PA Program. These costs may include but are not limited to: immunizations, illness, PPD testing, health evaluation post exposure to a communicable disease, or other accidental injuries sustained during program mandated training activities. Due to the potential for exposure to infectious materials, insurance should cover screenings, diagnostics, treatments, and short- and long-term disability compensation that may result from any potential exposure. All screening, treatment, or disability maintenance costs that insurance does not cover will be the sole responsibility of the student. All covered, uncovered, or related costs are the exclusive responsibility of the student and not the responsibility of the University of Maryland Eastern Shore.

Prior to starting clinical education experiences, students must update their immunizations to include PPD test (and/or chest x-ray or blood test, if needed) along with documentation of all other immunizations. Students must upload and submit updated immunization records and copies of their current health insurance card into Exxat. **Students who fail to submit these documents will not be permitted to participate in their SCPE’s until all requirements are met.** It is the responsibility of the student to keep all required immunizations current (including influenza**). We anticipate our clinical partners will require the COVID-19 vaccine and booster vaccinations; thus, students could experience a delay in progression if they cannot meet the onboarding requirements of a clinical site. If a student refuses to receive the COVID vaccine they will be required to sign a waiver that explains that failure to receive the COVID vaccine may delay their graduation due to the inability of the student to complete their clinical rotations.** **According to new CDC recommendations, if an individual has never received a vaccine or received a vaccine/booster prior to September 12, 2023, they are NOT up to date with the COVID 19 vaccination and all students must be up to date before the start of clinical rotations.** If there is any lapse in immunization status, the student will immediately be removed from the clinical site. Students must also immediately report to the program any significant health changes which may affect the student’s ability to provide patient care. Failure to notify the program will result in review by the PPC and, upon further review, the Office of Student Conduct Affairs and possible disciplinary actions. Students must meet the physical examination/technical standards and immunization requirements at all times during their clinical year.

## Background Checks/ Drug and Alcohol Testing {A3.07}[[11]](#endnote-11)

Continued enrollment in the UMES PA Program is based upon satisfactory results on background checks and drug screenings. **The student is responsible for all costs related to background checks.**

Once admitted to the PA Program you will be given paperwork that instructs the student on what requirements are mandated prior to the first day of class. This includes a favorable background check and drug screen without detection of any tested substances. During the clinical year, some sites may require repeat or additional testing of students, such as additional background checks, drug testing, and/or fingerprint screening. In the event a student has an unsatisfactory finding on a background check, such information will be forwarded to the Office of Institutional Equity and Compliance, to review. A student may be denied enrollment or continued matriculation depending on the circumstances regarding the offense. Failure to submit to a background check will result in dismissal from the program.

Drug Screenings

As a prerequisite to participating in patient care, UMES PA students may be required to undergo one or more random drug screens. Such randomized testing is necessary in order to adhere to requirements of our clinical affiliates. When required by clinical facilities, students must complete drug screening prior to the onset of the given clinical experience. **Students are financially responsible for services related to urine drug screening.** Depending on the specific clinical site requirements, this may need to be repeated annually or more frequently.

Drug screening results that limit the program’s ability to secure clinical experiences may prevent a student from being promoted within the program or recommended for graduation. By accepting admission into the UMES PA Program, students agree to submit to a drug screening, and also agree to pay expenses associated with these requirements.

Acceptance into and successful completion of the UMES PA Program does not imply or guarantee that the student will be able to obtain state licensure upon graduation.

Other Screenings

A clinical site may request additional testing (e.g., fingerprinting, alcohol testing, color blindness test, respiratory fit testing) to which the student **must** agree to participate and for which the student will be held financially responsible. If a student refuses the testing, they will be referred to the Office of the Vice President for Academic Affairs for possible disciplinary proceedings.

DISCLAIMER:

Please note that a criminal background may affect a student’s ability to complete the program or be licensed as a physician assistant. A criminal background may affect a student’s ability to enter the program. Once in the program, a criminal background may affect a student’s ability to complete the program. For example, participation in clinical experiences is required for graduation. Most clinical sites have different eligibility requirements, some of which may bar participation based on a criminal history. Similarly, different states have different licensure requirements. It is possible that a student with a criminal history could be permitted to participate in and graduate from the program but not meet the licensure requirements of any state. Information on state licensure requirements can be found on the website for the American Academy of Physician Assistants at <https://www.aapa.org/shop/pa-state-laws-regulations-18th-edition/>.

\*\*\*By signing the receipt of this handbook, students agree that they understand and appreciate the risks associated with having a criminal history. These risks include but are not limited to: not meeting the eligibility requirements for a clinical site, not finding an acceptable clinical site, inability to meet one or more state licensure requirements, and inability to obtain employment as a physician assistant.

## Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS)

All students must become certified in Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) during the second winter semester didactic phase of their Physician Assistant education. This training must be completed prior to starting clinical rotations, students must submit copies of BLS, ACLS and PALS certification cards to Exxat. Students who fail to submit these documents will not be permitted to participate in clinical training until it the training and certification are successfully completed.

## Health Insurance Portability and Accountability Act (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a Federal Regulation dealing with health records. The purpose of the Act is to ensure the privacy and security of Protected Health Information (PHI) with regard to patient records and research subject data.

* You will take a formal HIPAA review during the Applied Ethics and Law course during the Spring semester and again in Second Winter during the Clerkship Preparation course, just prior to your SCPE year.
* HIPAA training may be repeated at any time during the clinical year at the discretion of the clinical placement site administrators, in accordance with the established affiliation agreement.

UMES Physician Assistant Program students must adhere to all HIPAA guidelines, which include:

* Patient information may not be discussed where the information may be overheard by unauthorized individuals (i.e., hallways, elevators, water coolers, at home or at social events).
* Dictation of patient information must occur in a private location where the information cannot be overheard by unauthorized individuals.
* Documents containing confidential information must be stored in a safe and secure location.
* Documents containing confidential information must be picked up as soon as possible from printers, copy machines, mailboxes, fax machines, etc.
* Confidential documents must be disposed of by shredding or otherwise destroying the documents. Tearing up and placing in a standard trash receptacle is not acceptable.
* PHI may not be accessed for personal use. PHI may only be accessed as is necessary to fulfill your professional duties.
* It is the provider’s duty and responsibility to keep health care information completely confidential.
* Computer “passwords” must not be written down or shared.

## UMES Physician Assistant Program HIPAA Security Reminder

UMES faculty, staff and students who access electronic PHI are reminded that they are responsible for maintaining the security of their personal account and of their workstation. Violations of UMES PA Program policies regarding the security of PHI are punishable by disciplinary steps up to and including termination from the program.

HIPAA Certified or Labeled computers hold access to electronic PHI, such as medical records/health information and are designated for use only for charting or review of PHI. Only “pre-approved” software is to be installed on HIPAA computers in coordination with your department’s information tech representative. If you do not have a technical representative, call the Help Desk for guidance regarding which HIPAA technician is assigned to assist your department. In order for the UMES PA Program to comply with federal HIPAA regulations, remember:

* To maintain the security of your account:
* All users must change their password at least 3 times per year.
* Use a strong password that includes a mix of letters, both upper and lowercase, numbers and special characters.
* Never write down your password unless it is to be kept in a securely locked area for disaster recovery/emergency purposes.
* Do not give your password to anyone else or let someone work under your account/password—each account can be tracked and the designated user will be held responsible for privacy violations.
* Report to your supervisor any problems with an account, such as an account that has been locked out for multiple incorrect logon attempts without your knowledge.
* To maintain the security of your workstation:
* Always lock your workstation when you are away from it.
* Log out of the application and/or computer after completing PHI work.
* UMES policy prohibits storing PHI on removable media, such as floppy disks or CDs, or on your computer’s hard drive, such as the “My Documents” folder. PHI may only be stored within the appropriate primary system (SAP, Pyramed, etc.) or in the HIPAA protected network.
* Ensure that only pre-approved software is installed on the workstation.
* Report to your supervisor any new or suspicious software installed without your knowledge.

## Occupational Safety and Health Administration (OSHA) Precautions {A3.08}[[12]](#endnote-12)

Working in a clinical setting can expose the student to a wide variety of health risks, including infectious disorders. Health care professionals and students can also act as vectors for infectious illnesses to patients who are already ill and sometimes immune-compromised. Safety of the student, patients, and other healthcare providers is critical to the health and well-being of all. Health care practitioners can reasonably anticipate that they will come in contact with blood and/or other potentially infectious materials. ***Therefore, all students will complete OSHA training***prior to the clinical mentorship and clinical rotation and must be compliant with OSHA and universal precaution requirements, including the use of gloves, care of sharp objects, use of eyewear, protective clothing, and other precautionary measures while on clinical mentorship and clinical rotations. The program provides this training and obtained certificates must be uploaded to Exxat by the student. Some institutions will require that a student complete HIPAA and OSHA training through their educators. If that is a requirement for a student to rotate in that institution, then the student must repeat their training.

Failure to comply with these requirements will result in removal or declination from the site as well as a referral to the PPC for any further disciplinary proceedings.

## Needle Stick/Bodily Fluids Exposures {A3.08}[[13]](#endnote-13)

The Physician Assistant Program recognizes that as students begin to interact with patients as part of their clinical training, they will encounter the risk of exposure to infectious diseases. Recognizing that there is no way to totally eliminate this risk and continue to provide a meaningful and quality medical education, the UMES PA Program provides all students appropriate training in universal precautions and other risk reduction behaviors before entering the patient care environment.

The accidental exposure policy is composed of three prongs, which are designed to 1) reduce the incidence of exposure, 2) protect others from being exposed to infected students, and 3) train students what to do in the event of an accidental exposure.

Before a clinical clerkship begins- **Most hospitals and/or healthcare systems have set protocols and a contact person for accidental exposure cases.** Students are responsible for making themselves aware of both the protocol and contact person BEFORE the clerkship begins. **Many students will receive this information during a hospital orientation.  However, some sites may not provide such information and therefore students need to be proactive in asking ahead of time.**

## In the Event of an Accidental Exposure - Take Action:

There are several steps students should take in the event of Accidental Exposure. Those steps include, but may not be limited to, the following:

* Remove soiled clothing and administer immediate aid, including washing skin, flushing eyes 10-15 minutes, etc.  Remove contact lenses if eyes are exposed.
* Notify the preceptor immediately. DO NOT DELAY. GET ASSISTANCE IMMEDIATELY.
* Immediately report to or contact the designated person/department at the clinical site to receive information and counseling regarding proper protocol and treatment for accidental exposure. In some cases this might be the Employee Health or Occupational Health Services Department. PLEASE NOTE: **Health care entities are not obligated to provide students with treatment all though some may do so.** All UMES students are required to carry health insurance for the duration of the program.
* Should the clinical site not provide you with treatment, students should go to the closest Urgent Care or Emergency Department for immediate treatment at their own expense.  Student injuries are not work-related injuries and therefore not covered under Workman’s Compensation Laws.
* Following an exposure, once the student has followed the clinical site’s protocol the affected students must contact the Clinical Education Director within 24 hours. The student must also complete the STUDENT EXPOSURE FORM (Appendix C) and follow the directions at the top of the form. Please complete the form as accurately and completely as possible. Subsequently, a UMES Accidental Personal Injury Report must be completed by the CED, and is filed in the PA office for tracking, with a copy sent to UMES Office of Institutional Equity and Compliance.

## Latex Allergy {A3.08}[[14]](#endnote-14)

Latex products are unavoidable in the medical environment. Students with a history of latex allergy are at risk for future reactions resulting from exposure to latex products, ranging from mild symptoms to anaphylaxis and death. Therefore, any student with a known latex allergy, or who develops symptoms consistent with latex allergy, will be required to consult a qualified allergist for evaluation and medical clearance at his or her own expense.

Please be advised that although the PA Program will make latex-free gloves available to students with latex allergies for laboratory sessions, the threat of latex exposure cannot be eliminated. Similarly, the Program cannot guarantee that all clinical training sites will be latex-free.

Any student found to have a latex allergy must consider the risks of latex exposure and decide whether or not to continue with clinical training. If the student elects to continue clinical training, the student will be required to sign a waiver stating that he or she understands the risks associated with possible exposure to latex products and that he or she assumes full responsibility for the results (including liability and financial cost) of any such exposure. This waiver will be forwarded to each of the student’s clinical sites. Any student with a history of generalized reactions or true anaphylaxis may also be required to carry an Epi-pen™.

## Personal Safety and Security {A1.02}[[15]](#endnote-15)

Student safety and security is of utmost importance while on clinical rotations. The program conducts routine site visits to evaluate the safety of students at clinical sites. If an incident occurs where the student feels themselves in immediate danger, the student must clearly communicate distress by any means possible, remove themselves from the situation, and call 911. If at any time while on clinical rotations a student feels that the rotation site is unsafe, the student must contact the Clinical Education Director or Program Management Specialist immediately by telephone, text, or email. This includes any form of harassment or bullying behaviors. The program investigates all concerns or allegations promptly.

Students should exercise good judgement while on clinical rotations regarding their safety. Please practice the following common-sense measures while at all rotation sites:

* Leave laptops, iPads, and other valuables at home, unless required at a clinical site.
* Do not carry large amounts of money or credit cards.
* Be sure to lock your car when you park and exit the car. If you are in a large parking structure, take a picture of the section where you parked so you are not wandering to find your vehicle.
* Pay attention to the surroundings. Avoid shortcuts through isolated areas. Be alert to potential hazards. If necessary, call hospital security for an escort.
* If you see unusual activity or someone loitering, call hospital security immediately.
* Park in well-lit areas and do not walk alone to/from parking areas at night. Use the escorts/shuttles provided by the hospitals. If you are working an odd shift, always call security to walk you out or ask someone in the clinic. Don’t take any unnecessary risks please!
* In the event of any problems or conflicts at a clinical site, students should attempt initially to work out any minor problems with their preceptor or supervisor. If students still perceive a problem in any area of the experience, including personality conflicts, communication issues, supervision, or inadequacy of the learning experience, they should contact the Clinical Education Director or Program Management Specialist immediately.

## Faculty Advisors

During the clinical year, students will be assigned to their advisor. Students may contact their advisor at any point throughout the clinical year if they have questions or concerns. Students have the opportunity to meet with their advisors during the callback weeks, but are encouraged to meet or speak with them more frequently as needed. **Every student will receive a site visit at your clinical setting twice during the clinical year.** The student will be contacted by the CED or PMS at least one week in advance to arrange your meeting. If you know that a clinical site visit is being planned, please check your email frequently as plans may change or need to be altered and being able to communicate with the student is critical to the intended visitor.

## Communication

In all electronic correspondence with UMES faculty and staff, preceptors, clinical sites, classmates, etc., students will be expected to be professional and polite.

**Always remember that electronic correspondence containing confidential patient information must be very carefully monitored and protected.**

Email is the official method of communication used by the program to students. Students are required to check their university email on a daily basis (at least once every 24 hours). The program is not responsible if students have inaccurate or missed information because they do not routinely read, check, and clear their email accounts. **Email from accounts other than the student’s UMES email will not be accepted or used for any communication.** Students are expected to keep their UMES email inboxes accessible to program communications. If a student’s email returns due to a “full” account, the returned email will not be resent, and the student will be responsible for the content of the returned email. Faculty will respond to all communication within 24-48 hours during business hours. Students are expected to respond within 24-48 hours as well. The program will also use the Canvas shell for the current course to communicate information to students when a response is not necessary.

## Change of Address or Contact Information

Since students will be away from campus and in different locations, all students must provide the program with current and accurate contact information to include cell phone numbers. Should a student be in a location where cell phone coverage or internet access is limited, the student must inform the program and provide an alternate reliable contact phone number.

Students are **required** to notify the program immediately when there is a change in their address or phone number. The program is not responsible for lost mail or late notification when a student does not provide notification of a change.

## Student Employment Policy {A3.04}; {A3.05|

Employment is **strongly discouraged**. The Physician Assistant curriculum has been designed to be a full-time activity for students. It consists of a very demanding course load with a great deal of time spent in class and in clinical experiences. There are also many special seminars, films and guest lecturers that may be available to students on relatively short notice. We encourage you to seek outside sources of financial support (scholarships, loans, etc.) so that you may devote as much time as possible to your professional education.

## Use of Students at Clinical Sites {A3.05}[[16]](#endnote-16)

Clinical rotations are an educational experience for the physician assistant student. At no time during the clinical experiences should the student be called upon or used to substitute for regular clinical or administrative staff. If a situation arises where a student is asked to perform in a role other than that of the student or to substitute for a staff member, the student should contact the program immediately for guidance. **The exception would be rooming a patient that you will be seeing for an encounter.**

## Cell Phones and Social Media (Cell/smartphones, iPads, iPods, tablets, pagers, etc.)

Students will place all electronic communication devices (pagers, cell/smartphones) in the **OFF** mode, set to vibrate, or otherwise render devices inaudible while at clinical sites. Use of social media (Facebook, Twitter, etc.) is **not** permitted while at the clinical site. Students are prohibited from recording, discussing, uploading, sharing, or transferring any data, images, videos or any information related to their clinical experiences without the express written permission of the clinical site and patient if applicable. Students are required to comply with site policies regarding the use of cell/smartphones within the facility.

Preceptors must approve student use of cell/smartphones, iPads, tablets, and/or use of the facility site computer for clinical site work, program business, or program-related research. Students **are not** to document encounters into EXXAT during the clinic hours unless approved by the preceptor. Any reported violation of this rule will result in an Unprofessional Behavior Citation. If there are subsequent incidents, the student will be referred to the CED, and then, if found to be necessary after further review, to the PPC for disciplinary measures.

## Clinical Setting {A3.01}[[17]](#endnote-17)

Identification in the Clinical Setting {A3.06}[[18]](#endnote-18)

**Proper identification must be clearly displayed identifying that the student is a UMES Physician Assistant Student. UMES PA Student ID badges must be worn at all times.** The Professional ID badge must be worn so that it is easily readable by patients and hospital/clinic personnel. ID badges must not be obscured or altered in any manner except as determined by clinical necessity, (e.g. special stickers for newborn nursery access). Names should be embroidered on the left-hand side above the left breast pocket. Embroidery should be in black and names should be in block lettering.

White Coats

Student-style white coats are required for clinical settings and during certain laboratory sessions, simulation exercises, competency evaluations and any other times as designated by the Course Director; they must be clean and neat. They will possess the UMES Physician Assistant Student patch. Exceptions to this rule are at the discretion of the clinical preceptor and must be approved by the Clinical Education Director. If wearing scrubs outside the operating area, a clean white coat should be worn over scrubs.

Patches

Each student will be provided with two University of Maryland Eastern Shore school patches for placement on white lab coats. The patch should be placed 3 inches down from the left shoulder seam of the white coat and centered from left to right.

Scrubs

In general, scrubs should not be worn outside of the hospital or clinic. Scrubs are expected to be clean when worn in a public area and should be covered with a white coat. The ID Badge must be worn outside the white coat. Scrubs may be worn only as delineated by individual clinical sites.

Shoes

Footwear must be clean, in good condition, and appropriate. **For safety reasons, open-toed shoes and sandals are not allowed in patient care areas or designated laboratory components of didactic courses.**

Style

No sweatshirts or shirts with messages, lettering or logos (except UMES). No shorts, cut-offs, etc. *Jeans are not to be worn even if it is clinical site policy to allow providers to wear jeans!* A tie is recommended for men, unless described as optional in specific policy for that clinical setting.

Fragrance

No wearing of colognes, perfumes or scented lotions in clinical settings as patients may be sensitive to fragrances.

Hands

Fingernails must be clean and short to allow for proper hand hygiene, use of instruments, prevention of glove puncture and injury to the patient. Artificial nails and decorative nail designs are prohibited. Some clinics/hospital settings do not permit any colored polish.

Hygiene

Daily hygiene must include personal cleanliness, including use of deodorant. Clothing should be clean, pressed, and in good condition, including the white coat.

Hair

Mustaches, hair longer than chin length, and beards must be clean and well-trimmed. Students with long hair who participate in patient care should wear hair tied back to avoid interfering with performance of procedures or having hair come into contact with patients.

Jewelry

Jewelry should not be functionally restrictive or excessive. Students should avoid wearing long or dangling earrings for their own and for patient safety. There should be no visible jewelry in body piercings with the exception of earrings. In the case of religious requirement, certain piercings may be acceptable. Please consult the Program Director or the Program Director’s designee if you have a religious requirement for piercings. No other facial jewelry (e.g., tongue, eyebrow piercings, etc.) is allowed.

Tattoos

Tattoos shall be appropriately covered when possible.

In case of conflict, contact the CED.

* Failure to comply with this clinical attire requirements will result in an Unprofessional Conduct Citation. Further infractions will result in a referral to the PPC for possible disciplinary action.

## Back to Campus Attire

When clinical year students return to campus for callback week, they should wear “business casual” dress as defined below: Please follow the UMES PA Program Dress Code Policy which can found in Appendix D in the UMES Physician Assistant Program Handbook.

## Attendance and Promptness

Regular clinical rotation and callback attendance *is essential to student success*. Attendance at all assigned clinical rotations is considered an aspect of professional responsibility and individual dependability. The student is expected to be in attendance and on-site daily and when asked or requested, to be available for evenings and/or weekends hours. The work schedule will be determined by the preceptor or his/her agent. *College holidays do not apply in the clinical year. Preceptors are not obligated to give the student days off on weekdays or weekends.* ***(When the preceptor is working or on call, so is the student unless otherwise specified by the preceptor).*** In addition, students are not permitted to arrive late to a rotation or leave early without the permission of their preceptor and recording the reason for shortening their day on the time log. Promptness is another professional trait the healthcare practitioner must display. Students are expected to arrive on site on time, preferably 5-10 minutes early. Repeated tardiness is considered unprofessional conduct and may be reflected in your professionalism score on your preceptor evaluation of the student.

Repeated tardiness, shortening of assigned clinic day or non-attendance will result in failure of the rotation and referral to the CED, and then, upon further review if found to be necessary, to the PPC for possible additional disciplinary action.

## Absence

Students are not permitted to take “vacations” during the clinical year. Students must adhere to the schedule of the rotation/site/preceptor. Repeated absences are considered a reflection of unprofessional conduct and may result in failure of the rotation.

All students must notify the Clinical Education Director or Program Management Specialist via email ***and*** the preceptor before the absence at a clinical site.

Failure to notify the appropriate individuals in a timely manner may result in an Unprofessional Behavior Citation or referral to the Progress and Promotion Committee. Students must complete a **Request for Time Off** **Form** for **any and all** time away from clinical rotations. The Clinical Education Director approves or denies these requests at his/her discretion.

The student is required to provide a medical note to the Program (Clinical Education Director or Program Management Specialist) from the medical provider (who cannot be a family member or friend) who examined and treated the student in an office/clinic/hospital setting for **absences due to illness of more than two days** **in length or more than 3 absences in a rotation.** This needs to be completed on the first day of return to a clinical clerkship.Under some circumstances, the student may be required to provide evidence of illness and medical clearance from the health provider who examined and treated him/her before being permitted to return to class or the clinical setting.

**In absences of three (3) or more days from a clinical site, students may be required to make up the missed time. If this cannot be achieved at the current clinical site, the program may require the student to complete an additional rotation at another location or during the callback week when not on campus.**

Students may ask to be excused for religious holidays; however, the Clinical Education Director must approve these dates prior to the start of the **first clinical rotation**.

Each student is given two (2) discretionary days for the clinical year. The program encourages students to use those days for necessary appointments or employment interviews. **You must request the discretionary day off at least 1 week prior to the desired day off.** Students must submit a leave request form and upload this form to EXXAT and notify the CED and your advisor.

Excused leave for bereavement is limited to 3 days total and first-degree family members. In the case that the student’s situation does not fall within the requirements, the Clinical Education Director has the ability to authorize the leave after discussing the matter with the student. The student must complete the Request for Time Off Form and submit it to the Clinical Education Director as well as inform the preceptor. Time off will be required to be made up during callback week or on weekends during the rotation if possible.

## Inclement Weather

The UMES policy on inclement weather *does not apply* to rotation sites as they are off campus. The student must follow the policies of the clinical rotation site regarding attendance during inclement weather and is responsible for exercising their own judgment concerning whether road conditions are safe enough for travel to the clinical site. The student is advised to discuss the inclement weather policy for the assigned rotation site with the preceptor during onboarding at the start of the rotation. If the student decides against attending a clinical site because of inclement weather, the student must notify the preceptor and the Clinical Education Director by telephone or email as soon as possible.

If weather conditions during Callback days are uncertain, students should check for an email from the Clinical Education Director or Program Management Specialist on the status of the callback. There may be an occasion when an individual will have issues due to road conditions. As with anything, use your best judgment before you set out to travel. If you are on call and have a distance to travel, arrange for accommodations near the clinical site prior to your on-call shift.

## Leave of Absence

As a general rule, short- and long-term leaves of absence are not allowed except for the following reasons:

* Maternity/paternity leave
* Personal illness/health related
* Family illness
* Crisis of personal or family nature
* Military duty

Any student requesting a leave of absence must submit the request to the CED or PMS, explaining the reason for the request and all activities that the student intends to undertake while on leave. Any relevant supporting documentation should be included, such as a health care provider’s note in the case of illness. The CED must approve leaves of absence. Approved leaves of absence may be subject to rules and regulations which will be delineated in a contract signed by the student and the CED. Please note that Physician Assistant Program students cannot simultaneously attend another Physician Assistant Program, medical school or other institution of higher education while attending UMES’s Physician Assistant Program and that this policy also applies to periods of extended leave.

Students who are granted extended leave during their didactic year usually re-matriculate in the next academic year. Students returning from leave granted during their clinical year are placed in clinical assignments at the discretion of the Program Management Specialist and/or Clinical Education Director. Such students will be required to extend their clinical year until all outstanding requirements are met including clinical rotations, testing, and presentations.

## Counseling, Health and Wellness {A3.10}[[19]](#endnote-19)

The Clinical Year is an intensive and rigorous program of experiential learning. The program requirements can be highly demanding and stressful, alone or in combination with other events in a student’s personal life. We strongly encourage students to utilize the resources available to them such as the Student Health Services on campus. The Charles R. Drew Health Center is located on the campus of the University of Maryland Eastern Shore in the Lida Brown building, directly behind Trigg Hall. Students are able to make appointments at either office as needed. You need not be a current patient.

In addition, the university offers a counseling service on its campus. Services available include individual counseling, crisis assistance and support groups. All services are confidential. The link is: <https://www.umes.edu/CounselingCenter/>

We encourage students to inform their faculty advisors in the event they experience problems or stresses that may affect their academic obligations. Students **must** inform their faculty advisors if they are unable to maintain patient care responsibilities. The faculty advisor will work with the student to arrive at a solution that is most advantageous to the student. *\*Faculty is allowed to aide in the referral of a student for necessary medical attention but is not allowed to treat the student. {****A3.09}[[20]](#endnote-20)***

## Racism, Discrimination, and Diversity

The policy of UMES is that racism - or any attitude, action or institutional structure that has for its purpose the subordination of a person or a group based on race, color creed, disability, religion, marital status, national origin, sex or sexual orientation - must not be tolerated. Any persons who feels that they have been discriminated against by a student, a faculty or staff member, should contact the Affirmative Action Officer located in the Human Resources Office in Bird Hall.

If found in violation of the policy, the University will impose sanctions on the student. Those sanctions are listed and defined in the 2017-2018 UMES Student Handbook on page 53 under the auspices of the Office of Student Conduct Affairs.

## Drug and Alcohol Policy

The University actively supports applicable county, state and federal laws pertaining to the illegal use of alcohol and drugs. Violations of the University’s Student Code of Conduct‐which involve the unlawful possession, use or distribution of drugs or alcohol, or alcohol abuse by students‐will result in disciplinary action up to and including expulsion from the University. Such disciplinary action does not preclude civil and/or criminal prosecution under county, state or federal laws.

Alcohol

The University of Maryland Eastern Shore’s policy regarding alcohol is consistent with the laws of the State of Maryland. The consumption, distribution, or service of alcoholic beverages must be in compliance with the Maryland liquor and crime codes, which define the lawful consumption and service of alcohol and prescribe sanctions for violations.

The consumption, distribution, or service of alcoholic beverages must also comply with University regulations and policies.

Violations of the University alcohol policy include, but are not limited to:

* Possession, use, or distribution of alcohol by underage persons.
* Disruptive conduct due all or in part to being under the influence of alcohol.
* Providing alcohol to underage persons or providing a space for the consumption of alcohol by underage persons.
* Possession of an open alcohol container in a public area regardless of the individual’s age.
* Possession or use of bulk containers on campus including, but not limited to, kegs, beer balls, or any other object that would promote binge drinking.

Drugs/Drug Paraphernalia

The term “drugs” broadly includes, without limitation, any stimulant, intoxicant (other than alcohol), nervous system depressant, or other chemical substance, compound or combination when used to induce an altered state, including any otherwise lawfully available product used for any purpose other than its intended use (for example, prescription or drugs or household product misuses).

The term “drug paraphernalia” includes any definition found in state and/or federal law, but broadly includes any material, product, instrument or item used to create, manufacture, distribute, use or otherwise manipulate any drug and includes, but is not limited to, hypodermic needles, syringes, baggies and/or rolling papers (when used for the purpose of drug use), strainers, grinders, scales, any devices used to ingest drugs including bongs or pipes.

The University of Maryland Eastern Shore is unequivocally opposed to the misuse of lawful drugs and the possession and use of unlawful drugs. Pursuant to the requirements of the Drug‐Free School and Community Act Amendments of 1989 (PL 101‐226), UMES has adopted and implemented drug and alcohol policies and programs designed to prevent drug and alcohol problems within the university setting. The policies and programs are designed to identify problems at the earliest stage, motivate the affected individuals to seek help, and to direct the individual toward the best assistance available.

The University of Maryland Eastern Shore Student Code of Conduct expressly prohibits the manufacture, distribution, sale, offer for sale, or possession of drugs or narcotics. The Student Code of Conduct also prohibits the possession and/or use of marijuana, and the unauthorized use of alcohol. Students found to be in violation of this standard will be subject to the full range of sanctions available under the Student Code of Conduct, including potential suspension or expulsion from the University. Being under the influence of drugs and/or alcohol does not diminish or excuse the violation of the Student Code of Conduct. A student admitted to the University of Maryland Eastern Shore accepts the responsibility to conform to all of the University rules and regulations. Proven failure to meet this obligation will justify appropriate disciplinary sanctions, including expulsion, suspension, disciplinary probation or reprimand. A disciplinary sanction may include the completion of an appropriate rehabilitation program. Students and employees are guaranteed due process.

Drinking alcohol or use of illegal drugs is strictly prohibited while at your clinical site which also includes reports of smelling of alcohol. If a student is found to be in violation of this policy they will be referred to the Clinical Education Director, and then, upon further review, if found to be necessary, will be presented to the Progress and Promotion Committee for further evaluation and possible disciplinary actions which may include dismissal from the PA Program.

## Physician Assistant Program’s Standards of Professional Conduct

The University of Maryland Eastern Shore and the Physician Assistant Program expect each student to exhibit integrity, honesty, professionalism and good moral character. The program expects all students to comport themselves in a professional manner at all times, both inside and outside of the program. As representatives of the University of Maryland Eastern Shore and future health care providers, behavior unbecoming a professional student will not be tolerated. Physician Assistant students must always display respect for all individuals, including program faculty, staff and students, as well as clinical mentors, preceptors and patients. Students displaying unprofessional behaviors will be cited for unprofessional conduct. Unprofessional behavior will include:

* Displaying an attitude of arrogance, superiority and/or disdain toward faculty, staff, students, preceptors, mentors, patients and any other individual.
* Displaying anger toward any individual in the classroom or professional setting.
* Being disrespectful, curt or condescending to Physician Assistant Program faculty, staff, students, preceptors, mentors, patients and any other individual.
* Addressing superiors, patients or patients’ relatives by their first name, unless instructed to do so. It is proper to always confer respect by use of surname and title (i.e., Dr. Smith, Mr. Jones, Ms. Thomas). When referring to superiors, patients or patients’ relatives to a third party, surname and title must always be used.
* Discussing patients in a public setting (for example, the elevator, shuttle or cafeteria) or outside of a professional context. Discussing patients in a public setting constitutes a serious breach of patient rights.
* Recording (i.e., audio, video) conversations with program faculty and staff.
* Use of cell phones in classes, laboratory sessions and mentoring sites.

Students who validly hold other professional licenses/titles such as a Ph.D., International Medical Graduates, Respiratory Therapist, Laboratory Technician, Licensed Practical Nurse or Registered Nurse may neither function in those capacities nor utilize these titles in spoken or written communications while enrolled in the Physician Assistant Program.

Students shall not misrepresent their status as students by identifying themselves as anything other than a Physician Assistant Student, nor shall they allow their patients to misrepresent them as a graduate Physician Assistant or Physician.

Students found to violate these guidelines may be issued a Citation for Unprofessional Behavior. When issued a Citation for Unprofessional Behavior, each student will be given an opportunity to defend his/her position regarding the matter. The CED may recommend counseling, referral and/or education to prevent subsequent episodes of unprofessional behavior; formal sanctions; or immediate dismissal from the Physician Assistant Program depending on the severity of the violation. An issued second violation is an automatic referral to the PPC, and, if upon further review, to the Student Affairs Committee.

## Complaints and Grievances/The Rights of Students {A3.15}[[21]](#endnote-21)

The University of Maryland Eastern Shore espouses the philosophy that student grievances are best resolved informally through meaningful dialogue between the individuals involved. The University believes that most student grievances can be satisfactorily resolved in this manner. Student grievance procedures are designed to give aggrieved students a process by which they may express substantive complaints about actions, inactions or policies which they believe are unfair, or which they believe discriminate on the basis of race, sex, color, religion, national origin, age, sexual orientation marital status or handicap. These procedures are designed to ensure that students receive fair and impartial hearings about any and all substantive and procedural concerns except, (1) grade reviews (grievances) which are addressed by the UMES Grade Grievance policy (please refer to the PA Program Handbook), and (2) matters related to conduct actions resulting from violations of the Student Code of Conduct and UMES PA Program Handbook will be referred to the PPC.

The Code of Student’s Rights can be found in the 2017-2018 Student Handbook at the following web address: [UMES Student Handbook](https://stg15.umes.edu/uploadedFiles/_DEPARTMENTS/Student/Content/Student%20Handbook%202017%20-%202018.pdf).

# Section 4 ~ Grading & Evaluation {A3.15, B4.01}[[22]](#endnote-22)[[23]](#endnote-23)

## Program Grading Policy

During the didactic year, students must maintain an overall GPA of 3.0 to remain in good academic standing in the PA Program. Due to this unique system of evaluation, the PA Program will review the overall clinical performance of each student. A preceptor evaluation that falls below the benchmark of “3” for a rotation will result in remediation and/or failure. End of Rotation Exam score of 2 standard deviations below the national average will be reviewed by the Clinical Education Director and will result in failure of the rotation. Rotation grades are given per semester within the Clinical Education Course Series PHAS 690, 691 and 692. Students must achieve a total score of 75% or higher to pass each rotation and ultimately receive a passing grade for the semester. If a student does not achieve at least 75% during any one rotation, they will receive a grade of “F” and will have to repeat the rotation at the end of the Clinical Year. This may delay graduation. Once the rotation(s)/program requirements have been successfully completed, the grade will be updated. This information will be presented to the PPC for appropriate action. Evaluation and grading during the clinical phase will be based on the following criteria:

|  |  |
| --- | --- |
| **EORE Grade** | **Performance** |
| 95% | > Equal to or greater than 1 standard deviation above the National average |
| 85% | Within 1 standard deviation of National average |
| 75% | > 1 standard deviation but less than or equal to 2 standard deviations below the National average |
| Fail | > 2 standard deviations below the National average |

Grading Components of PHAS 690, PHAS 691 AND PHAS 692

Clinical rotation grades will be passed on the following components:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Attendance-clinic and callback** | **7.5%** |  | **Mid SCPE-Evaluation** | **2.5%** |
| **End of Rotation Examination (EORE)** | **35%** |  | **End of SCPE Preceptor Evaluation Total (from below)** | **40%** |
| **Forms - Total (from below)** | **15.0%** |  | Components of Clinical Knowledge:  Preceptor Evaluation | 20% |
| Weekly SOAP note  Patient logging  Time logging  Evaluation of preceptor and site | 5.0%  2.5%  2.5%  5.0% |  | Components of Professionalism/  Interpersonal Skills & Communication | 20% |

\*Elective rotations have no End of Rotation Examination. During elective rotations, the course grade will be derived from the following components – 40% clinical knowledge; 35% professionalism/interpersonal skills and communication; 10% from Attendance and the Mid Rotation Evaluation and 15% from completion and timelines of the forms as listed above.

Physician Assistants are required to be detail oriented and accountable, meet deadlines, communicate effectively, document thoroughly, and demonstrate intellectual initiative. **It is the responsibility of the student to ensure the preceptor completes the required evaluations.** Completed “FORMS” must be received by the PA Program office no later than the designated due dates. Each “FORM” is worth 2.5%-5% of your overall rotation grade. Submission of incomplete “FORMS” and/or failure to submit any “FORMS” by the designated due date is considered unprofessional conduct and will result in a loss of those point for that rotation. Repeated late submission of forms (3 or more times without a valid excuse) will result in referral to the Progress and Promotion Committee. Based on the recommendation of the Committee, the student will be subject to further deductions of his/her grade. **Clinical rotation grades are not released until the completion of all forms, evaluations, and notes.**

* **SOAP note - Due weekly by 8:00 am on Monday**
* **Onboarding - Due on Friday of the first week of each rotation by 8:00 am**
* **Clinical Rotation Schedule – Due on Friday of the first week of each rotation by 8:00 am**
* **Mid-evaluation - Due by Friday of the third week of each rotation by 8:00 am (This evaluation is a two-part form. The first part is completed by the student during the second week of the rotation and the second part is completed by the preceptor during the third week of the rotation)**
* **Preceptor evaluation - Due to office by 8:00 am on the Thursday of Call Back for each rotation**
* **Student evaluation of clinical site - Due to office by 8:00 am on the Thursday of Call Back for each rotation**
* **Student evaluation of preceptor - Due to office by 8:00 am on the Thursday Call Back for each rotation**
* **Student Self-Assessment - Due on last Monday of rotations 2, 4, 6 and 8.**

Additional Evaluation/Student Site Visits

**Students will be visited by a member of the Clinical Education Team two times during the Clinical Year.** The Clinical Team representative will spend some time (10-15 minutes) with the preceptor to review the student’s progress. The visitor will observe the student in a patient encounter (ideally) and communicate with the student regarding their feelings about the rotation and concerns they may have (most site visits are a requirement of ARC-PA). However, in the event of an issue at the site, or, if the program receives a call of concern about a student, a visit will occur within 48-72 hours to address the situation. If the situation cannot wait, a phone call must be made to Clinical Education Director immediately. It is mandatory that the student attend this site visit at the date and time scheduled by the Clinical Education Director or Program Management Specialist.

## Rotation Grading and Evaluation Components

End of Rotation Exams

**Exams are written by PAEA (Physician Assistant Education Association) and follow the topic list and Blueprint for each rotation. The number of questions per exam is 120 questions and will be divided into 2 – 60 question exams that students will have 2 hours to complete.** Students must achieve a score within 2 standard deviations from the national comparative average or higher to pass each EORE exam. **A student that receives a score below 2 standard deviations from national comparative data average will be given a repeat EORE 1 week after the initial failed EORE. Upon completing the EORE the second time with a score within 2 standard deviations from national comparative date average or greater, the composite score for the EORE score for that rotation will not exceed 80%**. If a student fails the second EORE administered 1 week after the initial failed EORE, then the student will have to repeat that entire SCPE which will delay graduation. If a student subsequently fails another SCPE despite taking the EORE twice, then the student will be dismissed from the program. **Therefore; a student is only allowed to fail two (2) rotations. Upon the third failure the student will have more than two failed rotations and will be dismissed from the program.**

Evaluations

The evaluation of student performance is ongoing throughout each clinical rotation. The evaluation will focus on basic and medical science knowledge, history taking, written and oral presentation skills, professionalism, including attendance, interpersonal skills and communication abilities, knowledge of healthcare system, physical exam skills, medical decision making and clinical skills. To ensure that the PA Program retains quality clinical sites, students are asked to give a personal evaluation of their experience at the end of each rotation, which will include the evaluation of the preceptor and the site itself. The following evaluations/forms MUST be completed by the end of each rotation to ensure a passing grade for the semester: (see Appendix B - Clinical Documents)

Onboarding Form

**The Onboarding form is to be completed with your preceptor on the first day you are in the clinic together. The form asks that you and your preceptor go over your schedule for the rotation, your goals for the rotation, preceptor expectations (call or no call, hospital rounding, travel to other offices, call in procedure, etc.), dress attire, contact information or any other questions or concerns either of you may have.** This would also be a good time to discuss the preceptor quick reference form and what the program’s expectations are for you and the preceptor in the rotation. It is encouraged that you use this opportunity to have your preceptor make time in their schedule for reviewing the mid-evaluation and end of rotation evaluation. This form is to be submitted via EXXAT by the first Friday of each individual rotation.

Mid-Rotation Evaluation

The purpose of the Mid-Rotation Evaluation is to be completed on Exxat by the preceptor and submitted by the 3rd Friday of the rotation. The purpose of the mid-rotation evaluation is to assess the student’s preparedness for the rotation as well as to monitor and assess the student’s progress and clinical competency/ performance. The evaluation identifies areas of weakness which needs to be nurtured and to showcase the student’s strengths. Once submitted, the Program will review all evaluations for unsatisfactory scores or remarks. In the event that a student has an evaluation that is below expectation, a member of the clinical team will be in contact with the student to arrange a meeting. The goal of the meeting would be to help the student identify areas of weakness and develop a plan to help the student be successful overall in the rotation. This form must be reviewed by the preceptor and student before it is submitted.

Student Evaluation of Clinical Site

To ensure quality clinical sites, students are required to complete an evaluation of each site at the end of each rotation. This form is made available to students through Exxat. On the last Friday of the rotation, an email will be sent to each student’s UMES email account providing notification that the survey is open and available to complete. It must be completed and submitted by 8:00 am on Thursday of Callback week.

Student Evaluation of Preceptor

To continue to place our students with preceptors who provide great clinical experiences, it is essential that each student evaluate their preceptor at the end of each rotation. During some rotations, students will work with more than one preceptor. In that case, complete your evaluation based on the conduct/teaching abilities of the preceptor that you spent the most time with during the rotation. We also required that students track the number of hours spent with every preceptor during the rotation. In addition to the documentation of hours with each preceptor we also need each preceptor’s FULL NAME and TITLE. This information allows the PA Program to provide the preceptor with Continuing Medical Education (CME) credit that can they can apply to their requirements for re-certification. Please double check the numbers you have recorded for your preceptors with the total you have recorded for your time logging in EXXAT. The two numbers should be the same or very, very close. Significant discrepancies will be red flagged and the student will be contacted by the Program Management Specialist for explanation or correction.

End of Rotation Preceptor Evaluation:

During the final week of all rotations, your preceptor must complete The *Preceptor Evaluation of Physician Assistant Student*, which will be emailed to the preceptors via Exxat. In the event that the preceptor does not receive the evaluation by Tuesday of your last week of rotation, you can find a blank copy of the evaluation on Exxat under course materials or at the end of your handbook. If it is printed out and completed by the preceptor, please fax it to the PA Program Office. If it is completed via Exxat it will automatically be filed. PLEASE DOUBLE CHECK YOUR PRECEPTORS EMAIL DURING ONBOARDING TO ENSURE THE EVALUATION IS SENT TO THE CORRECT PERSON AND ON TIME. The evaluation is an assessment of the student’s medical knowledge, their history taking and physical exam skills, their ability regarding medical decision making, their clinical skills, their ability with written and oral presentation skills as well as professionalism and interpersonal communication skills. **It is required that the preceptor and student formally discuss this evaluation before it is submitted**. All sections of this evaluation must be successfully passed with an average score of three (3) or greater. If any section of the evaluation averages below a three (3), the student may fail the rotation and/or require a remediation plan. This includes elective rotations as well. **If a student receives a score of less than 65% for the Clinical Knowledge portion of the evaluation, the student will be required to repeat the rotation and thus delay graduation from the program. If a student receives a score between 65% - 74% for the Clinical Knowledge portion of the evaluation, the student will be required to complete remediation prior to graduation from the program.**

Patient Logging

Each student will keep a daily patient log using Exxat. **Students must log all patient encounters**. Patient encounter logging windows are open for 7 days only, which means the student must enter the patient encounter information within 7 days of seeing the patient. Otherwise, the window will close and the ability to log that day of patient encounters will be lost. If you have to contact the program to reopen the window for you to document patients, you will lose a percentage of your overall points for the rotation. All patient logging must be completed by Monday morning of each week. **\***Student reports are run each Monday morning throughout the clinical rotation to monitor each student’s patient exposure during the rotation. If your encounters are not documented, you will receive an email from the CED or PMS. If you have to be contacted more than three times throughout the clinical year, it will result in a referral to the Progress and Promotion Committee for a review of non-professional behaviors. If a student encounters a situation in which they are unable to document their encounters in a timely manner, please contact the CED or PMS.

Requirements for logging include documentation of daily patient encounters. The number of required entries varies based on the rotation. You are expected to document all patient encounters you incur throughout your clinic day. Required encounters per rotations are as follows:

|  |  |
| --- | --- |
| **Family Medicine** | 10 patients daily |
| **Internal Medicine** | 2-3 patients daily |
| **Pediatrics** | 10 patients daily (*may be limited by inpatient vs. outpatient experience*) |
| **Women’s Health** | 5-10 patients daily (*if you are in L & D you may be with one patient for HOURS. If that is the case, please make the PC aware*) |
| **Behavioral Health** | 5-10 patients daily (*if you are in an inpatient unit you may see fewer patients than in an outpatient clinic)* |
| **Surgery** | 3-10 patients daily (*may be limited by long surgical cases*) |
| **Emergency Medicine** | 10 patients daily |
| **Elective Rotation** | Preference for 10 patients daily (*dependent on area of practice*) |

Time Logging

In addition to logging patient encounters, students are also required to log their time spent in a clinical rotation. The time is logged on a daily basis, recording the hours you worked that particular day**. Do not log your hours based on the schedule you were given or what hours you anticipate to work. Log your actual hours worked please.** If you have the opportunity to attend a presentation or another type of learning opportunity on a day you would be in clinic, please record that as time worked but label it as ***conference***. In the case of an absence, please document only 10 minutes on that day to have Exxat recognize it as a day you recorded. In the notes section, please explain the reason for the absence (illness, discretionary day, holiday, etc.). As with the patient logging, a report is run on Monday of each week to monitor the total hours that a student in spending in clinic.**\*** If your hours are not recorded, you will be contacted by the CED or PMS. If a student has to be contacted three times, they will be referred to the Progress and Promotion Committee for a non-professional behavior review. In the event that your hours are low, please contact the CED or PMS to report the circumstance for the low hours. It is understood that if there is a holiday during the work week, or if your preceptor takes vacation or has day(s) off, that it will affect your hours logged. We ask that you still notify the program. If the program is not notified of a reason for the low hours, the CED or PMS will be contacting the student. This will count as one of your three reminders.

**\*All weekly logging (patient or time) must be completed in EXXAT by Monday morning at 8 am during every rotation AND by the last Thursday of the rotation by 8 am.**

Clerkship Duty Hours

The goals of PA students and the faculty are one and the same: to get the best medical education and the most clinical exposure as possible while not ignoring overall mental and physical wellbeing. Attention needs to be paid to both duty/work hours and personal time.

**Work hour rules have been developed for residents, but similar rules have not been developed for PA students**. There are obvious differences in terms of goals, reimbursement, and responsibilities between residents and PA students. Nonetheless, some guidelines for students are as follows:

**Clerkships WITH call**

* No more than 80 hours of awake time in the hospital or clinic per week.
* Students should have at least one full day off per week, averaged over a month.
* **Always check out with the preceptor before leaving for the day.**

**Clerkships WITHOUT call**

* No more than 80 hours of awake time in the hospital or clinic per week.
* **Feel free to go in early or stay late**. Students may go in early or stay late by the discretion of their preceptor. The program recognizes that family and personal obligations are important and need to be balanced.
* Students should have at least one full day off per week, averaged over a month.
* **Always check out with the preceptor before leaving for the day.**

## Remediation

Student progress is monitored and documented in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for remediation as described herein:

1. A student receiving a “C” in a didactic course or “C” grade in a SCPE course, a failed end of rotation exam or failed OSCE will remediate the identified area(s) of deficiency. The specific remediation plan developed is at the discretion of the course instructor in collaboration with the Didactic Education Director and the faculty advisor for didactic courses and the Clinical Education Director with collaboration of the faculty advisor and Clinical Preceptor for SCPE courses and may include but is not limited to:

* Reading assignments.
* Written completion of selected course learning objectives with reference citations.
* Written response to selected exam items with reference citations.
* Problem-based learning exercises focused on area(s) of weakness.
* Written self-reflection exercise.
* Individual faculty-led tutoring (especially skills related deficiencies).
* Skills review and assessment.
* Retaking a different version of the EORE.
* Repeating a portion of or the entire SCPE.

1. Students will be reassessed after completion of the outlined remediation plan with an emphasis on areas of poor performance. The assessment activity may vary depending on the nature of deficiency and degree of remediation necessary. A successful remediation plan will include:

* Learning Contract: *Composition/nature of assessment and the student performance required for successful remediation of material*.
* Date in which assigned activities are due and follow-up.

1. The responsible Course Instructor or faculty member must document remediation efforts and outcomes and submit documentation to the Didactic Education Director or Clinical Education Director to be filed in the student’s official file.
2. The Course Instructor must notify the Didactic Education Director or the Clinical Education Director of any student needing remediation. The DED and CED will be responsible to notify the Progress and Promotion Committee of any remediation plan. To ensure adequate rigor and consistency within the program, the Progress and Promotion Committee must approve remediation plans and remediation reassessments prior to implementation.
3. Unsuccessful remediation efforts will be forwarded to the Progress and Promotion Committee for review. The Committee may recommend appropriate courses of action, which may include the entire range of possible outcomes up to and including dismissal from the program.

## Additional Grading/Evaluation Components (required for graduation)

Program Summative Examinations and Student Assessments

At UMES’s PA Program, we define competence as adequacy of performance. The purpose of this evaluation is not what we have taught in the program rather it is to evaluate entry to practice competencies (knowledge application). We use multiple assessment methods longitudinally to assess learner knowledge, skills and attitudes. The summative assessment process is connected to the PHAS 697 course. However; this is a separate requirement for graduation as defined in the ARC-PA standards: {B4.03}[[24]](#endnote-24)

PHAS 697 is the PANCE Preparation Course. Students are graded on the course content, participation and performance. All assessments (academic, clinical and professionalism) are graded via predictive analysis. All students will be required to score within the “5” category to successfully complete the course. Students who do not perform at the required benchmark will be required to participate in PANCE Preparation Remediation.

Our assessment instruments include:

1. Summative I – First semester, second year. The scores as defined below are used to determine whether students require additional remediation and mentoring during the clinical year. Students with the highest level of risk will have received a score below 225 (out of a possible 300) and will be required to complete more extensive remediation assignments defined in the Academic Improvement Plan. Students will be allowed to retake the summative **once** after an initial failure.
2. PACKRAT I– First semester, second year. The scores, as defined below and entitled “Average Test Scores by Risk”, are used to determine whether students require additional remediation and mentoring during the clinical year. Students with the highest level of risk will be required to complete more extensive remediation assignments defined in the Academic Improvement Plan.
3. OSCE I – First semester, second year. This “hands-on” examination is specifically designed to test the PA student’s clinical competence. This will be administered at UMES or at another designated location.
4. OSCE II – End of the clinical year. This “hands-on” examination is designed specifically to test the PA student’s clinical competence. This will be administered at UMES or at another designated location.
5. Summative II – This is a 700-question multiple-choice examinations given over 2 days. This examination tests the student’s knowledge base for all organ systems. Students will be able to meet with their advisor and discuss a study strategy that students can pursue to prepare for the PANCE.
6. Summative Professionalism Development Assessment Tool (PDAT). Evaluation of professionalism is an on-going process throughout the program. Prior to graduation, students and their advisor will complete the summative tool and discuss their strengths and weakness in this area.
7. To receive final signature for graduation students must complete all formative and summative assessments in the 2nd year, Summative II, PACKRAT II and PHAS 697 PANCE Preparation Course. The scores, as defined below and entitled “Average Test Scores by Risk”, are used to determine whether students require additional remediation and mentoring during/thought out the clinical year. Students with the highest level of risk will be required to complete more extensive remediation assignments defined in the study contract and will not be able to graduate or ineligible to sit for PANCE.
8. “Average Test Scores By Risk”- Summative I, II and PHAS 697 PANCE Preparation: The program will use the risk analysis score stratification to determine whether a student requires remediation and mentoring during the clinical year. Any student who achieves scores within category (three-risk) stratification or below risk category will be required to participate in a learning contract during the clinical year. If the student shows sufficient improvement during subsequent formative or summative examinations, they may be released from the supervised study contract. Any student who achieves scores in the critical risk or fail category on the SUMMATIVE II or the PHAS 697 PANCE Preparation Course will be required to complete all elements of a study contract supervised by a faculty advisor. The faculty advisor can determine if the student has not satisfied the required remediation which can result in a delay in graduation. The Program Director will acknowledge that the student has met graduation requirements only upon satisfying the remediation agreement. In addition the student must achieve a score of 527 or above on the SUMM II and students must score above the (three-risk) stratification in PHAS 697 PANCE Preparation Course to be cleared to graduate.

PHAS 690, PHAS 691, and PHAS 692 are graded courses. The Instructor of Record for this series of courses is the Clinical Education Director and the Clinical Coordinator (the Program Director, if necessary). To obtain a passing grade for each semester, you must meet the following criteria:

* Pass each End of Rotation Exams within 2 standard deviations from the national comparative average or higher. A student failing any End of Rotation Exams will receive a grade of “Incomplete” for that semester
* Pass each component of the preceptor’s evaluation as explained previously
* Submit all required assignments

Semester grades can only be provided to the Registrar if all End of Rotation Exams are successfully completed and all administrative requirements have been fulfilled, including all required EXXAT entries. If these criteria are not met at the time grades are submitted, students will receive an “F” for the semester. Please note that a Failure or “F” semester grade may put a student’s financial aid in jeopardy. The CED submits the semester grades. The CED also oversees the end of rotation status. That breakdown of the student’s score is provided on Canvas after each rotation.

## PA Program Graduation Requirements

To graduate from the PA Program and earn a Master of Medical Science in Physician Assistant Studies degree, students must:

1. Successfully complete all course work according to program defined academic standards including demonstration of meeting all Program Learning Outcomes.
2. Successfully pass all components of the summative evaluation.
3. Demonstrate they have met program expectations and acquired the competencies needed for entry into clinical PA practice with patients seeking: medical care across the lifespan, women’s health, and care for conditions requiring surgical management, care for behavioral and mental health conditions.
4. Submit a completed graduation application to the School of Graduate Studies.
5. Be in good academic standing. In the event that a student is on academic probation as he/she enters the final semester, he/she must complete the final semester with the required overall G.P.A. of 3.0 to be awarded the degree.
6. Be in good professional standing. In the event that a student is on professionalism probation as he/she enters the final semester, he/she must successfully meet program-established conditions prior to the end of the final semester to successfully transition off professionalism probation prior to graduation.
7. Complete all requirements for graduation within four (4) years of the original date of matriculation.
8. Students who have incomplete grades or failures will not be approved for graduation. All program requirements must be meet before student are approved for graduation/white coat ceremony.
9. Approval of the Progress and Promotion Committee

*\*Students should apply for graduation during the initial part of their final semester before all requirements for the MMS degree are complete. The graduation application is available on the UMES system website. Completing a graduation application does NOT guarantee that students have met all requirements.*

# Section 5 ~ Clinical Preceptor Responsibilities {B3.07}[[25]](#endnote-25)

The role and responsibility of the preceptor are central to the clinical experience of the student. Along with the program, the preceptor plays a vital role in the educational process. The preceptor must be a licensed healthcare provider and is responsible for the on-site supervision, training, assessment, and evaluation of the physician assistant student. While on rotation, the physician assistant student must be supervised in all his/her activities commensurate with the complexity of care being given and the student’s own abilities. Rotations are designed to expose the physician assistant student to patient care in a variety of settings. The student shall be directly involved in the evaluation and management of patients to the extent that the clinical preceptor or supervisor is comfortable, based on the level of knowledge and skills of the physician assistant student. The responsibilities of the clinical preceptor and/or his/her designee are as following:

Orientation - A tour and orientation to the practice, which includes: staff introductions, operating practices, scheduling system, medical records, and documentation systems should occur within the first day or two. It is also important for the preceptor and student to discuss expectations and goals at the start of the rotation and periodically throughout the rotation to ensure educational needs and responsibilities are being met for each.

Student Schedule

The preceptor determines the student’s schedule. Students are expected to adhere to the preceptor’s work schedule. Students are expected to work at the site approximately 40 hours per week but this can vary depending on the site. When a preceptor is seeing patients, it is expected that the student will be working as well. Students are expected to work nights and weekends and to be on-call if required by the site.

If it is necessary for the student to return to the campus for administrative and/or educational reasons, the program will notify the preceptor regarding these events.

Clinical Experience

Students should spend as much time as possible involved in **supervised hands-on patient care activities** by seeing patients with as wide a variety of complaints, diagnoses, and diverse backgrounds as possible at the given site to enhance their learning experience.

Learning Objectives and Outcomes

Rotation syllabi contain learning objectives and outcomes to guide student learning and to focus study efforts for the end-of-rotation exam. The program acknowledges that it is not possible for the site to expose the student to every condition on the topic list or to provide experience in all the clinical skills; however, the program does ask that the preceptor review the learning outcomes for the rotation. In any case, the student is responsible for all learning objectives and outcomes.

Supervision - The preceptor is responsible for the overall supervision of the physician assistant student’s educational experience at the clinical site. The preceptor and/or his/her designee are to supervise, demonstrate, teach, and observe the student’s clinical activities to aid in the development of clinical skills and to ensure proper patient care. An assigned qualified practitioner (attending physician, resident physician, PA, NP**) must be on the premises and available at all times** while the student is performing patient care tasks. The student must know who this person is and how to contact him/her. The preceptor must confirm unusual or abnormal physical findings. Students require supervision for all procedures. **A licensed provider must see all patients PRIOR to their leaving the facility.**

Assignment of Activities

The preceptor should assign the students to appropriate clinically oriented activities to include but not limited to obtaining patient histories and performing physical examinations; recommending, ordering and interpreting diagnostic studies; developing a treatment plan; providing patient education and counseling; performing clinical procedures; searching and reviewing medical literature; and preparing and delivering presentations on medical topics. If the practice uses an electronic medical record system and the student does not have access to the system or if the system uses checklists predominately, the program encourages the preceptor to assign (and subsequently evaluate) written notes and/or additional case presentations to the student. **Students must not substitute for regular clinical or administrative staff.**

Oral Presentation

On a regular basis, preceptors should have the student give oral presentations on the patients they encounter. Students may also be assigned journal reading and be asked to present medical topics or cases.

Documentation

**Preceptors must review and counter-sign all student documentation and charting**. If a student is unable to directly document on the patient’s chart or enter the data in the electronic medical record, preceptors should require the student to write up a note on paper and then review it for accuracy and appropriateness.

Teaching

The preceptor should allow time for teaching activities. This can be accomplished in a variety of ways such as structured teaching rounds, chart review periods, reading assignments, informal consultations between patient encounters, and/or recommending specific conferences. It is expected that the preceptor will model, expose students to, and teach in accordance with current practice guidelines and the accepted standards of care.

Evaluation

The preceptor, or his/her designee, must observe and assess the student performing clinical functions, including documentation, on a regular basis and provide constructive verbal feedback to the student periodically over the course of the rotation. The preceptor may also be asked to give feedback on student performance to faculty members during site visits. The preceptor is responsible for completing an evaluation of the student’s preparedness mid-way through the rotation. At the end of the rotation, the preceptor is responsible for evaluating the student’s clinical skills, medical knowledge and professionalism using the designated forms. Receiving honest critique and constructive feedback is critical to the academic and professional progression of a student.

Problems

Preceptors and students should initially attempt to handle minor problems directly with the each other; however, the preceptor should notify the PMS or the CED promptly of any circumstances that might interfere with the accomplishment of the items stated above or diminish the overall training experience. Additionally, if the student still feels there is a problem in the rotation (inexperience, personality conflicts, communication issues, ethical issues or inadequacy of learning opportunities), they should contact the CED or PMS urgently.

Vacation

On-site supervision is a critical component of the clinical experience; therefore, it is imperative for the preceptor to inform the PMS if he/she will be taking a vacation of one week or greater while supervising a student at the time the rotation is approved. Student supervision may be delegated to another licensed healthcare provider during the period of absence with program approval.

Licensure

All preceptors must have active and current state licenses in place in order to work with students. Should licenses be expired or revoked for any reason, the preceptor must notify the program immediately.

# Section 6 ~ Program Responsibilities {B3.01}; {B4.01}; {B4.03}[[26]](#endnote-26)

The program maintains the following responsibilities to ensure the educational environment and activities during the clinical phase of the program.

Preparation

The program prepares the students adequately for their clinical experiences.

Assignment

The program is responsible for assigning students to clinical sites that will provide a quality learning experience.

Site Objectives and Rotation Syllabi

The program provides objectives and outcomes for each rotation to the student and preceptor as a guide of expected rotation experiences. Clinical experiences may vary depending on patient population and site variation. It is the student's responsibility to review the objectives and augment clinical experiences with independent study, research and discussion with the preceptor and clinical faculty.

Affiliation Agreements

The program develops and maintains affiliation agreements with all clinical sites.

Insurance

Students are covered under the University’s malpractice insurance ONLY for those preceptors and clerkships the program has assigned for them. The University's malpractice insurance WILL NOT cover students who follow clinicians at sites or in departments that are not assigned to them and are in violation of program rules. For example, if a student has been assigned to general surgery in a particular hospital, s/he cannot participate in a procedure in interventional radiology unless his/her preceptor is responsible for that patient/procedure.

Grading

The program is responsible for assigning a final grade (Pass, Fail or Incomplete) to every student for all semesters. Each student will be able to access their percentage after each rotation.

Problems

The program interacts with all preceptors, sites, and students and is available to respond to any problems or concerns. In addition, should problems arise at the clinical site, the program retains the right to remove a student from a rotation.

Health and Safety

The program will work with the preceptor and site to ensure a healthy and safe clinical learning environment. Preceptors must notify the program immediately of any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff, or fellow students. The program retains the right to immediately remove the student from a clinical rotation if such behavior occurs.

The program provides and ensures each student has completed training in HIPAA and OSHA prior to beginning clinical rotations and that all students have received instruction regarding risk of exposure and reporting procedures should an exposure occur.

Background Checks, Fingerprinting and Drug/Alcohol Screens

The program requires background checks on all PA students prior to their matriculation to the program. Students are informed that additional background checks or testing, including drug and alcohol screening or fingerprinting, may be required by a clinical site. Students are responsible for the cost of any additional screening. The administrative staff of the department will assist students in where to have fingerprinting done.

Academic Advisors

The Clinical Education Director will assign advisors to students during the clinical year.

## Revision of Clinical Year Policies and Procedures

The program reviews these policies and procedures at least once a year and revises them as needed to facilitate the mission of the program and the university. The program reserves the right to make changes to any and all aspects of this Clinical Education Handbook at any time with or without notice. The program notifies students and provides copies of any substantial changes. Students are expected to remain current on all policies and procedures.

Getting the Most Out of your Clinical Rotations

The program has prepared your preceptors for their role as your teacher. We have contacted each of your preceptors and discussed their responsibilities, the role of a PA student, the objectives of your clerkship, and the evaluation guidelines.

How do you ensure, as much as possible, that you get the most out of your clinical experience? Preceptors inevitably test their students: How serious are you about your education? How much initiative are you willing to take? Do you expect to be spoon-fed? Do you demand constant direction to meet your educational goals? During a short five-week clerkship, in a busy practice, the preceptor usually will not get to know you in depth, so first impressions concerning your assertiveness and responsibility for your own education are very important. Obviously, for some students this is more difficult to learn and do than for others. However, it is an invaluable and necessary skill.

* *On day one, review your objectives and Student Profiles with your preceptor:* State what educational background and experience you already have, your strengths and weaknesses, and areas on which you would like to focus.
* *Continue to review your objectives and Student Profiles:* It may be useful to review your objectives with your preceptor two or three times during the clerkship. If there are skills or conditions you are not familiar with, point out that you would like to focus on those areas where possible within the scope of the practice.
* *Organize your own seminar series with your preceptor:* For example: “Dr. /Mr. / Ms.\_\_\_\_\_ I’m still confused about the treatment for “X”. Tonight I plan to read up on “X”. Tomorrow can we take ten minutes to answer some questions I might have? Can you suggest some good articles for me to read?”
* *Ask questions:* Clinical instructors need to know that you are interested in learning. Asking questions is the primary way the preceptor measures your initiative and your involvement in your education. However, make sure you ask questions at appropriate times. Ask your preceptor to identify suitable times for him or her to take your questions. **(Note: It is inappropriate to ask questions in front of a patient or while the surgeon is operating).**
* *Do not be confrontational:* Your preceptors are providing their teaching expertise free of charge. You are in a clinical setting to learn. If you have an ethical concern, politely present it to your preceptor. If you do not feel comfortable with the outcome of the conversation, call the CED.
* *Take advantage of resources within the facility:* Consider asking your preceptor if you can spend time with a specialist who seems particularly interested in teaching**:** radiologists, gastroenterologists, pulmonologists who have consulted your patient. Ask to spend an afternoon in the lab reading U/A’s and CBC’s. **Find out what conferences are available, and attend them.**
* *Read daily:* You may be asked to attend and participate in conferences or present on assigned topics during your clerkship. Also, remember that it is your responsibility to read and fill in the gaps between what you see at the site and the objectives on which you’ll be tested. It is not possible for a clinical site to provide you with experiences for every objective.
* *Seek out the interns, residents, and medical students:* When you work in a teaching hospital you’ll often be in contact with residents, interns, and 3rd and 4th-year medical students. Seek out the help and advice of some of these individuals. Often you’ll find someone who’s interested and good at teaching. Often there will be a classmate in the same facility. Be “on call” for each other to share exciting cases.
* *Do other “work”:* Start IV’s, get lab test results, find lost charts, and arrange for patient transportation. This will save time for your preceptor and help make his/her life easier in return for all the extra time s/he spends teaching you. It will also show him/her that you can work as a team player. Be especially nice and polite to nurses, secretaries, clerks, and housekeeping staff. Nurses can become vital allies. Secretaries and clerks know the paperwork system and can save you much time in locating forms, charts, and lab work. As for housekeeping staff, you may not need their help often, but you will be eternally grateful to the person who can arrange a rapid clean-up when some sort of mess occurs as a result of an ill patient.

Knowing your Limitations

* Students must be aware of their limitations as students, and of the limitations and regulations pertaining to the Physician Assistant profession. **Students must seek advice when appropriate and must not evaluate or treat patients without direct supervision from and access to a supervising preceptor at all times. When in doubt, ask for help.** At no time is a student permitted to make any decisions on medical care on any patient. This means that you should not be admitting or discharging or changing treatment plans without permission from your preceptor. All such documentation must be documented in the chart**. Students must follow clinic institutional policies about co-signing orders/progress notes/H&P/discharge summaries.** If an entity does not have such a policy, the student needs to discuss the parameters with the preceptor of record in regards to the timeliness of the co-signing of the records. EVERY MEDICAL DECISION SHOULD BE APPROVED BY THE PRECEPTOR OF RECORD OR HIS/HER DESIGNEE.
* Don’t forget the standards we taught you: You will be exposed to many variations on the theme of physical examinations, including shortcuts, omissions, and legitimately different approaches. **Remember the way we instructed you and before you omit - think**. Reason through what information each part of the physical examination gives you before leaving out parts of the exam solely to speed up. If you omit an exam element, it should be because it is not necessary, not because you forgot it or don’t know it. There are acceptable ways to speed up and streamline techniques. When in doubt, talk to your preceptor. Besides maintaining your technical proficiency, you must continue to master full and directed physical examinations. To do this effectively, you must have a good knowledge base in pathophysiology, and you must practice the thinking process for a wide variety of patient problems. We will continue to work with you on these skills on Callback Days (explained earlier in the Clinical Education Handbook) to strengthen your thinking process, but the burden to practice lies solely with you. It is up to you to develop, maintain, and broaden your knowledge base in medicine.

Student Resources

Below is a list of available resources to all students enrolled at the University of Maryland Eastern Shore. This information is not intended to be comprehensive, and additional information can be found at the websites listed below:

UMES Physician Assistant Website: <https://www.umes.edu/pa>

UMES Student Handbook: [Program Handbook](https://wwwcp.umes.edu/pa/wp-content/uploads/sites/110/2022/08/Program-Hdbk-2023.docx)

Hazel Hall Building Hours of Operation

The Physician Assistant Program administrative suite is located at Suite 1034, Hazel Hall.

The Program hours are:

Monday-Friday 8:00 am - 4:30 pm.

Hazel Hall is open the following hours:

Monday-Thursday 8:00 am - 10:00 pm; Friday 7:30 am - 6:00 pm.

Use of PA Graduate Room (Hazel Hall #1056) and Clinical Lab Room (Hazel Hall #1045)

* These study spaces are available during hours that the Hazel Hall is open to students.
* Food and non-alcoholic beverages are allowed as long as students keep a reasonable level of cleanliness and clean up after spills. The privilege of having food in the Physician Assistant Graduate Student Room will be withdrawn if cleanliness is not maintained.
* Campus Labs offer an opportunity to use specialized software that the student may not wish to purchase, but may need to use for a specific class assignment. Visit the UMES IT page <https://www.umes.edu/it> for more information on computing resources we offer.
* The University has both restricted and unrestricted parking areas, please pay close attention when parking on campus. Be aware that you can only parking in designated parking lots where your permit authorizes you to park. Handicapped parking regulations are strictly enforced. Vehicles found parked illegally in these locations will be ticketed and towed. Remember an authorized parking space is a lined designated parking space.

Health and Wellness Center

The Health and Wellness Program, located in Tawes Gymnasium, provides blended health promotion and illness prevention services with on-site fitness management. Health promotion services include, monthly health communication campaigns, presentations to residence halls, classrooms and student organizations, free health promotion items, workshops/seminars, growth groups, special events and exhibits. The fitness center management provides safe, effective, efficient and enjoyable exercise programs; equipped with state of the art cardiovascular machines, spin bikes, free and machine assist weights. For additional information on wellness programs, health promotion and fitness management, contact the Health and Wellness Office at (410) 651-7665.

* **In case of Emergency:** Dial 911 for ambulance and police assistance. Emergency care is provided by the Peninsula Regional Medical Center Emergency Room.
* [UMES Graduate Student Handbook](http://catalog.umes.edu/content.php?catoid=17&navoid=510)

IT Help Desk

The IT Help Desk can troubleshoot a variety of hardware and software problems with its two tiers of technical support. In addition, computer repair technicians are available to support more complex hardware and software issues. Problems escalated to this level may be subject to time and material charges. To obtain technical support, call the Help Desk at (410) 651-TECH (8324) or visit the Help Desk located in Waters Hall.

* ***Media Services*** provides a wide range of audio/visual resources as well as on-call educational technical support for the classroom needs of students and faculty. For a full list of media services, visit <https://www.umes.edu/FDL/Pages/Media-Services-Center/>
* ***Printer/Copier services -*** WEPA printers are available in Hazel Hall (1st & 3rd floors) and at various locations throughout campus.
* ***Wireless Internet Access -*** Full audio/video services are available in each classroom, as well as wireless internet capabilities throughout Hazel Hall.

University Library Resources

The Frederick Douglass Library houses books, scholarly and popular periodicals and newspapers, microforms, multimedia, government documents, and agricultural extension materials. As a member of the University System of Maryland and Affiliated Institutions (USMAI) Consortium, the library is linked with the USMAI’s sixteen libraries via a shared integrated library system and discovery layer, and consortia licensing of database and e-journal subscriptions. Library faculty and staff develop and maintain the collections, and provide instruction services to the campus community. There are nine departments within the Library: Acquisitions/Collection Development, Information Technology, Cataloging, Circulation, Interlibrary Loan, Media Services, Reference and Instruction, Serials/Documents, and Special Collections. Library faculty and staff are competent and courteous individuals with a variety of skills, knowledge, and training. All are committed to providing quality service. Library technology continues to emerge, providing global access to collections. Electronic databases, eBooks, and e-journals enable patrons to fill their information needs. Please visit the Library website www.umes.edu/fdl for further information about the Library, including Library hours.

Reference, Research and Instructional Support

Acquisitions/Collection Development (410) 651-6615

This is the purchasing unit of the Frederick Douglass Library. Library materials in all formats: books, periodicals, audiovisuals and computer media are purchased and paid for by the Acquisitions staff. The Coordinator of Acquisitions and Collection Development is responsible for coordinating the selection of library materials with the help of other professional librarians and the faculty at UMES. The department, as a whole, is responsible for the planning and organization, as well as the selection and acquisition of all library materials.

Automation (410) 651-6612

The Automation Department provides technical support and development services for the library information management system (LIMS). The on-line public access catalog provides comprehensive information on library holdings in the Frederick Douglass Library as well as each of the 14 University System of Maryland and Affiliated Institutions libraries. The Online Catalog is accessible from all library locations supporting Internet access. Access the Online Catalog from a remote site using: <https://catalog.umd.edu/>.

Cataloging (410) 651-7697

The Cataloging Department is responsible for cataloging and processing all new material received by the library. These materials include books, audiovisuals, serials, dissertations, and theses. It is also the maintenance unit within the library, responsible for 1) correcting database problems, 2) withdrawing lost or damaged material from the library's collection, and 3) verifying name and subject authority work on the online catalog.

Circulation (410) 651-7691

All circulating material at the Frederick Douglass Library is checked out at the Circulation Desk on the first floor. Books may be returned there or in the book drops located outside the library. The Circulation Department offers services such as recalls on circulating materials and requesting materials from other USMAI campuses through the Intercampus Request Service. Laptops for use in the library are checked out here. The Circulation Department bills for late returns and lost items. Also, the Circulation Department houses the reserves collection. These are books placed on reserve by professors for limited time use. These books do not circulate outside the library and often come from a professor’s collection. Many textbooks and supplemental materials are usually included in the reserves collection.

Photocopying is available (Self-Service) both coin-operated or with the Hawk Card.

Interlibrary Loan (410) 651-6609

The Interlibrary Loan Department, located on the first floor, provides access to journal articles not available in the Library. The Department also requests books that do not belong to the Library, or to any of the other USM libraries. Requests may be made electronically via ILLiad.

Media Services Center (410) 651-6275

The non-print collection is housed in the Media Services Center on the lower level. This collection consists of videotapes, slides and cassettes. Services include audiovisual equipment loans and non-print loans, videotaping, editing, videotape and audio cassette duplication. Other services such as banner and poster designs, transparency production, spiral binding and lamination are provided for a small fee.

The Media Services Center also provides access to the Interactive Video Network (IVN) System. UMES faculty, staff and students must present a valid university ID to borrow nonprint materials and audiovisual equipment. Borrowers who are not associated with the campus will need approval from the Dean of Library Services.

Reference Department (410) 651-7937

The Reference Department is located on the first floor to the rear as you enter the library. The collection consists of standard reference material, such as bibliographies, dictionaries, directories, encyclopedias, handbooks and manuals, indexes and abstracts (print and electronic), biographical sources, atlases, yearbooks, and almanacs. The department also has a strong humanities collection, and a Maryland Reference Collection. Computerized reference sources include the online catalog, a large variety of web-based databases, and access to the World Wide Web.

Services include course-related bibliographic instruction as well as one-to-one instruction on individual resources.

Serials/Documents Department (410) 651-6610

The Serials/Documents Department (lower level) houses journals, magazines, newspapers, newsletters, and state, federal, and international documents. The Serials Title List, Subject Guide to Serials, and Guide to Documents in the Frederick Douglass Library, are available at the Serials desk to aid patrons in locating material. Most items are cataloged and may also be located using the Online Catalog system. Please note that journals and magazines are arranged in Library of Congress call number order.

The Micro Media Room is located in the Serials/Documents Department. Titles on microfiche and microfilm are housed here. Six coin-operated reader/printers are available for microform reading and reproduction. Microcomputers are available for access to e-mail and Internet. There is a printer available.

All departmental material is non-circulating. Photocopying is available.

Special Collections (410) 651-7695

Rare books, manuscripts, theses/dissertations and archival material are housed in the Special Collections Department which is located on the second floor of the library. The particular strengths of the collection are Afro-American studies and literature, juvenile literature, and the social life, history, and customs of the Eastern Shore. University Archives houses the documentary records of the university, including official publications, reports, photographs, and miscellaneous documents relating to the history of the institution. The Manuscript Collection features the papers of public figures of the Eastern Shore and elsewhere. Most of the material is non-circulating. Photocopying is available.

Below is a list of resources available to all students enrolled at the University of Maryland Eastern Shore. This information is not intended to be comprehensive, and additional information can be found at the websites listed below: [https://www.umes.edu/uploadedFiles/ \_DEPARTMENTS/Student/Content/Student%20Handbook%202017%20-%202018.pdf](https://wwwcp.umes.edu/pa/wp-content/uploads/sites/110/2022/08/Program-Hdbk-2023.docx)

# Appendix A-1 ~ Class of 2023 Clinical Rotation Schedule {B3.07}[[27]](#endnote-27)

Rotation 1 Monday, January 22, 2024 – Friday, February 23, 2024

Rotation 2 Monday, February 26, 2024 – Friday, March 29, 2024

Rotation 3 Monday, April 01, 2024 – Friday, May 03, 2024

**Off Week** **Saturday, May 04, 2024 – Sunday, May 19, 2024**

Rotation 4 Monday, May 20, 2024 – Friday, June 21, 2024

Rotation 5 Monday, June 24, 2024 – Friday, July 19, 2024

Rotation 6 Monday, July 22, 2024 – Friday, August 23, 2024

Rotation 7 Monday, August 26, 2024 – Friday, September 27, 2024

Rotation 8 Monday, September 30, 2024 – Friday, November 1, 2024

**\*\***All clinical rotations are 5 weeks in length. The student is required to work whatever schedule the preceptor does. The preceptor does not have to be just one person, nor does it have to be a physician. A student may work with a number of different providers within one office and the preceptor may be a PA, NP, CNM, or LSW.

**\*\***The following is a list of the 7 areas of practice and 1 elective rotation in which each UMES PA student must have a 5-week experience.

* Family Medicine
* Internal Medicine
* Behavioral/Psychiatric Medicine
* Pediatrics
* Women’s Health
* Surgery
* Emergency Medicine
* Elective Rotation

# Appendix A-2 ~ Class of 2024 Timeline for Clinical Year

|  |  |
| --- | --- |
| January, 2024 | All immunizations, HIPAA and OSHA certificates should be uploaded to Exxat. |
| January, 2024 | BLS ACLS PALS card uploaded to Exxat |
| January, 2024 | Clinical year begins (Spring 2024) |
| January 22, 2024 | Rotation #1 **(PHAS 690)** |
| February 22, 2021 | Callback #1 |
| February 26, 2024 | Rotation #2 |
| March 28, 2024 | Callback #2 |
| April 01, 2024 | Rotation #3 |
| May 02, 2024 | Callback #3 |
| **May 04 – May 12, 2024** | **BREAK** |
| May 13, 2024 | Rotation #4 **(PHAS 691)** |
| June 13, 2024 | Callback #4 |
| June 17, 2024 | Rotation #5 |
| July 28, 2024 | Callback #5 |
| July 22, 2024 | Rotation #6 **(PHAS 692)** |
| August 22, 2024 | Callback #6 |
| August 26, 2024 | Rotation #7 |
| September 26, 2024 | Callback #7 |
| September 30, 2024 | Rotation #8 |
| October 31, 2024 | Callback #8 |
| **December 13, 2024** | **Graduation** |

* Callback days are mandatory and require time on campus for End of Rotation Exams (EORE), Continuing Education, Advising, Assignments/Case Presentations, Study time for EORE/PANCE and prep time for your next rotation.
* **It is strongly recommended you do not schedule vacations during callback week; attendance is mandatory.**
* The only break during your clinical year is after PHAS 690.
* All evaluations, assignments, and documentation are due on the **Thursday** of Callback week by 8:00 am or you will **NOT** be able to take your scheduled End of Rotation Evaluation.
* Your clinical year allows for **two (2)** discretionary days.
* Students must inform the program and CED prior to starting the Clinical Year of any observed religious holidays.

# Appendix B ~ Capstone Case Criteria/Assembling Your Capstone Information {B2.13}[[28]](#endnote-28)

What criteria can you use to help you choose a specific clinical case?

In the course of your clinical rotations, you are bound to run across some patient cases that present with unusual symptomologies or treatment reactions, exhibit a rare condition, or present a diagnostic or treatment challenge. These are the kinds of cases that may be worthy of a ‘reportable case’, to share with your classmates, and perhaps even be suitable for presentation and publication.

Your supervising physician or PA will be of great help in recognizing these kinds of cases (please mention to him/her that you are in search of such cases). However, you will have to take the initiative too, so keep an eye out for interesting or unusual cases. A good case provides the opportunity to provide a clear message, which is relevant to clinicians. Case reports usually deal with one or more of the following:

**1) A rare condition**. These are the “classic” case report type. Rare, or unreported, conditions are certainly a subject worthy of a case report! These types of reports have a good chance of publication. However, few of you will have the opportunity to describe a novel clinical condition in your career. However, if such a case does come up in your clinical rotations, make sure to write it up as a case report! This would be a great publication.

**2) Unusual presentation of a relatively common pathology.** This could be a case with unusual symptoms, odd combinations of symptoms, or confusing symptoms. If the unusual presentation provides a message or lesson that could be valuable to clinicians, this kind of case report may be publishable. Certainly, this kind of case will be informative for your classmates and a good case report for this course, even if it is not publishable. These make great ‘teaching style’ case reports.

**3) Adverse responses to therapies**. When a patient has adverse responses to a drug or treatment that have not been reported before, this may be a good case report for you to write up. It is important for this kind of information to be communicated via a case report.

**4) Timely/topical.** You may run across a patient with a disease of particular note, even if the disease itself is not novel. For example, if in your pediatrics rotation you come across children with acute flaccid myelitis (AFM) of unknown etiology, perhaps the first child with the disease in the region or state, that would be worthy of a case report. For example:

***Acute Flaccid Myelitis of unknown etiology.*** From August 2014 to January 2015, 120 children (<21 years old) in 34 states in the US developed sudden onset of limb weakness with loss of muscle tone and reflexes within hours to a few days. Most of these cases were preceded by a respiratory illness similar to the common cold or gastrointestinal illness. Spinal cord lesion restricted to gray matter have been observed (anterior myelitis), a pattern of nerve destruction different from classical polio (so poliovirus is not responsible). This disease may be linked to enterovirus D68 or enterovirus C105. Clusters of this disease have occurred in California, Colorado, Utah, and clusters of cases occur around the world.1,2,3

Assembling information for your case report

If you come across an interesting case and want to use the case in a case report, you first need to assemble necessary information.

**1) Patient consent.** You will need patient permission to use his/her medical information in the case report. This is called ‘informed consent’, an ethical requirement. All journals require *written* patient consent upon submission of the manuscript, and for this course, even a manuscript not destined for publication will have a corresponding patient consent form. If the case report involved a minor, legal guardian consent is required. Make sure that the possible participant reads the form completely and be available to answer any questions that the patient may have. It is important for you to stress how you will maintain the anonymity of the patient. The form you will use is posted on Canvas. You can give the first two pages of the form to your consenting patient, but keep the third page for your records. When you turn in your written case report, you will also turn in the consent form.

***When to obtain consent and the role of your preceptor.*** Generally, it is easiest to obtain consent at the time of the clinic visit, so you should make sure to carry plenty of consent forms with you (just in case). Only obtain consent for a case that you (and perhaps your preceptor) think has a good chance of being suitable for your case report. Also, make sure you tell your preceptor about your case report goal, and enlist either approval and/or assistance in the informed consent process, as well as the writing of the case report. *Make sure to mention that the preceptor will be listed as a co-author, if publication results*.

The case report (to be turned in during this course (Capstone, Spring 2024) must have a filled-out patient consent form.

***Obligations to co-authors.*** Should you have a case report worthy of publication, you will be the primary author, with the responsibility of writing the report. Your co-author may, or may not, be interested in participating in the writing of the paper; this should be discussed prior to or during the preparation of the manuscript for publication. Even if your co-author has no vested interest in the writing of the paper, make sure to email a copy to him/her for final approval prior to submission to a journal for potential publication. This is considered a courtesy to co-authors, and for some journals, a pre-requisite for publication.

***About IRB and HIPAA rules in case reports.***As long as your case report does not involve the analysis of over three patient cases, your report should be exempt from IRB (institutional review board) review. However, the author must comply with HIPAA. This involves signed authorization by the patient, guardian, or legally authorized representative (the patient consent form, discussed above), and removing all identifiers from the report (making the health information ‘de-identified’).

The purpose is not to disclose any information that may reveal patient identity. Make sure to remove or edit the below patient information:

* 1. Names.
  2. All geographic subdivisions smaller than a state (such as street address, city, county, precinct, and zip code).
  3. All elements of date (except year) for dates directly related to an individual, such as birth date, admission date, discharge date, date of death, and all ages over 89.
  4. Telephone or fax numbers, electronic mail address, social security numbers, medical record numbers, health plan beneficiary numbers, etc.
  5. Full face photographs, identifying marks (tattoos, birthmarks, etc.) or characteristics.

In addition, you must be confident that the information provided in the case report cannot be used alone or in combination with other information to determine the identity of the subject.4, 5

***Assemble information.*** Acquire the patient case history and physical, diagnostic images, pathology reports, any hospital or outpatient progress notes, discharge summaries, or any other information needed. Remember, this information must remain private, so do not allow others to read the material. That means being careful not to peruse material in public, and certainly not losing material. Ideally, all material with identifiers will be either altered to remove the identifying information, and/or returned to the source site following use. If you talk about the case in the process of writing the report, make sure not to mention possible patient identifiers.

You also need to gather relevant scientific publications. Textbooks are a great place to start. Online databases are available, such as PubMed (<http://www.ncbi.nlm.nih.gov/pubmed> ), PubMed Clinical Queries (go to previous URL, click on ‘clinical queries’ under ‘PubMed tools’), and TRIP database (<http://www.tripdatabase.com/> ). You can also search journals that specialize in the publication of case reports (many are open access), such as Clinical Case Studies (<http://ccs.sagepub.com/> ), NEJM (<http://nejm.org/medical-articles/clinical-cases> ), Clinical Case Reports archive (<http://www.ncbi.nlm.nih.gov/pmc/journals/2542/> ) and current articles (<http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)2050-0904> ), JSM Clinical Case Reports (<https://www.jscimedcentral.com/CaseReports/aims-scope.php> ), Journal of Medical Case Reports (<https://jmedicalcasereports.biomedcentral.com/> ), and many others. And, of course, JAAPA frequently contains case reports.

Focus on the key points of what you want to say in the report, and try to determine the key background information necessary. As you get more specific about the content, you may need to go back and search for more supporting literature.

# Appendix C ~ Student Exposure Form

Student Exposure Form

This form is to be complete when there has been a student needle stick or bodily fluid exposure and submitted via or email to the Clinical Education Director within 24 hours of the exposure.

Date:

Name of Student:

Date and Time of Exposure:

Rotation #: #1  #2  #3  #4  #5  #6  #7  #8

Rotation Type: IM  M  Surgery  ER  WH  Peds  Psych  Elective

Name of Site:

Name of person notified at the site:

Date and Time of Notification:

Please provide a brief description of incident, including how the exposure occurred and location (body part).

Did you receive medical evaluation and/or treatment?  Yes  No

Did you notify the PA Program (CED)?  Yes  No

Date and Time of Notification:

Name of person notified at the Program:

Signatures:

Student Clinical Education Director:

**Please include any paperwork with reports that may have been received as a result of treatment post-exposure.**

# Appendix D ~ Technical Standards for the PA Student {A3.13e}[[29]](#endnote-29)

Applicants to the University of Maryland Eastern Shore Master of Medical Science in Physician Assistant Studies (MMS-PAS) program are selected on the basis of their academic, personal and extracurricular attributes. Applicants must also have the intellectual, physical and emotional capabilities to meet the requirements of their program’s curriculum and of a successful career in medicine.

These standards specify the attributes and behaviors considered essential for successfully completing PA training and enabling each graduate to enter clinical practice. Because these standards describe the essential functions that students must demonstrate to meet the requirements of PA training within a generalist education model, they are prerequisites for admission, continuation and graduation.

UMES will consider for admission any applicant who meets its academic and nonacademic criteria and who demonstrates the ability to perform skills listed in this document, with or without reasonable accommodations, consistent with the Americans with Disabilities Act and the Rehabilitation Act. Our institution is committed to considering all qualified applicants without discrimination or based on any protected characteristics such as race, sex, age, religion, national origin, disability, sexual orientation, gender identity, or veteran status. It is the policy of the PA Program that all students must possess the intellectual, physical and emotional capabilities necessary to undertake the required curriculum in a reasonably independent manner without having to rely on intermediaries and that all students must be able to achieve the levels of competence required by the faculty. All candidates for admission, those both with and without disabilities, are expected to be competitive with others in the applicant pool across defined cognitive and non-cognitive factors. The institutional policy is to make admissions on a case-by-case basis and the basis of each applicant’s qualifications to contribute to UMES PA Program educational mission. For purposes of this document and unless otherwise defined, the term “applicant” or “candidate” means applicants for admissions to the PA Program as well as enrolled PA students who are candidates for promotion and graduation.

**Technical standards for PA Program admission, continuation, and graduation**

A candidate for the Master of Medical Science (MMS-PAS) degree earned after successful completion of the PA Program must have abilities and skills in the five functional areas described below and must have the physical and emotional stamina and capacity to function in a competent manner, and consistent with these standards, in the classroom and in clinical and laboratory settings, including settings that may involve heavy workloads, long hours and stressful situations.

1. **Observation**

* Observe demonstrations and conduct experiments in the basic sciences.
* Observe a patient accurately at a distance and close at hand, noting non-verbal as well as verbal signals. This ability requires functional vision, hearing, and somatic sensation.

1. **Communication**

* Relate effectively with patients, conveying a sense of respect, compassion, and empathy. A student must be able to communicate clearly with and observe patients in order to elicit information, accurately describing changes in mood, activity and posture, and perceive verbal as well as non-verbal communications.
* Communicate with patients, their family members, and the health care team through oral, written, and electronic forms.

**3. Sensory and Motor Coordination or Function**

* Demonstrate sufficient sensory and motor function to perform a physical examination utilizing palpation, auscultation, percussion, and other diagnostic maneuvers.
* Execute prompt, precise, and appropriate responses to provide general and emergency care to patients.
* Manipulate equipment and instruments to perform medical procedures required to attain curricular goals and patient care (e.g. needles, stethoscope, ophthalmoscope, tongue blades, intravenous equipment, gynecologic speculum, and scalpel).
* Perform basic laboratory tests (urinalysis, complete blood count, etc.), and diagnostic and therapeutic procedures (phlebotomy, arterial blood gas drawings, lumbar puncture, arthrocentesis, etc.).

**4. Cognitive, Integrative and Quantitative Abilities**

* Conceptualize, integrate and qualitatively analyze information derived empirically and rationally for problem solving and decision-making.  This includes abilities to reason, calculate, analyze, measure and synthesize information in a variety of settings, including those that may be urgent with increased transient stress and distractions.
* Comprehend three-dimensional relationships and spatial relationships of structures, including anatomical structures.
* Collect, organize, prioritize, analyze and assimilate large amounts of technically detailed and complex information within a limited time frame. This information will be presented in a variety of educational settings, including lectures, small group discussions, and individual clinical settings.

**5. Behavioral and Social Attributes**

* Demonstrate empathy, integrity, honesty, concern for others, good interpersonal skills, interest and motivation as these personal qualities are all required during the educational training process and in patient care.
* Possess the emotional health required for full use of their intellectual abilities, that include the exercise of good judgment, prompt of all educational and clinical responsibilities, and the development of mature, sensitive and effective professional relationships with patients and member of the medical team.
* Possess adequate endurance to tolerate mentally and physically taxing workloads and adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the clinical problems of many patients.be able to use supervision appropriately and act independently, when indicated.

**Process for assessing the applicant’s compliance with the technical standards**

Applicants are required to attest at the time they apply and accept an offer to matriculate that they meet these technical standards and thereafter must attest on an ongoing basis that they continue to meet these standards. These standards are not intended to deter any student who might be able to complete the requirements of the curriculum with reasonable accommodations. An accommodation is not reasonable if it poses a direct threat to the health or safety of self and/or others, if making it requires a substantial modification in an essential element of the curriculum, if it lowers academic standards or if it poses an undue administrative or financial burden. Requests from applicants for reasonable accommodations in meeting the technical standards will be reviewed and considered by an officer appointed by the University to evaluate student requests for accommodations. Information required within a request for accommodations includes, at a minimum, the following, and these required elements must be provided at the applicant’s expenses:

* Documentation of the disability from a licensed professional
* The diagnosis of the disability using standard nomenclature
* A description of the student’s functional limitations due to the disability
* Copies of the evaluation report(s) on or accompanied by a letter on the evaluating professional’s letterhead
* A description of the requested accommodation
* For additional information about the University’s process for assessing an applicant’s compliance with the technical standards, please contact the PA Program.

# Appendix E ~ Student Request for Time Off Form

Student Request for Time Off Form

Name: Today’s Date:

Requested Dates for Time Off:

Scheduled Rotation and Location:

Steps for Requesting Time Off:

Request form for time off must be submitted to the Clinical Education Director

Assigned preceptor must review form and will approve or deny the request.

**Student Illness or Emergency:** Students should immediately notify their preceptor by speaking with him or her directly. Email and text messages to preceptors are NOT acceptable. Clinical faculty (CED or PC) also need to be notified of absence. Student should submit the Request Form for Time Off within 24 hours. Clinical faculty can require this time to be made up if it exceeds two days.

Please indicate the dates you were off from the rotation:

**Request to Attend an Interview:** Student should submit a Request form for time off to the CED at least 1 weeks in advance to seek approval. CED can require this time to be made up if it exceeds two days. You are expected to schedule interviews around your clinical obligations. If this is not feasible, please indicate the name of the meeting, location, and dates you request off. This would count as a discretionary day.

**Non-Urgent Personal Reasons**: Requests for time off for non-urgent personal reasons should be for *major life events only* and are **NOT** guaranteed to be approved by the clinical faculty. Requests can be reviewed if you submit a request form for time off. Please keep in mind when asking for this time:

* These requests must be submitted at least 1 week in advance.
* This will count as a discretionary day
* Justify why this event is more important than participating in a required rotation.

Student Signature:

Date

Clinical Faculty Signature:

Date

Action Taken:  Denied  Approved

# Appendix F ~ Student Clinical Year Onboarding Form



SCHOOL *of* PHARMACY *and* HEALTH PROFESSIONS

Physician Assistant Department

**Onboarding Form**

**Site Orientation**: provide student a tour of the facility and discussing where to park, restrooms, exam rooms, office, library, and campus security location. Inform student of dress code and proper student identification to be worn at clinical site at all times.

**Site schedule:** provide student schedule for the rotation and expectations of following schedule including call schedule and weekend shifts.

**Learning outcomes:** discuss the clinical objectives and learning outcomes with student and the expectations of the student to be a successful student. Set aside time each day or week to discuss student questions or student progress at the clinical site.

**Evaluations:** acknowledge the importance of constructive feedback. Acknowledge that the mid clerkship and end of clerkship evaluations will be reviewed with the student.

Please indicate the **main** preceptor for this rotation and supply their contact information. This is the individual that will be completing your evaluations.

Name/Title: Click or tap here to enter text.

Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Thank you.

# Appendix G ~ Mid Rotation Evaluation of the Student

Student Name: Click or tap here to enter text. Rotation Dates: Click or tap here to enter text.

Clinical Site: Click or tap here to enter text. Preceptor: Click or tap here to enter text.

**STUDENT SELF-ASSESSMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Self-Assessment** | **Excellent (5)** | **Very Good (4)** | **Average (3)** | **Deficient (2)** | **Not Applicable (1)** |
| How do you rate your ability to obtain an appropriate, accurate patient history? |  |  |  |  |  |
| How do you rate your ability to perform an appropriate, comprehensive physical examination? |  |  |  |  |  |
| How do you rate your ability to orally present your findings to your preceptor/other clinicians? |  |  |  |  |  |
| How do you rate your ability to formulate a differential diagnosis? |  |  |  |  |  |
| How do you rate your ability to formulate and implement a patient management plan? |  |  |  |  |  |
| How do you rate your ability to perform clinical procedures appropriate to this rotation? |  |  |  |  |  |
| How do you rate your professional behavior on this rotation? |  |  |  |  |  |

What are your greatest strengths on this rotation?

Click or tap here to enter text.

What improvements do you need to make?

Click or tap here to enter text.

**PRECEPTOR ASSESSMENT OF STUDENT PERFORMANCE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Self-Assessment** | **Excellent (5)** | **Very Good (4)** | **Average (3)** | **Deficient (2)** | **Not Applicable (1)** |
| How do you rate this student’s ability to obtain an appropriate, accurate patient history? |  |  |  |  |  |
| How do you rate this student’s ability to perform an appropriate, comprehensive physical examination? |  |  |  |  |  |
| How do you rate this student’s ability to orally present your findings to your preceptor/other clinicians? |  |  |  |  |  |
| How do you rate this student’s ability to formulate a differential diagnosis? |  |  |  |  |  |
| How do you rate this student’s ability to formulate and implement a patient management plan? |  |  |  |  |  |
| How do you rate this student’s ability to perform clinical procedures appropriate to this rotation? |  |  |  |  |  |
| How do you rate this student’s professional behavior on this rotation? |  |  |  |  |  |

Do you consider this student’s current performance in this rotation to merit a passing grade?

Yes  No  Uncertain

What are the most important things this student should do to improve their performance?

Click or tap here to enter text.

Additional Comments/Suggestions:

Click or tap here to enter text.

Preceptor’s Signature: Date: Click or tap to enter a date.

Student’s Signature: Date: Click or tap to enter a date.

# Appendix H ~ Preceptor Evaluations

The following is the preceptor evaluation of the student. The learning outcome being assessed by the question for the SCPE follows the question in parenthesis. {B3.03[[30]](#endnote-30), B3.03[[31]](#endnote-31), B3.04[[32]](#endnote-32), B3.05[[33]](#endnote-33), B3.06[[34]](#endnote-34), B3.07[[35]](#endnote-35), B4.01[[36]](#endnote-36)}

Behavioral Health Clerkship (SCPE) -

Preceptor Evaluation of the Student (PES)

**STUDENT NAME:** Click or tap here to enter text. **BLOCK:** Choose an item.

**SESSION START DATE:** Click or tap to enter a date. **SESSION** **END DATE:** Click or tap to enter a date.

1. Is this a composite rotation? If no, please proceed to question 3.

|  |  |
| --- | --- |
| **Yes** | **No** |

1. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

|  |
| --- |
|  |

1. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

|  |
| --- |
|  |

1. During the Behavioral Health rotation, the student experienced patient encounters in the following settings. (Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Outpatient | Inpatient | Emergency Department | Operating Room |
|  |  |  |  |

**Evaluation Area and Description:**

**For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:**

|  |  |
| --- | --- |
| **Age Groups:** | **Encounter Types:** |
| I**nfant**: 0-2 years old  **Child:** 2-12 years old  **Adolescents:** 13-18 years old  **Adult:** 19-65 years old  **Elderly:** > 65 years old | **Acute:**  Symptoms or conditions for <6mos  **Chronic:** symptoms or condition for >6mos  **Preventive**: wellness visits or for preventative treatment  **Emergent**: life threatening condition or likely to become life threatening |

**Please rate the student on each of the following elements using the following Likert scale:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
| Outstanding - Excellent and consistent application of knowledge with superb skills | Above Average - Great baseline knowledge and advanced skills: exceeds expectations | Average - Adequate knowledge and skills; meets expectations and improving | Below Average - Needs additional knowledge and/or skills to meet expectations; improving | Poor - Poor knowledge and/or skills; failing to improve | Unable to evaluate/Not observed |

**Knowledge, Clinical and Technical Skills**

1. Medical Knowledge - Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients with behavioral and mental health conditions. (Learning Outcome A1 and A3)
2. **Pathophysiology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. **Pharmacology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. **Clinical and Behavioral Manifestations of Disease**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

6. Evidence-Based Medicine - Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in psychiatry and behavioral health. (Learning Outcome A2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

7. Medical Interview - Student’s ability to utilize a range of communication and interpersonal skills to elicit an accurate and relevant medical history from patients with behavioral and mental health conditions. **(**Learning Outcome B1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

8. Physical Examination - Student’s ability to perform an accurate, focused assessments of patients with behavioral and mental health conditions, recognizing normal and abnormal findings. (Learning Outcome B 2)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

9. Clinical Procedures– Student ability to utilize appropriate screening tools and diagnostic tests to assess patients with behavioral and mental health conditions. Indicate which procedure that student demonstrated competency on the **clinical skills and procedures** check off list. (Learning Outcome B3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform/participate in initial psychia-tric evaluation |  |  |  |  |  |  |
| Completion of SOAP Notes |  |  |  |  |  |  |

**Clinical Reasoning and Problem Solving**

10. Differential Diagnosis - Student’s will apply the skills needed to organize information gathered from the interview, physical exam, and diagnostics tests to formulate a differential diagnosis, and assessment for patients with behavioral and mental health conditions presenting for the following types of care. (Learning Outcome C1)

1. **Interview**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |

1. **Physical Exam**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |

1. **Diagnostic Tests**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |

1. **Formulate a differential diagnosis**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |

11. Diagnostic Studies - Student’s ability to apply the skills of evidence-based medicine to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients with behavioral and mental health conditions presenting for acute and chronic care. (Learning Outcome C2)

1. **Choose appropriate diagnostic studies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |

1. **Interpret diagnostic results correctly**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |

12. Management Plans - Student’s ability to apply the skills of evidence-based medicine to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, for patients with behavioral and mental health conditions presenting for acute and chronic care. (Learning Outcome C3)

1. **Develop an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |

1. **Initiate an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |

1. **Follow-through with an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |

**Interpersonal Skills**

13. Oral Presentation - Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team**.** (Learning Outcome D1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

14. Written Documentation - Student’s ability to summarize clinical information in an accurate and concise manner and navigate current health information technology. (Learning Outcome D2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

15. Patient Education - Student’s ability to provide appropriate health education and counseling to patients in the following age groups, and their families if appropriate. (Learning Outcome D3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

16. Patient Rapport - Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)

1. **Interacts with patients and their families with respect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with trust**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with positive affect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with cultural sensitivity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Behaviors**

17. Professional Relationships - Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)

1. **Student’s ability to work with other members of the health care team showing respect for peers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for preceptors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

18. Proactive Behavior - Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)

1. **Student’s ability to demonstrate self-directed learning**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s initiative to participate in patient care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is an active member of the health care team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

19. Attendance and Effort - Student’s ability to be punctual, be available when needed, and follow- through on assigned work.(Learning Outcome E3)

1. **Student is punctual**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is available when needed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student follows through on assigned work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

20. Overall Professional Conduct - Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes.(Learning Outcome E4)

1. **Student is ethical**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is compassionate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is patient centered**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student acknowledges limitations and mistakes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Assessment of Competency**: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only*)

21. During the Behavioral Health rotation, the student demonstrated competency at providing care to patients in the following age groups.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

22. During the Behavioral Health rotation, the student demonstrated competency at providing care in the following types of encounters. (Please score 0 if not observed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

23. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

|  |
| --- |
|  |

24. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

|  |
| --- |
|  |

25. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student’s performance?

|  |
| --- |
|  |

Would you like to speak to the Clinical Education Director regarding this student?  Yes  No

Preceptor Signature: Date:

Printed Name: Click or tap here to enter text.

Emergency Medicine Clerkship (SCPE) -

Preceptor Evaluation of the Student (PES)

**STUDENT NAME:** Click or tap here to enter text. **BLOCK:** Choose an item.

**SESSION START DATE:** Click or tap to enter a date. **SESSION** **END DATE:** Click or tap to enter a date.

1. Is this a composite rotation? If no, please proceed to question 3.

|  |  |
| --- | --- |
| **Yes** | **No** |

1. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

|  |
| --- |
|  |

1. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

|  |
| --- |
|  |

1. During the Emergency Medicine rotation, the student experienced patient encounters in the following settings. (Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Outpatient | Inpatient | Emergency Department | Operating Room |
|  |  |  |  |

**Evaluation Area and Description:**

**For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:**

|  |  |
| --- | --- |
| **Age Groups:** | **Encounter Types:** |
| I**nfant**: 0-2 years old  **Child:** 2-12 years old  **Adolescents:** 13-18 years old  **Adult:** 19-65 years old  **Elderly:** > 65 years old | **Acute:**  Symptoms or conditions for <6mos  **Chronic:** symptoms or condition for >6mos  **Preventive**: wellness visits or for preventative treatment  **Emergent**: life threatening condition or likely to become life threatening |

**Please rate the student on each of the following elements using the following Likert scale:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
| Outstanding - Excellent and consistent application of knowledge with superb skills | Above Average - Great baseline knowledge and advanced skills: exceeds expectations | Average - Adequate knowledge and skills; meets expectations and improving | Below Average - Needs additional knowledge and/or skills to meet expectations; improving | Poor - Poor knowledge and/or skills; failing to improve | Unable to evaluate/Not observed |

**Knowledge, Clinical and Technical Skills**

1. Medical Knowledge - Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups in emergency medicine. (Learning Outcome A1 and A3)
2. **Pathophysiology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. **Pharmacology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. **Clinical and Behavioral Manifestations of Disease**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Evidence-Based Medicine - Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in emergency medicine. (Learning Outcome A2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Medical Interview - Student’s ability to utilize a range of communication and interpersonal skills to elicit an accurate and relevant medical history from patients in the following age groups. (Learning Outcome B1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Physical Examination - Student’s ability to perform an accurate, focused assessments of patients in the following age groups, recognizing normal and abnormal findings. (Learning Outcome B 2)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Clinical Procedures– Student ability to perform or assist in procedures appropriate to the emergency medicine setting and level of training. Indicate which procedure that student demonstrated competency on the clinical skills and procedures check off list. (Learning Outcome B3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform problem-focused H&P |  |  |  |  |  |  |
| Documentation: SOAP note |  |  |  |  |  |  |
| EKG interpretation |  |  |  |  |  |  |
| CXR interpretation |  |  |  |  |  |  |
| Abdominal x-rays interpretation |  |  |  |  |  |  |
| Extremity x-rays interpretation |  |  |  |  |  |  |
| Spine x-rays interpretation |  |  |  |  |  |  |
| Phlebotomy |  |  |  |  |  |  |
| IV cannulation |  |  |  |  |  |  |
| Local anesthetic injection |  |  |  |  |  |  |
| Incision and drainage (I&D) |  |  |  |  |  |  |
| Sterile technique |  |  |  |  |  |  |
| Simple interrupted suture |  |  |  |  |  |  |
| Documentation: procedure note |  |  |  |  |  |  |

**Clinical Reasoning and Problem Solving**

1. Differential Diagnosis - Student’s will apply the skills needed to organize information gathered from the interview, physical exam, and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in emergency medicine. (Learning Outcome C1)
2. **Interview**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

1. **Physical Exam**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

1. **Diagnostic Tests**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

1. **Formulate a differential diagnosis**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

1. Diagnostic Studies - Student’s ability to apply the skills of evidence-based medicine to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for acute, chronic, and emergent care in emergency medicine. (Learning Outcome C2)
2. **Choose appropriate diagnostic studies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

1. **Interpret diagnostic results correctly**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

1. Management Plans - Student’s ability to apply the skills of evidence-based medicine to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, in acute, chronic, and emergent encounters in emergency medicine. (Learning Outcome C3)
2. **Develop an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

1. **Initiate an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

1. **Follow-through with an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

**Interpersonal Skills**

1. Oral Presentation - Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Written Documentation - Student’s ability to summarize clinical information in an accurate and concise manner and navigate current health information technology. (Learning Outcome D2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Patient Education - Student’s ability to provide appropriate health education and counseling to patients in the following age groups, and their families if appropriate. (Learning Outcome D3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Patient Rapport - Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)
2. **Interacts with patients and their families with respect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with trust**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with positive affect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with cultural sensitivity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Behaviors**

1. Professional Relationships - Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)
2. **Student’s ability to work with other members of the health care team showing respect for peers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for preceptors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Proactive Behavior - Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)
2. **Student’s ability to demonstrate self-directed learning**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s initiative to participate in patient care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is an active member of the health care team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Attendance and Effort - Student’s ability to be punctual, be available when needed, and follow- through on assigned work. (Learning Outcome E3)
2. **Student is punctual**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is available when needed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student follows through on assigned work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Overall Professional Conduct - Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)
2. **Student is ethical**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is compassionate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is patient centered**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student acknowledges limitations and mistakes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Assessment of Competency**: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only*)

1. During the Emergency Medicine rotation, the student demonstrated competency at providing care to patients in the following age groups.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. During the Emergency Medicine rotation, the student demonstrated competency at providing care in the following types of encounters. (Please score 0 if not observed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

1. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

|  |
| --- |
|  |

1. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

|  |
| --- |
|  |

1. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student’s performance?

|  |
| --- |
|  |

Would you like to speak to the Clinical Education Director regarding this student?  Yes  No

Preceptor Signature: Date:

Printed Name: Click or tap here to enter text.

Family Medicine Clerkship (SCPE) -

Preceptor Evaluation of the Student (PES)

**STUDENT NAME:** Click or tap here to enter text. **BLOCK:** Choose an item.

**SESSION START DATE:** Click or tap to enter a date. **SESSION** **END DATE:** Click or tap to enter a date.

1. Is this a composite rotation? If no, please proceed to question 3.

|  |  |
| --- | --- |
| **Yes** | **No** |

1. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

|  |
| --- |
|  |

1. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

|  |
| --- |
|  |

1. During the Family Medicine rotation, the student experienced patient encounters in the following settings. (Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Outpatient | Inpatient | Emergency Department | Operating Room |
|  |  |  |  |

**Evaluation Area and Description:**

**For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:**

|  |  |
| --- | --- |
| **Age Groups:** | **Encounter Types:** |
| I**nfant**: 0-2 years old  **Child:** 2-12 years old  **Adolescents:** 13-18 years old  **Adult:** 19-65 years old  **Elderly:** > 65 years old | **Acute:**  Symptoms or conditions for <6mos  **Chronic:** symptoms or condition for >6mos  **Preventive**: wellness visits or for preventative treatment  **Emergent**: life threatening condition or likely to become life threatening |

**Please rate the student on each of the following elements using the following Likert scale:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
| Outstanding - Excellent and consistent application of knowledge with superb skills | Above Average - Great baseline knowledge and advanced skills: exceeds expectations | Average - Adequate knowledge and skills; meets expectations and improving | Below Average - Needs additional knowledge and/or skills to meet expectations; improving | Poor - Poor knowledge and/or skills; failing to improve | Unable to evaluate/Not observed |

**Knowledge, Clinical and Technical Skills**

1. Medical Knowledge - Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups. (Learning Outcome A1 and A3)
2. **Pathophysiology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. **Pharmacology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. **Clinical and Behavioral Manifestations of Disease**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Evidence-Based Medicine - Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in family medicine. (Learning Outcome A2, C2, C3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Medical Interview - Student’s ability to utilize a range of communication and interpersonal skills to elicit an accurate and relevant medical history from patients in the following age groups. (Learning Outcome B1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Physical Examination - Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups, recognizing normal and abnormal findings. (Learning Outcome B2)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Clinical Procedures– Student ability to perform or assist in procedures appropriate to the family medicine setting and level of training. Indicate which procedure that student demonstrated competency on the clinical skills and procedures check off list. (Learning Outcome B3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform wellness H&P |  |  |  |  |  |  |
| Perform focused H&P |  |  |  |  |  |  |
| Documentation: Wellness H&P |  |  |  |  |  |  |
| Documentation: SOAP note |  |  |  |  |  |  |
| Fundoscopic exam |  |  |  |  |  |  |
| Visual screen |  |  |  |  |  |  |
| Male genital & hernia exam |  |  |  |  |  |  |
| Rectal exam |  |  |  |  |  |  |
| Writing prescriptions |  |  |  |  |  |  |
| Dip stick urinalysis |  |  |  |  |  |  |
| Finger stick |  |  |  |  |  |  |
| Throat swab |  |  |  |  |  |  |

**Clinical Reasoning and Problem Solving**

1. Differential Diagnosis - Student’s will apply the skills needed to organize information gathered from the interview, physical exam, and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in family medicine. (Learning Outcome C1)
2. **Interview**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Physical Exam**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Diagnostic Tests**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Formulate a differential diagnosis**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. Diagnostic Studies - Student’s ability to apply the skills of evidence-based medicine to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for acute, chronic, or preventive care in family medicine. (Learning Outcome C2)
2. **Choose appropriate diagnostic studies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Interpret diagnostic results correctly**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. Management Plans - Student’s ability to apply the skills of evidence-based medicine to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, in acute, chronic, and preventative family medicine encounters. (Learning Outcome C3)
2. **Develop an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Initiate an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Follow-through with an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

**Interpersonal Skills**

1. Oral Presentation - Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Written Documentation - Student’s ability to summarize clinical information in an accurate and concise manner and navigate current health information technology. (Learning Outcome D2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Patient Education - Student’s ability to provide appropriate health education and counseling to patients in the following age groups, and their families if appropriate. (Learning Outcome D3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Patient Rapport - Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)
2. **Interacts with patients and their families with respect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with trust**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with positive affect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with cultural sensitivity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Behaviors**

1. Professional Relationships - Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)
2. **Student’s ability to work with other members of the health care team showing respect for peers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for preceptors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Proactive Behavior - Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)
2. **Student’s ability to demonstrate self-directed learning**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s initiative to participate in patient care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is an active member of the health care team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Attendance and Effort - Student’s ability to be punctual, be available when needed, and follow- through on assigned work. (Learning Outcome E3)
2. **Student is punctual**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is available when needed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student follows through on assigned work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Overall Professional Conduct - Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)
2. **Student is ethical**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is compassionate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is patient centered**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student acknowledges limitations and mistakes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Assessment of Competency**: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only*)

1. During the Family Medicine rotation, the student demonstrated competency at providing care to patients in the following age groups.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. During the Family Medicine rotation, the student demonstrated competency at providing care in the following types of encounters. (Please score 0 if not observed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

1. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

|  |
| --- |
|  |

1. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

|  |
| --- |
|  |

1. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student’s performance?

|  |
| --- |
|  |

Would you like to speak to the Clinical Education Director regarding this student?  Yes  No

Preceptor Signature: Date:

Printed Name: Click or tap here to enter text.

Pediatrics Clerkship (SCPE) -

Preceptor Evaluation of the Student (PES)

**STUDENT NAME:** Click or tap here to enter text. **BLOCK:** Choose an item.

**SESSION START DATE:** Click or tap to enter a date. **SESSION** **END DATE:** Click or tap to enter a date.

1. Is this a composite rotation? If no, please proceed to question 3.

|  |  |
| --- | --- |
| **Yes** | **No** |

1. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

|  |
| --- |
|  |

1. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

|  |
| --- |
|  |

1. During the Pediatrics rotation, the student experienced patient encounters in the following settings. (Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Outpatient | Inpatient | Emergency Department | Operating Room |
|  |  |  |  |

**Evaluation Area and Description:**

**For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:**

|  |  |
| --- | --- |
| **Age Groups:** | **Encounter Types:** |
| I**nfant**: 0-2 years old  **Child:** 2-12 years old  **Adolescents:** 13-18 years old  **Adult:** 19-65 years old  **Elderly:** > 65 years old | **Acute:**  Symptoms or conditions for <6mos  **Chronic:** symptoms or condition for >6mos  **Preventive**: wellness visits or for preventative treatment  **Emergent**: life threatening condition or likely to become life threatening |

**Please rate the student on each of the following elements using the following Likert scale:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
| Outstanding - Excellent and consistent application of knowledge with superb skills | Above Average - Great baseline knowledge and advanced skills: exceeds expectations | Average - Adequate knowledge and skills; meets expectations and improving | Below Average - Needs additional knowledge and/or skills to meet expectations; improving | Poor - Poor knowledge and/or skills; failing to improve | Unable to evaluate/Not observed |

**Knowledge, Clinical and Technical Skills**

1. Medical Knowledge - Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients with pediatric conditions. (Learning Outcome A1 and A3)
2. **Pathophysiology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |

1. **Pharmacology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |

1. **Clinical and Behavioral Manifestations of Disease**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |

1. Evidence-Based Medicine - Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in pediatric medicine. (Learning Outcome A2, C2, C3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Medical Interview - Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients, or their family members, in the following age groups. (Learning Outcome B1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |

1. Physical Examination - Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups recognizing normal and abnormal findings. (Learning Outcome B 2)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |

1. Clinical Procedures– Student ability to perform or assist in procedures appropriate to the pediatric medicine setting and level of training. (Learning Outcome B3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Physical exam of a child <1 yr |  |  |  |  |  |  |
| Physical exam of a child >1 yr |  |  |  |  |  |  |
| Otoscopic exam |  |  |  |  |  |  |
| Perform well child H&P |  |  |  |  |  |  |
| Perform problem focused H&P |  |  |  |  |  |  |
| Documentation: SOAP note |  |  |  |  |  |  |

**Clinical Reasoning and Problem Solving**

1. Differential Diagnosis - Student’s will apply the skills needed to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in pediatric medicine. (Learning Outcome C1)
2. **Interview**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Physical Exam**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Diagnostic Tests**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Formulate a differential diagnosis**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. Diagnostic Studies - Student’s ability to apply the skills of evidence-based medicine to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for acute, chronic, or preventive care in pediatric medicine. (Learning Outcome C2)
2. **Choose appropriate diagnostic studies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Interpret diagnostic results correctly**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. Management Plans - Student’s ability to apply the skills of evidence-based medicine to develop, initiate and follow through on appropriate management plans, that are consistent with patient’s needs and preferences, for pediatric patients presenting for acute and chronic care. (Learning Outcome C3)
2. **Develop an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Initiate an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Follow-through with an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

**Interpersonal Skills**

1. Oral Presentation - Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Written Documentation - Student’s ability to summarize clinical information in an accurate and concise manner and navigate current health information technology. (Learning Outcome D2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Patient Education - Student’s ability to provide appropriate health education and counseling to patients in the following age groups, and their families if appropriate. (Learning Outcome D3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |

1. Patient Rapport - Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)
2. **Interacts with patients and their families with respect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with trust**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with positive affect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with cultural sensitivity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Behaviors**

1. Professional Relationships - Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)
2. **Student’s ability to work with other members of the health care team showing respect for peers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for preceptors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Proactive Behavior - Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)
2. **Student’s ability to demonstrate self-directed learning**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s initiative to participate in patient care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is an active member of the health care team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Attendance and Effort - Student’s ability to be punctual, be available when needed, and follow- through on assigned work. (Learning Outcome E3)
2. **Student is punctual**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is available when needed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student follows through on assigned work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Overall Professional Conduct - Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)
2. **Student is ethical**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is compassionate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is patient centered**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student acknowledges limitations and mistakes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Assessment of Competency**: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only*)

1. During the Pediatrics rotation, the student demonstrated competency at providing care to patients in the following age groups.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. During the Pediatrics rotation, the student demonstrated competency at providing care in the following types of encounters. (Please score 0 if not observed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

1. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

|  |
| --- |
|  |

1. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

|  |
| --- |
|  |

1. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student’s performance?

|  |
| --- |
|  |

Would you like to speak to the Clinical Education Director regarding this student?  Yes  No

Preceptor Signature: Date:

Printed Name: Click or tap here to enter text.

Surgery Clerkship (SCPE) -

Preceptor Evaluation of the Student (PES)

**STUDENT NAME:** Click or tap here to enter text. **BLOCK:** Choose an item.

**SESSION START DATE:** Click or tap to enter a date. **SESSION** **END DATE:** Click or tap to enter a date.

1. Is this a composite rotation? If no, please proceed to question 3.

|  |  |
| --- | --- |
| **Yes** | **No** |

1. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

|  |
| --- |
|  |

1. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

|  |
| --- |
|  |

1. During the Surgery rotation, the student experienced patient encounters in the following settings. (Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Outpatient | Inpatient | Emergency Department | Operating Room |
|  |  |  |  |

**Evaluation Area and Description:**

**For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:**

|  |  |
| --- | --- |
| **Age Groups:** | **Encounter Types:** |
| I**nfant**: 0-2 years old  **Child:** 2-12 years old  **Adolescents:** 13-18 years old  **Adult:** 19-65 years old  **Elderly:** > 65 years old | **Acute:**  Symptoms or conditions for <6mos  **Chronic:** symptoms or condition for >6mos  **Preventive**: wellness visits or for preventative treatment  **Emergent**: life threatening condition or likely to become life threatening |

**Please rate the student on each of the following elements using the following Likert scale:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
| Outstanding - Excellent and consistent application of knowledge with superb skills | Above Average - Great baseline knowledge and advanced skills: exceeds expectations | Average - Adequate knowledge and skills; meets expectations and improving | Below Average - Needs additional knowledge and/or skills to meet expectations; improving | Poor - Poor knowledge and/or skills; failing to improve | Unable to evaluate/Not observed |

**Knowledge, Clinical and Technical Skills**

1. Medical Knowledge - Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of the patients presenting with conditions requiring surgical management in the following age groups. (Learning Outcome A1 and A3)
2. **Pathophysiology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. **Pharmacology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. **Clinical and Behavioral Manifestations of Disease**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Evidence-Based Medicine - Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to the care of a patient presenting with a condition requiring surgical management. (Learning Outcome A2, C2, C3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Medical Interview - Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from a patient presenting with a condition requiring surgical management in the following age groups. (Learning Outcome B1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Physical Examination - Student’s ability to perform an accurate, focused physical examination on a patient with a condition requiring surgical management in the following setting, recognizing normal and abnormal findings. (Learning Outcome B 2)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Pre-operative |  |  |  |  |  |  |
| Post-operative |  |  |  |  |  |  |

1. Clinical Procedures – Student ability to perform or assist in the performance of common procedures during the care of the patient with a condition requiring surgical care in the following settings. (Learning Outcome B3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| **Pre-operative** |  |  |  |  |  |  |
| Pre-op H&P |  |  |  |  |  |  |
| Pre-op evaluation |  |  |  |  |  |  |
| Documentation: Pre-op evaluation |  |  |  |  |  |  |
| Self-gowning & gloving |  |  |  |  |  |  |
| scrubbing |  |  |  |  |  |  |
| **Intra-operative** |  |  |  |  |  |  |
| Sterile technique while assisting in OR |  |  |  |  |  |  |
| Intraoperative knot tying |  |  |  |  |  |  |
| Wound closure |  |  |  |  |  |  |
| Staple insertion |  |  |  |  |  |  |
| Brief operative note |  |  |  |  |  |  |
| Documentation: Brief Op note |  |  |  |  |  |  |
| **Post-operative** |  |  |  |  |  |  |
| Post-op evaluation |  |  |  |  |  |  |
| Providing discharge instructions to patients |  |  |  |  |  |  |
| Wound care |  |  |  |  |  |  |
| Documentation: Discharge summary |  |  |  |  |  |  |
| Documentation: Post-op SOAP note |  |  |  |  |  |  |
| Staple removal |  |  |  |  |  |  |
| Suture removal |  |  |  |  |  |  |

**Clinical Reasoning and Problem Solving**

1. Differential Diagnosis - Student’s will apply the skills needed to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment of patients presenting with a condition requiring surgical management in the following types of encounters. (Learning Outcome C1)
2. **Interview**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Physical Exam**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Diagnostic Tests**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Formulate a differential diagnosis**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. Diagnostic Studies - Student’s ability to apply the skills of evidence-based medicine to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients with a condition requiring surgical management in pre-operative and post-operative settings. (Learning Outcome C2)
2. **Choose appropriate diagnostic studies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Pre-operative |  |  |  |  |  |  |
| Post-operative |  |  |  |  |  |  |

1. **Interpret diagnostic results correctly**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Pre-operative |  |  |  |  |  |  |
| Post-operative |  |  |  |  |  |  |

1. Management Plans - Student’s ability to apply the skills of evidence-based medicine to develop, initiate and follow through on appropriate management plans that are consistent with the patient’s needs and preferences in pre-operative and post-operative settings. (Learning Outcome C3)
2. **Develop an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Pre-operative |  |  |  |  |  |  |
| Post-operative |  |  |  |  |  |  |

1. **Initiate an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Follow-through with an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Pre-operative |  |  |  |  |  |  |
| Post-operative |  |  |  |  |  |  |

**Interpersonal Skills**

1. Oral Presentation - Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Written Documentation - Student’s ability to summarize clinical information in an accurate and concise manner and navigate current health information technology. (Learning Outcome D2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Patient Education - Student’s ability to provide appropriate health education and counseling to patients in the following age groups, and their families if appropriate. (Learning Outcome D3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Pre-operative |  |  |  |  |  |  |
| Post-operative |  |  |  |  |  |  |

1. Patient Rapport - Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)
2. **Interacts with patients and their families with respect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with trust**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with positive affect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with cultural sensitivity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Behaviors**

1. Professional Relationships - Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)
2. **Student’s ability to work with other members of the health care team showing respect for peers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for preceptors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Proactive Behavior - Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)
2. **Student’s ability to demonstrate self-directed learning**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s initiative to participate in patient care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is an active member of the health care team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Attendance and Effort - Student’s ability to be punctual, be available when needed, and follow- through on assigned work. (Learning Outcome E3)
2. **Student is punctual**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is available when needed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student follows through on assigned work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Overall Professional Conduct - Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)
2. **Student is ethical**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is compassionate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is patient centered**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student acknowledges limitations and mistakes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Assessment of Competency**: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only*)

1. During the Surgery rotation, the student demonstrated competency at providing care to patients in the following age groups.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. During the Surgery rotation, the student demonstrated competency at providing care in the following types of encounters. (Please score 0 if not observed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |
| Pre-operative |  |  |  |  |  |  |
| Intra-operative |  |  |  |  |  |  |
| Post-operative |  |  |  |  |  |  |

1. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

|  |
| --- |
|  |

1. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

|  |
| --- |
|  |

1. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student’s performance?

|  |
| --- |
|  |

Would you like to speak to the Clinical Education Director regarding this student?  Yes  No

Preceptor Signature: Date:

Printed Name: Click or tap here to enter text.

Internal Medicine Clerkship (SCPE) -

Preceptor Evaluation of the Student (PES)

**STUDENT NAME:** Click or tap here to enter text. **BLOCK:** Choose an item.

**SESSION START DATE:** Click or tap to enter a date. **SESSION** **END DATE:** Click or tap to enter a date.

1. Is this a composite rotation? If no, please proceed to question 3.

|  |  |
| --- | --- |
| **Yes** | **No** |

1. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

|  |
| --- |
|  |

1. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

|  |
| --- |
|  |

1. During the Internal Medicine rotation, the student experienced patient encounters in the following settings. (Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Outpatient | Inpatient | Emergency Department | Operating Room |
|  |  |  |  |

**Evaluation Area and Description:**

**For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:**

|  |  |
| --- | --- |
| **Age Groups:** | **Encounter Types:** |
| I**nfant**: 0-2 years old  **Child:** 2-12 years old  **Adolescents:** 13-18 years old  **Adult:** 19-65 years old  **Elderly:** > 65 years old | **Acute:**  Symptoms or conditions for <6mos  **Chronic:** symptoms or condition for >6mos  **Preventive**: wellness visits or for preventative treatment  **Emergent**: life threatening condition or likely to become life threatening |

**Please rate the student on each of the following elements using the following Likert scale:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
| Outstanding - Excellent and consistent application of knowledge with superb skills | Above Average - Great baseline knowledge and advanced skills: exceeds expectations | Average - Adequate knowledge and skills; meets expectations and improving | Below Average - Needs additional knowledge and/or skills to meet expectations; improving | Poor - Poor knowledge and/or skills; failing to improve | Unable to evaluate/Not observed |

**Knowledge, Clinical and Technical Skills**

1. Medical Knowledge - Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients in the following age groups. (Learning Outcome A1 and A3)
2. **Pathophysiology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. **Pharmacology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. **Clinical and Behavioral Manifestations of Disease**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Evidence-Based Medicine – Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in inpatient medicine. (Learning Outcome A2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Medical Interview – Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients in the following age groups. (Learning Outcome B1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Physical Examination– Student’s ability to perform an appropriate, specific, and accurate physical examination on patients in the following age groups recognizing normal and abnormal findings. (Learning Outcome B 2)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Clinical Procedures - Student ability to perform or assist in procedures appropriate to the inpatient medicine setting and level of training. (Learning Outcome B3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Perform a complete cardiovascular exam (normal or abnormal) |  |  |  |  |  |  |
| Perform a complete pulmonary exam (normal or abnormal) |  |  |  |  |  |  |
| Perform admission H&P |  |  |  |  |  |  |
| Perform daily progress H&P |  |  |  |  |  |  |
| Documentation: Admission H&P |  |  |  |  |  |  |
| Documentation: Admission orders |  |  |  |  |  |  |

**Clinical Reasoning and Problem Solving**

1. Differential Diagnosis - Student’s ability to organize information gathered from the interview, physical exam, and diagnostics tests to formulate a differential diagnosis, and assessment for patients presenting for the following types of care in inpatient medicine. **B3.02** (Learning Outcome C1)
2. **Interview**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Physical Exam**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Diagnostic Tests**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Formulate a differential diagnosis**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. Diagnostic Studies - Students will apply the skills of evidence-based medicine to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for acute, chronic, or preventive care in internal medicine. B3.02 (Learning Outcome C2)
2. **Choose appropriate diagnostic studies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Interpret diagnostic results correctly**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. Management Plans – Students will apply the skills of evidence-based medicine to develop, initiate and follow through appropriate management plans that are consistent with the patient’s needs and preferences for common internal medicine problems in acute, chronic, and preventive encounters. (Learning outcome C3)
2. **Develop an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Initiate an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

1. **Follow-through with an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |

**Interpersonal Skills**

1. Oral Presentation - Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team**.** (Learning Outcome D1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Written Documentation - Student’s ability to summarize clinical information in an accurate and concise manner and navigate current health information technology. (Learning Outcome D2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Patient Education - Student’s ability to provide appropriate health education and counseling to patients in the following age groups and their families if appropriate. **B3.03a** (Learning Outcome D3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Patient Rapport - Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)
2. **Interacts with patients and their families with respect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with trust**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with positive affect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with cultural sensitivity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Behaviors**

1. Professional Relationships - Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)
2. **Student’s ability to work with other members of the health care team showing respect for peers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for preceptors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Proactive Behavior - Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)
2. **Student’s ability to demonstrate self-directed learning**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s initiative to participate in patient care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is an active member of the health care team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Attendance and Effort - Student’s ability to be punctual, be available when needed, and follow- through on assigned work. (Learning Outcome E3)
2. **Student is punctual**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is available when needed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student follows through on assigned work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Overall Professional Conduct - Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes.(Learning Outcome E4)
2. **Student is ethical**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is compassionate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is patient centered**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student acknowledges limitations and mistakes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Assessment of Competency**: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only*)

1. During the Internal Medicine rotation, the student demonstrated competency at providing care to patients in the following age groups.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. During the Internal Medicine rotation, the student demonstrated competency at providing care in the following types of encounters. (Please score 0 if not observed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |

1. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

|  |
| --- |
|  |

1. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

|  |
| --- |
|  |

1. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student’s performance?

|  |
| --- |
|  |

Would you like to speak to the Clinical Education Director regarding this student?  Yes  No

Preceptor Signature: Date:

Printed Name: Click or tap here to enter text.

Women’s Health Clerkship (SCPE) -

Preceptor Evaluation of the Student (PES)

**STUDENT NAME:** Click or tap here to enter text. **BLOCK:** Choose an item.

**SESSION START DATE:** Click or tap to enter a date. **SESSION** **END DATE:** Click or tap to enter a date.

1. Is this a composite rotation? If no, please proceed to question 3.

|  |  |
| --- | --- |
| **Yes** | **No** |

1. If this is a composite evaluation, please list the names of the preceptors contributing to this evaluation:

|  |
| --- |
|  |

1. Please describe your teaching activities including the clinical context and frequency of interaction with the student.

|  |
| --- |
|  |

1. During the Women’s Health rotation, the student experienced patient encounters in the following settings. (Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Outpatient | Inpatient | Emergency Department | Operating Room |
|  |  |  |  |

**Evaluation Area and Description:**

**For the purposes of this evaluation, please use the age group parameters and encounter type definitions listed below:**

|  |  |
| --- | --- |
| **Age Groups:** | **Encounter Types:** |
| I**nfant**: 0-2 years old  **Child:** 2-12 years old  **Adolescents:** 13-18 years old  **Adult:** 19-65 years old  **Elderly:** > 65 years old | **Acute:**  Symptoms or conditions for <6mos  **Chronic:** symptoms or condition for >6mos  **Preventive**: wellness visits or for preventative treatment  **Emergent**: life threatening condition or likely to become life threatening |

**Please rate the student on each of the following elements using the following Likert scale:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
| Outstanding - Excellent and consistent application of knowledge with superb skills | Above Average - Great baseline knowledge and advanced skills: exceeds expectations | Average - Adequate knowledge and skills; meets expectations and improving | Below Average - Needs additional knowledge and/or skills to meet expectations; improving | Poor - Poor knowledge and/or skills; failing to improve | Unable to evaluate/Not observed |

**Knowledge, Clinical and Technical Skills**

1. Medical Knowledge - Student’s ability to demonstrate a strong fund of knowledge of pathophysiology, pharmacology, clinical and behavioral manifestations of disease and apply these to the care of patients seeking women’s health in the following age groups. (Learning Outcome A1 and A3)
2. **Pathophysiology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. **Pharmacology**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. **Clinical and Behavioral Manifestations of Disease**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Evidence-Based Medicine - Student’s ability to demonstrate an understanding of medical research and evidence-based medicine and apply it to clinical practice in obstetrics and gynecology. (Learning Outcome A2, C2, C3)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Medical Interview - Student’s ability to utilize a range of communication and interpersonal skills to elicit a thorough history from patients seeking women’s health in the following age groups. (Learning Outcome B1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Physical Examination - Student’s ability to perform an appropriate, specific, and accurate physical examination on patients seeking women’s health in the following age groups recognizing normal and abnormal findings. (Learning Outcome B 2)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Clinical Procedures – Student ability to perform or assist in medical and surgical procedures appropriate to the obstetrics and gynecology setting and level of training. Indicate which procedure that student demonstrated competency on the clinical skills and clinical procedures check off list. (Learning Outcome B3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Pelvic exam |  |  |  |  |  |  |
| Pap smear &/or cervical cultures |  |  |  |  |  |  |
| Breast exam |  |  |  |  |  |  |
| Perform comprehensive gynecological & obstetrical history |  |  |  |  |  |  |
| Perform prenatal visit to include measuring fundal height & taking fetal heart rate |  |  |  |  |  |  |
| Perform postnatal evaluation |  |  |  |  |  |  |
| Perform focused H&P for women’s health complaint |  |  |  |  |  |  |
| Documentation: SOAP note |  |  |  |  |  |  |

**Clinical Reasoning and Problem Solving**

1. Differential Diagnosis - Student’s will apply the skills needed to organize information gathered from the interview, physical exam and diagnostics tests to formulate a differential diagnosis, and assessment for patients seeking women’s health presenting for the following types of care. (Learning Outcome C1)
2. **Interview**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Gynecologic |  |  |  |  |  |  |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Prenatal |  |  |  |  |  |  |

1. **Physical Exam**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Gynecologic |  |  |  |  |  |  |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Prenatal |  |  |  |  |  |  |

1. **Diagnostic Tests**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Gynecologic |  |  |  |  |  |  |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Prenatal |  |  |  |  |  |  |

1. **Formulate a differential diagnosis**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Gynecologic |  |  |  |  |  |  |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Prenatal |  |  |  |  |  |  |

1. Diagnostic Studies - Student’s will apply the skills of evidence-based medicine to choose appropriate diagnostic studies and interpret the results for the purpose of diagnosis and disease management for patients presenting for the following types of care in obstetrics and gynecology. (Learning Outcome C2)
2. **Choose appropriate diagnostic studies**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Gynecologic |  |  |  |  |  |  |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Prenatal |  |  |  |  |  |  |

1. **Interpret diagnostic results correctly**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Gynecologic |  |  |  |  |  |  |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Prenatal |  |  |  |  |  |  |

1. Management Plans - Student’s ability to apply the skills of evidence-based medicine to develop, initiate and follow through on appropriate management plans for the patient seeking women’s health that are consistent with patient’s needs and preferences in the following types of encounters. (Learning Outcome C3)
2. **Develop an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Gynecologic |  |  |  |  |  |  |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Prenatal |  |  |  |  |  |  |

1. **Initiate an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Gynecologic |  |  |  |  |  |  |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Prenatal |  |  |  |  |  |  |

1. **Follow-through with an appropriate management plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Gynecologic |  |  |  |  |  |  |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Prenatal |  |  |  |  |  |  |

**Interpersonal Skills**

1. Oral Presentation - Student’s ability to orally present clinical information in a concise and coherent manner to the clinical preceptor and other members of the health care team. (Learning Outcome D1)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Written Documentation - Student’s ability to summarize clinical information in an accurate and concise manner and navigate current health information technology. (Learning Outcome D2)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Patient Education - Student’s ability to provide appropriate health education and counseling to patients in the following age groups, and their families if appropriate. (Learning Outcome D3)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. Patient Rapport - Student’s ability to interact with patients and their families with respect, trust, positive affect, and cultural sensitivity. (Learning Outcome D4)
2. **Interacts with patients and their families with respect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with trust**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with positive affect**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Interacts with patients and their families with cultural sensitivity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Behaviors**

1. Professional Relationships - Student’s ability to work with other members of the health care team, showing respect for peers, preceptors and staff. (Learning Outcome E1)
2. **Student’s ability to work with other members of the health care team showing respect for peers**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for preceptors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s ability to work with other members of the health care team showing respect for staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Proactive Behavior - Student’s ability to demonstrate self-directed learning, initiative to participate in patient care, and be an active member of the health care team. (Learning Outcome E2)
2. **Student’s ability to demonstrate self-directed learning**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student’s initiative to participate in patient care**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is an active member of the health care team**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Attendance and Effort - Student’s ability to be punctual, be available when needed, and follow- through on assigned work. (Learning Outcome E3)
2. **Student is punctual**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is available when needed**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student follows through on assigned work**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. Overall Professional Conduct - Student is ethical, compassionate, patient centered, and acknowledges limitations and mistakes. (Learning Outcome E4)
2. **Student is ethical**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is compassionate**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student is patient centered**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

1. **Student acknowledges limitations and mistakes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5** | **4** | **3** | **2** | **1** | **0** |
|  |  |  |  |  |  |

**Assessment of Competency**: Competencies are the knowledge, interpersonal, clinical and technical skills, professional behaviors and clinical reasoning and problem-solving skills required for clinical practice. Please answer the following questions based on your observations of the student. *(For internal tracking only*)

1. During the Women’s Health rotation, the student demonstrated competency at providing care to patients in the following age groups.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Infants |  |  |  |  |  |  |
| Children |  |  |  |  |  |  |
| Adolescents |  |  |  |  |  |  |
| Adults |  |  |  |  |  |  |
| Elderly |  |  |  |  |  |  |

1. During the Women’s Health rotation, the student demonstrated competency at providing care in the following types of encounters. (Please score 0 if not observed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **5** | **4** | **3** | **2** | **1** | **0** |
| Acute |  |  |  |  |  |  |
| Chronic |  |  |  |  |  |  |
| Preventive |  |  |  |  |  |  |
| Emergent |  |  |  |  |  |  |
| Prenatal |  |  |  |  |  |  |
| Gynecologic |  |  |  |  |  |  |

1. Narrative Comments

Please use the space below to elaborate on aspects of this student’s performance. Portions of this narrative may be used in program letters of recommendation.

|  |
| --- |
|  |

1. Recommendations for Future Learning

Please use this space to summarize your suggestions for the student’s future learning. This information will be used as formative feedback.

|  |
| --- |
|  |

1. Recommendations for Program

Do you have any suggestions for the PA program regarding curricular changes that would improve the student’s performance?

|  |
| --- |
|  |

Would you like to speak to the Clinical Education Director regarding this student?  Yes  No

Preceptor Signature: Date:

Printed Name: Click or tap here to enter text.

# Appendix I ~ Student Evaluation of the Clinical Site

Clinical Site: Click or tap here to enter text. Discipline: Click or tap here to enter text.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Information from this survey will be made available to future students in this clinical site to familiarize them with the learning experiences at this SCPE facility/site. Information compiled from this survey will also be reviewed by the UMES Physician Assistant program’s faculty/staff as part of the clinical evaluation process to recognize clinical sites of excellence, and to provide guidance to individual clinical sites and instructors when appropriate to create an effective learning environment for students. | | | | | | | | | | | | | | | | | | | | | | |
| 2. | I was made to feel welcome to this facility/clinical site. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Strongly Agree (5)** | | | | | **Agree (4)** | | | | | **Disagree (3)** | | | | **Strongly Disagree (2)** | | | | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | Additional Comments: | | | | | | | | | | | | | | | | | | | | | | |
| **3.** | Is there anything that could have been provided during your onboarding/orientation that would have helped you function better at this clinical site? Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
| **4.** | Please rate the following items related to this clinical site’s practice environment: | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Learning experiences are available to meet my personal rotation goals: | | | | | | | | | | | | | | | | | | | | | | |
|  | **Strongly Agree (5)** | | | | | **Agree (4)** | | | | | **Disagree (3)** | | | | **Strongly Disagree (2)** | | | | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | Additional Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Learning experiences are available to meet my rotation outcomes: | | | | | | | | | | | | | | | | | | | | | | |
|  | **Strongly Agree (5)** | | | | | **Agree (4)** | | | | | **Disagree (3)** | | | | **Strongly Disagree (2)** | | | | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | 1. The clinical instructor/preceptor (2) demonstrated an adequate understanding of student’s learning outcomes during the clinical experience. | | | | | | | | | | | | | | | | | | | | | | |
|  | Additional Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Strongly Agree (5)** | | | | | **Agree (4)** | | | | | **Disagree (3)** | | | | **Strongly Disagree (2)** | | | | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | Additional Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Policies and procedures of the clinical site were available to students. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Strongly Agree (5)** | | | | | **Agree (4)** | | | | | **Disagree (3)** | | | | **Strongly Disagree (2)** | | | | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | Additional Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. The clinical team provided me opportunities to participate in and perform medical procedures. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Strongly Agree (5)** | | | | | **Agree (4)** | | | | | **Disagree (3)** | | | | **Strongly Disagree (2)** | | | | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | Additional Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Adequate space was available to counsel/educate students. | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Strongly Agree (5)** | | | | | **Agree (4)** | | | | | | **Disagree (3)** | | | **Strongly Disagree (2)** | | | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | Additional Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Staff members were open to student input. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Strongly Agree (5)** | | | | **Agree (4)** | | | | | | | **Disagree (3)** | | | | | **Strongly Disagree (2)** | | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | Additional Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Day to day issues/concerns were satisfactorily resolved through communications and coordination with staff or my clinical instructor/preceptor. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Strongly Agree (5)** | | | | **Agree (4)** | | | | | | | **Disagree (3)** | | | | | **Strongly Disagree (2)** | | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | Additional Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Clinical staff were positive role models for student learning. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Strongly Agree (5)** | | | | **Agree (4)** | | | | | | | **Disagree (3)** | | | | | **Strongly Disagree (2)** | | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | Additional Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Medical staff maintained responsibility for assigned client care. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Strongly Agree (5)** | | | | **Agree (4)** | | | | | | | **Disagree (3)** | | | | | **Strongly Disagree (2)** | | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | Additional Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| **5.** | During this rotation, how frequently did clinical staff maintain an environment conducive to professional practice and growth? | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Provided helpful and supportive attitude for my role as a PA student. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Often (5)** | | | **Occasionally (4)** | | | | | | | | **Rarely (3)** | | | | | | **Never (2)** | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | 1. Provided effective role models for problem solving, communication, and teamwork. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Often (5)** | | | **Occasionally (4)** | | | | | | | | **Rarely (3)** | | | | | | **Never (2)** | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | 1. Demonstrated harmonious working relationships with members of the interprofessional team. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Often (5)** | | | **Occasionally (4)** | | | | | | | | **Rarely (3)** | | | | | | **Never (2)** | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | 1. Adhered to ethical codes and legal statutes/standards (ex: Medicare, HIPAA, informed consent, etc.). | | | | | | | | | | | | | | | | | | | | | | |
|  | **Often (5)** | | | **Occasionally (4)** | | | | | | | | **Rarely (3)** | | | | | | **Never (2)** | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | 1. Demonstrated cultural sensitivity to individual differences (ex: race, ethnicity, age, disability, etc.) | | | | | | | | | | | | | | | | | | | | | | |
|  | **Often (5)** | | | **Occasionally (4)** | | | | | | | | **Rarely (3)** | | | | | | **Never (2)** | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
|  | 1. Applied evidence to support clinical and medical practices. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Often (5)** | | | **Occasionally (4)** | | | | | | | | **Rarely (3)** | | | | | | **Never (2)** | | | | **Not Applicable (1)** | |
|  |  | | |  | | | | | | | |  | | | | | |  | | | |  | |
| **6.** | Were there other learners (students or residents in training) at this clinical site during your rotation? Check all that apply. | | | | | | | | | | | | | | | | | | | | | | |
|  | PA Students | | | | | | | | NP Students | | | | | | | | | | | Medical Students | | | |
|  | Interns/Residents | | | | | | | | No other students | | | | | | | | | | | Other, specify | | | |
| **7.** | Identify the ratio of clinical instructors/preceptors to students. | | | | | | | | | | | | | | | | | | | | | | |
|  | 1 Preceptor for every student | | | | | | | | 1 Preceptor for two students | | | | | | | | | | | 1 Preceptor for 3 or more students | | | |
|  | 2 or more preceptors for every student | | | | | | | | Other, specify | | | | | | | | | | |  | | | |
| **8.** | How did the preceptor to student ratio in the previous question impact your learning experience? | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
| **9.** | In addition to patient care and management, what other training experiences did you participate in during this clinical experience? (Please check all that apply). | | | | | | | | | | | | | | | | | | | | | | |
|  | Attended education/in-service programs. | | | Attended interdisciplinary team meetings and/or team rounds. | | | | | | | | Attended conferences/Grand Rounds. | | | | | | Participated in opportunities to provide consultations. | | | | Participated in nursing home visits. | |
|  | Participated in hospice facility visits | | | Participated in house calls. | | | | | | | | Participated in community outreach via health fair, etc. | | | | | | Worked as part of a team with other professionals – social work, nursing, P.T., etc. | | | | Other, specify. | |
| **10.** | Which disciplines did you regularly collaborate with for addressing patient care needs? (Please check all that apply). | | | | | | | | | | | | | | | | | | | | | | |
|  | MD/DO | | PA/NP | | | | | | | RN | | | | Dietician | | | | | Social Worker | | | | Case Manager |
|  | PhD or MSW Counselor | | PharmD | | | | | | | PT | | | | OT | | | | | SLP | | | | Other, specify |
| **11.** | Education and Training hours (Please check all that apply). | | | | | | | | | | | | | | | | | | | | | | |
|  | Weekdays | | | | | | | | | Weeknights | | | | | | | | | Weekends | | | | |
|  | On Call | | | | | | | | | Varied Shifts (please provide examples) | | | | | | | | | Other, specify | | | | |
| **12.** | Were your education and training hours well balanced for your learning and personal time needs? | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes | | | | | | | | | | | | | No | | | | | | | | | |
|  | Additional Comment: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| **13.** | Please provide any logistical suggestions for this clinical site that may be helpful for students in the future by considering costs, resources, housing, food, parking, etc. | | | | | | | | | | | | | | | | | | | | | | |
|  | Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| **14.** | Overall appraisal of clinical site: | | | | | | | | | | | | | | | | | | | | | | |
|  | **Not Adequate for students (1)** | | | | | | | **Needs Improvement (2)** | | | | | | **Good – recommended (3)** | | | | | | | **Excellent site (4)** | | |
|  |  | | | | | | |  | | | | | |  | | | | | | |  | | |
| **15.** | What do you believe were the strengths of your PA academic/didactic preparation and/or coursework for this clinical experience? | | | | | | | | | | | | | | | | | | | | | | |
|  | Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| **16.** | What curricular suggestions do you have that would have better prepared you for this clinical experience? | | | | | | | | | | | | | | | | | | | | | | |
|  | Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| **17.** | ARC-PA (our accrediting education body) requires interprofessional education (IPE) which enables students to collaborate with at least two other disciplines, in various clinical settings, in an effort to improve patient experiences, safety, and a higher level of quality care. Please indicate all of the following that you participated in during this clinical rotation that helped facilitate your interprofessional education experience. | | | | | | | | | | | | | | | | | | | | | | |
|  | Orientation/ training provided on professional roles including the boundaries of each profession. | | | Orientation on or instruction on the “team” process | | | | | | | | Participation in team rounds involving collaborative decision making. | | | | | | Participation in family conferencing involving collaborative decision making. | | | | Collaborative learning – Students and clinicians invited to contribute/learn from each other. | |
|  | Collaborative learning through info exchange in designated interdisciplinary case conference session. | | | Collaborative education – i.e. nurse teaching medication safety to PA/MED/Nursing students. | | | | | | | | Assessment learning – Students/clinicians receive feedback on skills perfor mance from other provider. | | | | | | Integrated patient care/treatment – i.e. OT/SLP/PA students work together to help dysphagia patient. | | | | Safety check communications and procedures prior to initiating surgical interventions. | |
|  | Interdiscipli-nary shift hand-off reporting and information exchange. | | | Team huddles or short daily meetings where clinician/staff review patient care. | | | | | | | | Interdiscipli-nary quality management or process improvement team meetings. | | | | | | No interprofessional learning. | | | | Other, specify. | |
| **18.** | Please provide any additional remarks, concerns, or suggestions about this clinical site. | | | | | | | | | | | | | | | | | | | | | | |
|  | Comments: Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | |

# Student Signature Sheet {3.02}[[37]](#endnote-37)

I attest that I have received, read, fully understand, and agree to comply with all policies and procedures set forth in the **UMES Physician Assistant Clinical Program Handbook 2021-2022.**

**I understand the following:**

1. HIPAA and patient safety is a priority and these protocols must be adhered to at all times.
2. The program reserves the right to replace a student’s elective rotation with a program determined core rotation.
3. Body fluid/Needlestick injuries should follow appropriate protocol and seek immediate treatment. A completed Student Exposure Form is required within 24 hours.
4. Students have minimum patient requirements that are required for graduation. Students are responsible for tracking this data in every rotation.
5. Students have a requirement to fulfill 200 hours of clinical time for each rotation unless fewer hours are approved by Clinical Education Director or Program Management Specialist.
6. All time off must be recorded by a Time Off Request Form and approved by the Clinical Education Director.
7. COVID-19 Vaccine Clause: We anticipate our clinical partners will require the COVID-19 vaccine and booster vaccinations; thus, students could experience a delay in progression if they cannot meet the onboarding requirements of a clinical site. If a student refuses to receive the COVID-19 vaccine they must attest that they are aware that this may delay and/or defer their graduation due to the inability of the student being allowed on-site and the programs clinical site availability.

Printed Name Student Signature Date

**This form must be returned to Program Management Specialist**

# ARC-PA Standards

ARC-PA Standards, 5th Ed. First Published September, 2019. Effective September 2020. With clarifications 11/2019, 9/2020, 3/2021, 3/2022 & 9/2022 <https://www.arc-pa.org/wp-content/uploads/2022/10/Standards-5th-Ed-September-2022.pdf>

1. B3.07: Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

   1. family medicine,
   2. emergency medicine,
   3. internal medicine,
   4. surgery,
   5. pediatrics,
   6. women’s health including prenatal and gynecologic care, and
   7. behavioral and mental health care.

   [↑](#endnote-ref-1)
2. B3.03: *Supervised clinical practice experiences must* enable all students to meet the program’s *learning outcomes:*

   for preventive, emergent, acute, and chronic patient encounters,

   across the life span, to include infants, children, adolescents, adults, and the elderly,

   for women’s health (to include prenatal and gynecologic care)

   for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and

   for behavioral and mental health conditions. [↑](#endnote-ref-2)
3. B2.13: The curriculum must include instruction to prepare students to search, interpret and evaluate the medical literature to include:

   1. framing of research questions,
   2. interpretation of basic biostatistical methods,
   3. the limits of medical research,
   4. types of sampling methods, and

   the use of common databases to access medical literature. [↑](#endnote-ref-3)
4. B3.01: The program *must* secure clinical sites and *preceptors* in *sufficient* numbers to allow all students to meet the program’s *learning outcomes* for *supervised clinical practice experiences*.

   B3.02: Clinical sites and *preceptors* located outside of the *United States must* only be used for *elective rotations*.

   B3.03: Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

   1. for preventive, emergent, acute, and chronic patient encounters,
   2. across the life span, to include infants, children, adolescents, adults, and the elderly,
   3. for women’s health (to include prenatal and gynecologic care),
   4. for conditions requiring surgical management, including pre-operative, intra-operative, postoperative care, and
   5. for behavioral and mental health conditions.

   B3.04: Supervised clinical practice experiences must occur in the following settings:

   1. emergency department,
   2. inpatient,
   3. outpatient, and
   4. operating room.

   B3.05: Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs.

   B3.06: Supervised clinical practice experiences should occur with:

   1. physicians who are specialty board certified in their area of instruction,
   2. NCCPA certified PAs, or
   3. other licensed health care providers qualified in their area of instruction.

   B3.07: Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

   1. family medicine,
   2. emergency medicine,
   3. internal medicine,
   4. surgery,
   5. pediatrics,
   6. women’s health including prenatal and gynecologic care, and

   behavioral and mental health care. [↑](#endnote-ref-4)
5. B3.07: Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

   1. family medicine,
   2. emergency medicine,
   3. internal medicine,
   4. surgery,
   5. pediatrics,
   6. women’s health including prenatal and gynecologic care, and

   behavioral and mental health care. [↑](#endnote-ref-5)
6. B3.07: Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

   1. family medicine,
   2. emergency medicine,
   3. internal medicine,
   4. surgery,
   5. pediatrics,
   6. women’s health including prenatal and gynecologic care, and
   7. behavioral and mental health care.

   [↑](#endnote-ref-6)
7. A3.02 The program must define, publish, make readily available and consistently apply its policies and practices to all students. [↑](#endnote-ref-7)
8. A3.03 The program must define, publish, make readily available and consistently apply a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors. [↑](#endnote-ref-8)
9. B4.01: The program must conduct frequent, objective and documented evaluations of student performance for both didactic and supervised clinical practice experience components. The evaluations must:

   align with what is expected and taught and

   allow the program to identify and address any student deficiencies in a timely manner [↑](#endnote-ref-9)
10. A3.07: The program must define, publish, make readily available and consistently apply:

    1. a policy on immunization and health screening of students. Such policy must be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates.
    2. written travel health policies based on then current CDC recommendations for international travel for programs offering elective international curricular components.

    [↑](#endnote-ref-10)
11. A3.07: The program must define, publish, make readily available and consistently apply:

    1. a policy on immunization and health screening of students. Such policy must be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates.
    2. written travel health policies based on then current CDC recommendations for international travel for programs offering elective international curricular components.

    [↑](#endnote-ref-11)
12. A3.08: The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices must:

    1. address methods of prevention,
    2. address procedures for care and treatment after exposure, and

    clearly define financial responsibility. [↑](#endnote-ref-12)
13. A3.08: The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices must:

    1. address methods of prevention,
    2. address procedures for care and treatment after exposure, and

    clearly define financial responsibility. [↑](#endnote-ref-13)
14. A3.08: The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices must:

    1. address methods of prevention,
    2. address procedures for care and treatment after exposure, and

    clearly define financial responsibility. [↑](#endnote-ref-14)
15. A1.02: The sponsoring institution is responsible for:

    1. supporting the planning by program faculty of curriculum design, course selection, and program assessment,
    2. hiring faculty and staff,
    3. ensuring effective program leadership,
    4. complying with ARC-PA accreditation Standards and policies,
    5. conferring the credential and graduate level academic degree which documents satisfactory completion of the educational program,
    6. ensuring that all PA personnel and student policies are consistent with federal, state, and local statutes, rules and regulations,
    7. documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs,
    8. teaching out currently matriculated students in accordance with the institution’s regional accreditor or federal law in the event of program closure and/or loss of accreditation,
    9. defining, publishing, making readily available and consistently applying to faculty, its policies and procedures for processing faculty grievances and allegations of harassment,
    10. j) defining, publishing, making readily available and consistently applying to students, its policies and procedures for processing student allegations of harassment, and
    11. defining, publishing, making readily available and consistently applying to students, its policies and procedures for refunds of tuition and fees.

    [↑](#endnote-ref-15)
16. A3.05: The program must define, publish, make readily available and consistently apply a policy that PA students must not substitute for or function as:

    1. instructional faculty and

    clinical or administrative staff. [↑](#endnote-ref-16)
17. A3.01: Program policies must apply to all students, principal faculty and the program director regardless of location. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site. [↑](#endnote-ref-17)
18. A3.06: The program must define, publish, make readily available and consistently apply a policy that PA students must be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners. [↑](#endnote-ref-18)
19. A3.10: The program must define, publish, make readily available and consistently apply written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program. [↑](#endnote-ref-19)
20. A3.09 The program must define, publish, make readily available and consistently apply policies that preclude principal faculty, the program director and the medical director from participating as health care providers for students in the program, except in an emergency situation. [↑](#endnote-ref-20)
21. A3.15: The program must define, publish, consistently apply and make readily available to students upon admission:

    1. any required academic standards,
    2. requirements and deadlines for progression in and completion of the program,
    3. policies and procedures for remediation and deceleration,
    4. policies and procedures for withdrawal and dismissal,
    5. policy for student employment while enrolled in the program,
    6. policies and procedures for allegations of student mistreatment, and

    policies and procedures for student grievances and appeals. [↑](#endnote-ref-21)
22. A3.15 The program must define, publish, consistently apply and make readily available to students upon admission:

    a) any required academic standards,

    b) requirements and deadlines for progression in and completion of the program,

    c) policies and procedures for remediation and deceleration,

    d) policies and procedures for withdrawal and dismissal,

    e) policy for student employment while enrolled in the program,

    f) policies and procedures for allegations of student mistreatment, and

    g) policies and procedures for student grievances and appeals. [↑](#endnote-ref-22)
23. B4.01 The program must conduct frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components. The evaluations must:

    a) align with what is expected and taught and

    b) allow the program to identify and address any student deficiencies in a timely manner [↑](#endnote-ref-23)
24. B4.03 The program must conduct and document a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including:

    a) clinical and technical skills,

    b) clinical reasoning and problem-solving abilities,

    c) interpersonal skills,

    d) medical knowledge, and

    e) professional behaviors. [↑](#endnote-ref-24)
25. B3.07 Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

    family medicine,

    emergency medicine,

    internal medicine,

    surgery,

    pediatrics,

    women’s health including prenatal and gynecologic care, and

    behavioral and mental health care. [↑](#endnote-ref-25)
26. B3.01: The program must secure clinical sites and preceptors in sufficient numbers to allow all students to meet the program’s learning outcomes for supervised clinical practice experiences.

    B4.01: The program must conduct frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components. The evaluations must:

    1. align with what is expected and taught and
    2. allow the program to identify and address any student deficiencies in a *timely* manner

    B4.03: The program must conduct and document a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including:

    1. clinical and technical skills,
    2. clinical reasoning and problem-solving abilities,
    3. interpersonal skills,
    4. medical knowledge, and

    professional behaviors. [↑](#endnote-ref-26)
27. B3.07: *Supervised clinical practice experience*s *must* occur with *preceptors* who enable students to meet program defined *learning outcomes* for:

    1. family medicine,
    2. emergency medicine,
    3. internal medicine,
    4. surgery,
    5. pediatrics,
    6. women’s health including prenatal and gynecologic care, and
    7. behavioral and mental health care.

    [↑](#endnote-ref-27)
28. B2.13: The curriculum must include instruction to prepare students to search, interpret and evaluate the medical literature to include:

    1. framing of research questions,
    2. interpretation of basic biostatistical methods,
    3. the limits of medical research,
    4. types of sampling methods, and
    5. the use of common databases to access medical literature.

    [↑](#endnote-ref-28)
29. A3.13: The program must define, publish, consistently apply and make readily available to prospective students, policies and procedures to include:

    1. admission and enrollment practices that favor specified individuals or groups (if applicable),
    2. admission requirements regarding prior education or work experience,
    3. practices for awarding or granting advanced placement,
    4. any required academic standards for enrollment, and

    any required technical standards for enrollment. [↑](#endnote-ref-29)
30. B3.03 *Supervised clinical practice experiences must* enable all students to meet the program’s *learning outcomes*:

    1. a) for preventive, emergent, acute, and chronic patient encounters,

    [↑](#endnote-ref-30)
31. b) across the life span, to include infants, children, adolescents, adults, and the elderly, [↑](#endnote-ref-31)
32. B3.04 *Supervised clinical practice experiences must* occur in the following settings:

    1. a) emergency department,
    2. b) inpatient,
    3. c) outpatient, and
    4. d) operating room.

    [↑](#endnote-ref-32)
33. B3.05 *Instructional faculty* for the *supervised clinical practice* portion of the educational program *must* consist primarily of practicing physicians and PAs. [↑](#endnote-ref-33)
34. B3.06 *Supervised clinical practice experiences should* occur with:

    1. a) physicians who are specialty board certified in their area of instruction,
    2. b) *NCCPA* certified PAs, or
    3. c) other licensed health care providers qualified in their area of instruction.

    [↑](#endnote-ref-34)
35. B3.07g *Supervised clinical practice experience*s *must* occur with *preceptors* who enable students to meet program defined *learning outcomes* for:

    1. g) behavioral and mental health care.

    [↑](#endnote-ref-35)
36. B4.01 The program *must* conduct *frequent*, objective and documented evaluations of student performance in meeting the program’s *learning outcomes* and *instructional objectives* for both didactic and *supervised clinical practice experience* components. The evaluations *must*:

    a) align with what is expected and taught and

    b) allow the program to identify and address any student deficiencies in a *timely* manner [↑](#endnote-ref-36)
37. A3.02: The program must define, publish, make readily available and consistently apply its policies and practices to all students. [↑](#endnote-ref-37)