



## Clinical Team Contact Information

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Welcome to our Educational Team!

## WSU PA Program Faculty and Staff



## General Goals of the Clinical Year

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The clinical year takes students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. It is intended that PA students experience and participate in as many clinical experiences as possible. To this end, the goals of the clinical year include:

- x Apply didactic knowledge to supervised clinical practice
- x Develop and sharpen clinical problem-solving skills
- x Expand and develop the medical fund of knowledge
- x Perfect the art of history taking and physical examination skills
- x Sharpen and refine oral presentation and written documentation skills
- x Develop an understanding of the PA role in health care delivery
- x Prepare for the National Certification Exam
- x Develop interpersonal skills and professionalism necessary to function as part of a medical team

## Required Clinical Rotation Experiences

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The first priority when assigning rotations is to ensure that every student meets the instructional objectives of the clinical year. The clinical year consists of 8 rotations individually scheduled by the Program to provide students with:

- x exposure to medical care in a variety of settings (outpatient, emergency department, inpatient, and operating room),
- x opportunities to develop technical skills in performing procedures relevant to current professional practice,
- x patient exposures to acquire competencies needed for clinical PA practice in the areas of preventive, emergent, acute, and chronic patient care, and across the lifespan of the individual patient (infant and child, adult and older adult), and
- x breadth and depth of patient exposures to prepare the student for the clinical practice of medicine.





- 4) Develop an awareness of professional and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements.
  - 9 Provide accurate medical record documentation; maintain confidentiality of patient interactions and health records; accept responsibility, exhibit dependability and resiliency following criticism; value all interprofessional interactions; maintain professionalism in behavior, speech, and dress, including appropriate student identification.
  
- 5) Perform critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of learning and self practice improvement
  - 9 Recognize personal limitations in knowledge/ability and exhibit appropriate self confidence; initiate learning and self improvement.
  
- 6) Demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient.
  - 9 Respond to the larger healthcare system (e.g. funding social services, etc.); and understand and practice within the role of a PA

Detailed learning outcomes and instructional objectives for the following medical and surgical disciplines are detailed in [Appendix B](#)

- x Family Medicine
- x Internal Medicine
- x Pediatrics
- x Emergency Medicine
- x Psychiatry/Behavioral Health
- x Women's Health
- x General Surgery
- x Inpatient Hospital

## Physician Assistant National Certifying Examination (PANCE) Blueprint

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Following Program completion all graduates are required to pass a national certification exam, Physician Assistant National Certifying Examination (PANCE) in order to gain a license to practice in any state.



- o Assignment of outside readings and research to promote further learning
6. Provide timely and structured feedback to the student and the Program regarding student clinical performance, knowledge base, and critical thinking skills. This includes spending a few minutes each week in a candid discussion with the student regarding performance. In addition, it is strongly recommended that you set aside time at the midpoint and then prior to the conclusion of the rotation to provide the student with constructive feedback and suggestions for improvement.
  7. Review all student medical record/ EHR documentation in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans
  8. Model appropriate clinical behavior that provides quality patient care, compliance with current laws, regulations, and standards of educational and medical practice
  9. Maintain an ethical approach to the care of patients by serving as a role model for the student and demonstrate cultural competency through interactions with patients and educate the student in this area.
  10. Complete the Preceptor Evaluation of Student and Preceptor Evaluation of Clinical Skills through PA Manager promptly at the end of the rotation. Delay in completing the student evaluation results in delayed feedback to the student, inability to submit grades to the University, and thus, potentially delayed student graduation.
  11. Complete requested Clinical Practice Evaluations (CPE) following student experiences in specific specialties.
  12. Promptly notify the Program of circumstances that might interfere with the accomplishment of the above responsibilities or diminish the overall training experience

## Preceptor «Student Relationship

The preceptor should maintain a professional relationship with the PA student and at all times adhere to

- x Hours
- x Interactions with office and professional staff
- x General attendance
- x Call schedules
- x Overnight/weekend schedules
- x Participation during rounds and conferences
- x Clinical care, patient interaction, and procedures
- x

## Guidelines for Stu



student's preceptor for any given time interval. Having more than one preceptor has the potential to disrupt continuity for the student but also offers advantages of sharing preceptorship duties as well as exposing students to variations in practice style. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (e.g., lab, physical therapy, etc.), as these interprofessional experiences can be very valuable. The preceptor should be aware of the student's signed activities at all times.

1. Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision.
2. Students are not allowed to "moonlight." They are not licensed and therefore have no legal status as healthcare providers.
3. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites.
4. On each rotation, it is the student's responsibility to ensure that the supervising preceptor also sees all of the student's patients.
  - x The PA student must not admit, see, treat, or discharge a patient without evaluation by the preceptor or designated, licensed provider
  - x Any written order or entry in a medical document must be immediately signed by the preceptor. Students may not transmit verbal orders for treatment/medication.
  - x The PA students must not be the sole practitioner to see and evaluate a patient. This applies to all settings including the emergency room. A credentialed practitioner must always see the patient prior to dismissal. A telephone conversation with the preceptor is not sufficient.
5. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of experience. However, every patient must be seen and every procedure evaluated prior to patient discharge
6. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" and "Medicare Policy" sections.

## Informed Patient Consent Regarding Student Involvement in Care

Patients are essential partners in the student's educational endeavor. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor patient preferences regarding treatment. All students complete HIPAA training prior to their clinical year.

- x Patients must be informed that a Student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis.
- x S



- x The preceptor cannot bill for the services of a student.
- x Preceptors are required to document the services they provide as well as review and edit all student documentation.
- x

- 3) Seek immediate medical attention from the staff where the exposure occurred and follow that facility's policy for treating exposures.
- 4) Provide health insurance information to the facility; students are not covered by Worker Compensation.
- 5) Immediately contact the National Clinicians' Post-Exposure Prophylaxis (NCPEP) Hotline 888-448-4911 for a post-exposure evaluation that includes a risk assessment of the potential for HIV transmission based upon the specific situation and CDC guidelines.
- 6) Students should cooperate with the evaluation, treatment, and follow-up recommendations made at the time of the exposure assessment. If the patient is known to have HIV, the student should consult with an HIV/AIDS specialist.

Post-exposure assessment should generally include the following:

- 1) The post-exposure evaluation should include a risk assessment of the potential for HIV transmission based on the type of body substance involved, as well as the route/severity of the exposure and current CDC guidelines. If indicated, post

## Feedback to Students (Ongoing, Mid -Rotation, & End -of-Rotation)

The formal end-of-rotation student evaluation is completed online through PA Manager; however, it is imperative that students receive regular feedback regarding their strengths and weaknesses on an ongoing, daily basis from their preceptors to help improve their clinical performance. We also suggest a short

- 3 - meets expectations
- 2 - needs improvement
- 1 - unsatisfactory
- 0 - not observed [note: scores of 0 are not counted in the average score]

Students are required to request a meeting with the preceptor the last week of each rotation to discuss their performance and confirm that the preceptor has received an evaluation link through PA Manager. A mean score is calculated from the preceptor responses on the student evaluation. This mean score is then converted to a percentage score by the Director of Clinical Education. Please note that numbered responses DO NOT directly correlate to a particular letter grade. g., a rating of 3 does not equal a grade of C. Please complete the iof 0 Td

Refer to [Appendix E](#) to review the CP (includes rubric and instructional objectives) forms for each specialty. Additional detailed instructions with a short video explanation of each of the student evaluation forms are found on the WSU PA Program website Clinical Education page [www.wichita.edu/paclinical](http://www.wichita.edu/paclinical)

## Completing Student Evaluations in PA Manager

Two weeks prior to the end of the rotation, you will receive an email from the Program with a link to the student evaluation forms and your login information. You can submit the evaluation through any computer or smart phone. After answering all the evaluation questions, click **Final Complete**

If you do not receive an evaluation email or have any problems or questions with the process please contact the Program at (316) 978-3011 or [PAclinical@wichita.edu](mailto:PAclinical@wichita.edu).

## Preceptor – Program Relationship

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The success of clinical training of PA students depends on maintaining good communication between preceptor, student, Clinical Team, and PA Program. All members of the team should share contact information. If you have a question or concern about a student at any time please contact the Clinical Education Program at (316) 978-3011 or [PAclinical@wichita.edu](mailto:PAclinical@wichita.edu).

student rotation, please notify the Program as soon as possible. Likewise, if you have to change a student schedule or cancel a rotation at your site, we will notify you as soon as possible.

## Site Visits by Program Faculty

Periodic site visitation is an important process for the student, preceptor, and faculty and is a required component of the Program's ongoing accreditation. Site visits allow collegial exchange between faculty and preceptors. Site visits serve multiple purposes including site and preceptor evaluation, opportunity to provide preceptor with student feedback, and opportunity for preceptor to provide feedback to the Program. Faculty may ask to tour clinical areas and student housing. Site visits should be seen as a positive exchange of information. Site visits will be scheduled in advance so preceptors can plan accordingly. See [Appendix GS](#)

4. Managing Difficult Learning Situations
  - x Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
  - x Provide Difficult Feedback: TIPS for the Problem Learner
5. Developing Expectations: An Educational Monograph for Community-Based Teachers
6. Conflict Resolution
7. One Pagers for Preceptors

## Acknowledgements

Sections of the WSU PA Preceptor Handbook are from or adapted from the PAEA Preceptor Orientation Handbook available online to PA Programs at [www.PAEAonline.org](http://www.PAEAonline.org)

## Appendix A - WSU PA Program Curriculum

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### Summer Semester (7 credit hours)

- PA 789 Clinical Anatomy (5)
- PA 789L Clinical Anatomy Lab (1)
- PA 717 Professional Issues (1)

### Fall Semester (22 credit hours)

- PA 700 Clinical Practice I (3)
- PA 700L Clinical Practice I Lab (1)
- PA 716 Clinical Laboratory (2)
- PA 718 Clinical Medicine Cardiology (3)
- PA 727 Preventive Medicine (2)
- PA 729 Clinical Behavioral Medicine (2)
- PA 731 Clinical Medicine Dermatology (2)
- PA 732 Clinical Medicine EENT (2)
- HS 710 Applied Clinical Pharmacology (3)
- HP 800 Research Methods for Evidence-Based Practice (2)

### Spring Semester (22 credit hours)

- PA 719 Clinical Medicine Pulmonology (3)
- PA 722 Clinical Medicine Gastroenterology (3)
- PA 724 Clinical Medicine OB/GYN (3)
- PA 728 Clinical Medicine Endocrinology (2)
- PA 730 Clinical Medicine Musculoskeletal (2)
- PA 734 Clinical Medicine Neurology (2)
- PA 736 Clinical Practice II (2)
- PA 736L Clinical Practice II Lab (1)
- HS711 Pharmacologic Management of Acute and Chronic Diseases (3)
- HP 801 Interprofessional Evidence-Based Practice (1)

### Summer Semester (6 credit hours)

- PA 721 Clinical Medicine Genitourinary Renal (2)
- PA 801 Advanced Clinical Rotation I (4)

### Fall Semester (14 credit hours)

- PA 802 Advanced Clinical Rotation II (4)
- PA 803 Advanced Clinical Rotation III (4)
- PA 804 Advanced Clinical Rotation IV (4)
- PA 896 Directed Study in Research I (2)

### Spring Semester (15 credit hours)

- PA 805 Advanced Clinical Rotation V (4)
- PA 806 Advanced Clinical Rotation VI (4)
- PA 807 Advanced Clinical Rotation VII (4)
- PA 850 Experiential Learning (1)
- PA 897 Directed Study in Research II (2)

### Summer Semester



## Appendix B Learning Outcomes and Instructional Objectives for the Clinical Year

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The clinical year takes students from the theoretical classroom setting to an active, hands

## Rotation Specialty – FAMILY MEDICINE (FM)

Rotation Description: A rotation in FAMILY MEDICINE provides the PA student with learning opportunities to achieve basic competency in diagnosis, management, and treatment of health problems encountered across the lifespan through supervised evaluation and management of FAMILY MEDICINE patients. During the clinical rotation, the student must review the applicable learning outcomes and instructional objectives for the appropriate specialty. The student must seek opportunities through patient care or independent study to allow for development of competencies needed for clinical practice.

- x Typical FM Settings Primarily outpatient. Students may also have the opportunity to participate in care of patients in the inpatient emergency room or long term care setting depending on the site.
- x Typical FM Case Types Primarily preventive, acute, and chronic patient encounters. Many rural FAMILY MEDICINE rotations also provide substantial opportunities to see patients requiring urgent care.
- x Typical FM Patients Students will encounter patients across the lifespan including pediatrics and geriatrics. Many rural FAMILY MEDICINE rotations also provide substantial opportunities to see patients requiring women's health care, including prenatal care, and behavioral health.

### FAMILY MEDICINE Learning Outcomes (LO) and Instructional Objectives (IO):

FM-LO 1 Demonstrate core medical knowledge of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, as demonstrated by the following instructional objectives

FM-IO 1a: Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors to the care of patients encountered in FAMILY MEDICINE.

FM-IO 1b: Identify signs/symptoms of common conditions encountered in FAMILY MEDICINE and differentiate between normal and abnormal findings.

FM-IO 1c: Select and interpret laboratory and diagnostic studies commonly encountered in FAMILY MEDICINE (including but not limited to):

#### Laboratory Tests

- |                            |                                      |
|----------------------------|--------------------------------------|
| x bacterial/viral culture  | x pregnancy tests                    |
| x biochemical profiles     | x thyroid/liver/renal function tests |
| x complete blood count     | x urinalysis                         |
| x glucose (capillary, A1c) |                                      |

#### Diagnostic Studies

- x basic xray interpretation (e.g. chest, abdomen, extremities)

FM-IO 1d: Formulate differential diagnosis for common conditions in FAMILY MEDICINE

FM-IO 1e: Prescribe/monitor pharmacotherapy for conditions commonly encountered in FAMILY MEDICINE that demonstrates understanding of mechanism of action, adverse effects, therapeutic uses, dosing, compliance

FM-LO 3: Demonstrate interpersonal and communication skills resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following instructional objectives:

FM-IO 3a: Adapt communication to patient and healthcare team members and provide effective patient education as appropriate to the patient's treatment plan for a presenting condition.

FM-IO 3b:

## FAMILY MEDICINE Specific Areas of Concentration

The following is a representative, but not all-inclusive, list of topics to focus on during a FAMILY MEDICINE rotation. Refer to the FAMILY MEDICINE EOR exam blueprint for a comprehensive list of diseases/conditions.

### PRESENTING SIGNS/SYMPTOMS:

- 1.

## Rotation Specialty – INTERNALMEDICINE (IM)

Rotation Description: A rotation in INTERNAL MEDICINE provide

IM-LO 3: Demonstrate interpersonal and communication skills resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following instructional objectives:

IM-IO 3a: Adapt communication to patient and healthcare team members and provide effective patient education as appropriate to the patient's treatment plan for a presenting condition as well as delivering difficult news / end-of-life conversations.

IM-IO 3b: Maintain demeanor of respect and compassion toward patient and healthcare team

IM-IO 3c: Show sensitivity to patients' culture, age, gender, and disabilities.

IM-IO 3d: Document medical records in EHR to meet site requirements (outpatient encounter notes, outpatient Rx writing).

IM-IO 3e: Provide accurate/concise oral presentations to preceptor

IM-LO 4: Acknowledge awareness of professional and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements, as demonstrated by the following instructional objectives

IM-IO 4a: Maintain confidentiality of patient interactions and health records

IM-IO 4b: Follow instructions, accept responsibility, take initiative, exhibit dependability (punctuality, attendance at required activities), and modify behavior following constructive criticism.

IM-IO 4c: Seek interprofessional interactions and

## INTERNAMEDICINE Specific Areas of Concentration

The following is a representative, but not all-inclusive, list of topics to focus on during an INTERNAMEDICINE rotation. Refer to the INTERNAL MEDICINE EOR exam blueprint for a comprehensive listing of diseases/conditions

### PRESENTING SIGNS/SYMPTOMS:

1. abdominal pain
2. chest pain
3. confusion
4. constipation/diarrhea
5. cough/congestion
6. decrease/loss of hearing/vision
7. dizziness/vertigo
8. dyspnea
9. fever
10. headache
11. joint pain/swelling (including back)
12. lymphadenopathy
13. nausea/vomiting
14. palpitations
15. syncope
16. unintended weight loss/weight gain
17. vaginal/urethral discharge
18. weakness, fatigue, myalgia

### COMMON ACUTE & CHRONIC DISEASES/CONDITIONS

1. allergic diseases (rhinitis, atopic dermatitis, asthma, urticaria)
2. anemia
3. arrhythmia (e.g. afib, PSVT, bradycardia)
4. arthritis (osteo/rheumatoid)
5. delirium/dementia
6. diabetes
7. dyslipidemia
8. electrolyte/fluid disorders
9. gastroenteritis
10. gastroesophageal reflux
11. heart failure
12. hypertension
13. insomnia/sleep disorders
14. kidney stones
15. neoplasm/cancer
16. prostate disease (hypertrophy/prostatitis)
- 17.

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## Rotation Specialty – PEDIATRICS (PEDS)

Rotation Description: A rotation in PEDIATRICS provides the PA student with learning opportunities to achieve basic competency in diagnosis, management and treatment of health problems encountered from infancy through adolescence through supervised evaluation and management of PEDIATRIC patients. During the clinical rotation, the student must review the applicable learning outcomes and instructional objectives for the appropriate specialty. The student must seek opportunities through patient care or independent study to allow for development of competencies needed for clinical practice.

- x Typical PEDS Settings Primarily outpatient. Students may also have the opportunity to participate in care of PEDIATRIC patients in the inpatient or emergency room setting depending on the site
- x Typical PEDS Case Types Primarily preventive : .



PEDS

## PEDIATRICS Specific Areas of Concentration

The following is a representative, but not all-inclusive, list of topics to focus on during a PEDIATRICS rotation. Refer to the PEDIATRICS exam blueprint for a comprehensive listing of diseases/conditions.

### PRESENTING SIGNS/SYMPTOMS:

1. abdominal pain
2. constipation/diarrhea
3. cough/congestion

## Rotation Specialty – EMERGENCY MEDICINE (EM)

Rotation Description: A rotation in EMERGENCY MEDICINE provides the PA student with learning opportunities

EM-LO 3: Demonstrate interpersonal and communication skills resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following instructional objectives:

EM-IO 3a: Adapt communication to patient and healthcare team members and provide effective patient education as appropriate to the patient's condition, treatment plan, and discharge instructions.

EM-IO 3b: Maintain demeanor of respect and compassion toward patient and healthcare team

EM-IO 3c: Show sensitivity to patients' culture, age, gender, and disabilities.

EM-IO 3d: Document medical records in EHR to meet site requirements (e.g. patient encounter notes, discharge instructions including return visit and follow-up care).

EM-IO 3e: Provide accurate/concise oral presentations to preceptor

# EMERGENCY MEDICINE S

## Rotation Specialty – PSYCHIATRY/BEHAVIORAL HEALTH (BH)

Rotation Description A rotation in PSYCH/BEHAVIORAL HEALTH provides the PA student with learning

BHIO 3c: Show sensitivity to patients' psychiatric conditions, culture, age, gender, and abilities.  
BHIO 3d: Document medical records EHR to meet site requirements including most pertinent psychological findings (e.g. outpatient encounter notes, progress notes).  
BHIO 3e: Provide accurate/concise oral presentations to preceptor

BH-LO 4: Acknowledge awareness of professional and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements, as demonstrated by the following instructional objectives

BHIO 4a: Maintain confidentiality of patient interactions and health records

BHIO 4b: Follow instructions, accept responsibility, take initiative, exhibit dependability (punctuality, attendance at required activities), and modify behavior following constructive criticism.

BHIO 4c: Seek interprofessional interactions and identify appropriate referrals

BHIO 4d: Maintain professionalism in behavior, address, and student identification

BH-LO 5: Engage in critical analysis of individual practice experience, the medical literature, and other information resources for the purposes of learning and self practice improvement, as demonstrated by the following instructional objectives:

BHIO 5a:

## PSYCHIATRY BEHAVIORAL HEALTH Specific Areas of Concentration

The following is a representative, but not all-inclusive, list of topics to focus on during a PSYCH/BEHAVIORAL HEALTH rotation. Refer to the PSYCH/BEHAVIORAL HEALTH exam blueprint for a comprehensive listing of diseases/conditions.

### PRESENTING SIGNS/SYMPTOMS:

1. anxiety
2. changes in sexual drive
3. confusion
4. difficulty perceiving reality (delusions, hallucinations)
5. hyperactivity
6. fear of weight gain or abnormal eating habits
7. irritability/anger
8. loss of interest
9. mood changes
10. sleep changes (increased/decreased)
11. unintentional weight gain/loss

### COMMON ACUTE, CHRONIC, & EMERGENT CONDITIONS:

1. acute intoxication
2. adjustment disorder
3. anxiety disorders and phobias
4. attention-deficit hyperactivity disorder
5. autism spectrum disorder
6. bipolar disorder
7. delirium/dementia
8. depressive disorders
9. eating disorders
10. obsessive compulsive disorder
11. personality disorder
12. psychosis
13. post-traumatic stress disorder
14. schizophrenia
15. substance use/abuse
16. suicidal ideation/attempt

### COMMON PREVENTIVE CARE/SCREENING MEASURES:

1. abnormal involvement movement scale (AIMS)
2. behavioral and developmental milestones (DDI, ASQ, ES, MCHAT)
3. depression screening (PHQ)
4. intimate partner violence/sexual abuse
5. substance abuse screening (CAGE, SBIRT)

### ADDITIONAL HEALTH CARE SYSTEM / TEAM-BASED CARE ELEMENTS:

In addition to items listed within BIO 6a and BHIO 6b:

1. duty to report
2. substance abuse counseling
3. mental health therapy and support services
4. decisional capacity / consent
5. psychiatric hold / involuntary hold



## Rotation Specialty – WOMEN'S HEALTH (WH)

Rotation Description: A rotation in WOMEN'S HEALTH provides the PA student with learning opportunities to achieve basic competency in diagnosis, management and treatment of health problems through supervised evaluation and management of adolescent and WOMEN'S HEALTH patients. During the clinical rotation, the student must review the applicable learning outcomes and instructional objectives for appropriate specialty. The student must seek opportunities through patient care or independent study to allow for development of competencies needed for clinical practice.

- x Typical WH Settings: Primarily outpatient. Students may also have the opportunity to participate in care of patients in the inpatient setting depending on the site.
- x Typical WH Case Type: Primarily preventive acute, and chronic patient encounters. Some WOMEN'S HEALTH rotations also provide opportunities to see patients requiring urgent care.
- x Typical WH Patients: Students will encounter adolescent and adult patients. Many rural FAMILY MEDICINE rotations also provide substantial opportunities to see patients requiring women's health care.

### WOMEN'S HEALTH Learning Outcomes (LO) and Instructional Objectives (IO):

WH-LO 1 Demonstrate core medical knowledge of established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, as demonstrated by the following instructional objectives:

WH-IO 1a: Apply knowledge of anatomy, pathophysiology 3(t)0.5s(e)-7(o)-1.( )Tj -0.003 Tc 0.00,dNs2w 0.227 0 Td



## WOMEN'S HEALTH Specific Areas of Concentration

The following is a representative but not all-inclusive, list of topics to focus on during a WOMEN'S HEALTH rotation. Refer to the WOMEN'S HEALTH EOR exam blueprint for a comprehensive listing of diseases/conditions.

### PRESENTING SIGNS/SYMPTOMS:

1. abdominal pain
2. breast mass
3. discharge (vaginal, urethral)
4. dysuria
5. fatigue
6. fetal growth/heart tones
7. incontinence
8. irregular menses/amenorrhea
9. mood changes/depression/anxiety
10. nausea/vomiting
11. obesity/weight changes
12. vaginal/pelvic pain
13. vasomotor symptoms

### COMMON ACUTE & CHRONIC DISEASES/CONDITIONS:

1. breast disorders
2. cutaneous lesion
3. depression
4. incontinence
5. menopause/HRT
6. menstrual disorders (uterine, ovarian, endocrine)
7. STIs (cervicitis, PID, cutaneous)
8. prenatal care of normal pregnancy
9. UTI
10. vaginitis

### COMMON DIAGNOSTIC STUDIES

1. DEXA scan
2. mammogram
3. ultrasound (e.g. pelvic, focused abdomen, breast)

### COMMON PREVENTIVE CARE/SCREENING MEASURES:

1. alcohol/tobacco/substance use
2. BMI / dietary review including supplements
3. breast feeding
4. family planning (contraception, sterilization, infertility)
5. intimate partner violence/sexual abuse
6. mammography/breast exams
7. preconception care (immunizations, smoking cessation, genetic carrier screens)
8. prenatal care of normal pregnancies
9. risk calculators (ASCVD, CHA2DS2c, FRAX)
10. well-woman care (age appropriate screenings, immunizations)

### ADDITIONAL HEALTH CARE SYSTEM / TEAM-BASED CARE ELEMENTS:

In addition to items listed within WHO 6a and WHO 6b:

1. adolescent patient privacy
2. duty to report (abuse, sexual assault)
3. reportable diseases (chlamydia, gonorrhea, HIV, syphilis)
4. services for under/uninsured (Medicaid for pregnant women, WIC, etc.)
5. social services (counseling, safe counseling)

## Rotation Specialty – GENERAL SURGERY (SURG)

Rotation Description: A rotation in GENERAL SURGERY provides

**SURGO 3: Demonstrate interpersonal and communication skills** resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following instructional objectives:

**SURGO 3a:** Adapt communication to patient and healthcare team members including consulting providers and provide effective patient education as appropriate to the patient's operative and post-operative instructions and discharge plan

**SURGO 3b:** Maintain demeanor of respect and compassion toward patient and healthcare team

**SURGO 3c:** Show sensitivity to patients' culture, age, gender, and disabilities

**SURGO 3d:** Document medical records EHR to meet site requirements e.g. pr rd [(S)2.5(ho)2.3(w)-2.9( sj 0.23)3.1(e)

## GENERAL SURGERY Specific Areas of Concentration

The following is a representative, but not all-inclusive, list of topics to focus on during a GENERAL SURGERY rotation. Refer to the GENERAL SURGERY exam blueprint for a comprehensive listing of diseases/conditions

### PRESENTING SIGNS/SYMPTOMS:

1. abdominal pain
2. chest pain
3. constipation/diarrhea
4. jaundice
5. nausea/vomiting
6. pelvic pain
7. unintended weight loss/weight gain

### COMMON ACUTE, CHRONIC, & EMERGENCY DISEASES/CONDITIONS:

1. appendicitis
2. breast disorders
3. diverticulitis/diverticulosis
4. cholelithiasis/cholecystitis
5. hernia
6. malignancy of GI tract
7. assess/manage nutritional status
8. post-operative pain management
9. post-operative infection/fever
10. skin/soft tissue desion
11. thyroid disorders
12. traumatic/internal injury
13. management of anticoagulant therapy

### ADDITIONAL COMMON PROCEDURES

1. removal of wound drains
2. urinary catheter insertion
3. wound care (includes I & D)
4. knowledge of common instrumentation used in general surgery

### COMMON PREVENTIVE CARE/SCREENING MEASURES:

1. DVT (screening/prophylaxis)
2. pre-operative risk assessment (anesthesia, cardiac, pulmonary, and metabolic disease)
3. prophylactic antibiotics
4. screening exams (e.g. colonoscopy)

### ADDITIONAL HEALTH CARE SYSTEM / TEAM-BASED CARE ELEMENTS

In addition to items listed within SURG 6a and SURG 6b:

1. dietary/nutrition consultation
2. informed consent
3. surgical consultation



IP-LO 3: Demonstrate interpersonal and communication skills resulting in effective information exchange with patients, families, physicians, professional associates, and other individuals within the healthcare system, as demonstrated by the following instructional objectives:

IP-IO 3a: Adapt communication to patient and healthcare team members and provide effective patient education as appropriate to the patient's treatment plan for a presenting condition

IP-IO 3b: Maintain demeanor of respect and compassion toward patient and healthcare team

IP-IO 3c: Show sensitivity to patients' culture, age, gender, and disabilities.

IP-IO 3d: Document medical records/EHR to meet site requirements (admission orders, inpatient progress note, discharge summary).

IP-IO 3e: Provide accurate/concise oral presentations to preceptor

IP-LO 4: Acknowledge awareness of professional and personal limitations and demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements, as demonstrated by the following instructional objectives

IP-IO 4a: Maintain confidentiality of patient interactions and health records

IP-IO 4b: Follow instructions, accept responsibility, take initiative, exhibit dependability (punctuality,

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## INPATIENT HOSPITAL Setting Specific Areas of Concentration

The following is a representative, but not all-inclusive, list of topics to focus on during an INPATIENT rotation.

### COMMON ACUTE, CHRONIC, & EMERGENCY DISEASES/CONDITIONS:

1. acid/base disorders
2. deep vein thrombosis
3. pulmonary embolism
4. electrolyte/fluid disorders
5. management of substance use (e.g. alcohol, tobacco, opioid)
6. management of anticoagulant therapy
7. nausea/vomiting
8. post-operative fever
9. respiratory distress
10. sepsis
11. wound care/infection

### COMMON PREVENTIVE CARE/SCREENING MEASURES:

1. alcohol/tobacco/substance use
2. DVT (screening/prophylaxis)
3. fall risk assessment
4. palliative/end-of-life care
5. pre-operative risk assessment (anesthesia, cardiac, pulmonary, and metabolic disease)

## Appendix G Preceptor Evaluation of Student Form

Student Name: _____	Date: _____	Unsatisfactory	Needs Improvement	Meets Expectations	Exceeds Expectations	Outstanding	Not Observed
Preceptor Name: _____		(1)	(2)	(3)	(4)	(5)	NA
Name of Rotation Site: _____							

### Medical Knowledge

1. Apply knowledge of anatomy, pathophysiology, epidemiology, etiology & risk factors
2. Identify signs/symptoms of medical conditions and differentiate between normal and abnormal findings
3. Select and interpret laboratory and diagnostic tests

- 17. Follow instructions, accept responsibility, take initiative, is dependable, modifies behavior following criticism
- 18. Seeks interprofessional interactions and understands appropriate role
- 19. Maintain professionalism in behavior, dress, and proper student identification

**Learning and Self-improvement**

- 20. Recognize personal limitations in knowledge/ability and exhibit appropriate level of self-confidence
- 21. Initiate learning and self-improvement

**System-Based Practice**

- 22. Respond to the larger healthcare system (e.g. funding, social services, etc.)
- 23. Understand and practice within the role of a PA

**OVERALL EVALUATION**

- 24. This student is performing at a level appropriate for his/her current stage of professional education.
 

Yes	No
Yes, with reservation	



## Appendix E –Clinical Performance Evaluations

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### Clinical Performance Evaluation (CPE) – FAMILY MEDICINE – Adult with an Acute Illness

**Instructions** With the FAMILY MEDICINE rotation learning outcomes in mind, rate the student's level of performance, taking into consideration the last five (5) adult patient interactions you have directly observed. The desired benchmark is "EXPECTED LEVEL of performance with supervision" adult with an acute illness.

Evaluator Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

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



## Clinical Performance Evaluation (CPE) – PEDIATRICS

Instructions With the PEDIATRICS rotation learning outcomes in mind, rate the student's level of performance, taking into consideration the last five (5) pediatric patient interactions you have directly observed. The desired benchmark is "EXPECTED LEVEL of performance with supervision" with a pediatric patient.

Evaluator Name: \_\_\_\_\_ Student Name: \_\_\_\_\_  
 Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Learning Outcomes (LO)	EXPECTED LEVEL of performance with supervision	NEEDS IMPROVEMENT with additional supervision
Medical History [LO 1,2]	Conducts adequate comprehensive & focused histories for pediatric patients with acute & chronic diseases; most critical info gathered	Difficulty conducting comprehensive & focused histories; fails to gather some critical information
Physical Exam (PE) [LO 1,2]	Completes most PE components well; recognizes majority of developmental milestones	Difficulty completing some PE components; fails to recognize some developmental milestones
Differential Diagnosis [LO 1]	Formulates adequate differential diagnoses for acute & chronic pediatric diseases	Difficulty formulating differential diagnoses for common acute & chronic pediatric diseases
Treatment Plan [LO 2,4,6]	Develops adequate plans for further	





Clinical Performance Evaluation (CPE) – PSYCHIATRY/BEHAVIORAL HEALTH

Instructions



## Clinical Performance Evaluation (CPE) – GENERAL SURGERY

Instructions With the GENERAL SURGERY rotation learning outcomes in mind (see back), take the level of performance taking into consideration the last five (5) patient interactions you have directly observed. The desired benchmark is "EXPECTED LEVEL of performance with supervision" for surgical patients.

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

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

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

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

Learning Outcomes (LO)	EXPECTED LEVEL of performance with supervision	NEEDS IMPROVEMENT with additional supervision
Medical History [LO 1,2]	Conducts adequate comprehensive & focused histories for patients presenting for surgical consultation, most critical information gathered	Difficulty conducting comprehensive & focused history • conduct "g-ór"ed P0 €Ob r- conducvAr"rw@



The following questions will help us categorize and quantify the types of patient encounters and

# AppendixG - Clinical Site Visit Evaluation Form

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## Clinical Site Visit Evaluation Form

Name of Faculty Reviewer: \_\_\_\_\_

Date of Eval: \_\_\_\_\_

Name of Clinical Site: \_\_\_\_\_

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

Related to facilities, resources, and learning opportunities:	Yes	No	Unsure
Are physical facilities adequate to meet Program expectations?			
Do students have reliable internet access?			

## Appendix H- PANCE Content Blueprint

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### TASK Areas

#### History Taking & Physical Examinations

##### Knowledge of:

- Pertinent historical information associated with selected medical conditions
- Risk factors for development of selected medical conditions
- Signs and symptoms of selected medical conditions
- Physical examination techniques
- Physical examination findings associated with selected medical conditions
- Differential diagnosis associated with presenting symptoms or physical findings

##### Cognitive skills in:

- Conducting comprehensive and focused interviews
- Identifying pertinent historical information
- Performing comprehensive and focused physical examinations
- Associating current complaint with presented history
- Identifying pertinent physical examination information

#### Using Laboratory & Diagnostic Studies

Knowledge of: phy 5 (2-6) 19 (c) 7-4 (a) 27 (6) 10 Td 4 0069 Tw. 1 (n) 12 (d) f) 20.9 (o) 1.9 (c) 3 0.277 0 3 (y) JT J5.084.286 0.49 sTj ( 4

## Clinical Intervention

### Knowledge of:

- Management and treatment of selected medical conditions
- Indications, contraindications, complications, risks, benefits, and techniques for selected procedures
- Standard precautions and special isolation conditions
- Sterile technique
- Follow-up and monitoring of therapeutic regimens

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## ORGANAreas

### The Cardiovascular System

#### Cardiomyopathy

Dilated  
Hypertrophic  
Restrictive  
Conduction Disorders  
Atrial fibrillation/flutter  
Atrioventricular block  
Bundle branch block  
Paroxysmal supraventricular  
tachycardia  
Premature beats  
Sick sinus syndrome  
Ventricular tachycardia  
Ventricular fibrillation  
Torsades de pointes  
Congenital Heart Disease  
Atrial septal defect  
Coarctation of aorta  
Patent ductus arteriosus  
Tetralogy of Fallot  
Ventricular septal defect

#### Heart Failure

Hypertension  
Essential  
Secondary  
Hypertensive emergencies  
Hypotension  
Cardiogenic shock  
Orthostatic hypotension  
Coronary Heart Disease  
Acute myocardial infarction  
-STEMI & Non-STEMI  
Angina pectoris  
-Stable Unstable, variant  
Vascular Disease  
Aortic aneurysm/dissection  
Arterial embolism/thrombosis  
Giant cell arteritis  
Peripheral artery disease  
Phlebitis/thrombophlebitis  
Varicose veins  
Venous insufficiency/thrombosis

#### Valvular Disease

Aortic stenosis  
Aortic regurgitation  
Mitral stenosis  
Mitral regurgitation  
Mitral valve prolapse  
Tricuspid stenosis  
Tricuspid regurgitation  
Pulmonary stenosis  
Pulmonary regurgitation  
Other Forms of Heart Disease  
Acute and subacute bacterial  
endocarditis  
Acute pericarditis  
Cardiac tamponade  
Pericardial effusion

### The Dermatologic System

#### Eczematous Eruptions

Dermatitis  
Dyshidrosis  
Lichen simplex chronicus  
Papulosquamous Diseases  
Drug eruptions  
Lichen planus  
Pityriasis rosea  
Psoriasis  
Desquamation  
Erythema multiforme  
Stevens-Johnson syndrome  
Toxic epidermal necrolysis  
Vesicular Bullae  
Bullous pemphigoid  
Acneiform Lesions  
Acne vulgaris  
Rosacea

#### Verrucous Lesions

Actinic keratosis  
Seborrheic keratosis  
Insects/Parasites  
Lice/Scabies  
Spider bites  
Neoplasms  
Basal cell carcinoma  
Kaposi sarcoma  
Melanoma  
Squamous cell carcinoma  
Hair and Nails  
Alopecia  
Onychomycosis  
Paronychia  
Viral Diseases  
Condyloma acuminatum  
Exanthems  
Herpes simplex  
Molluscum contagiosum  
Varicellazoster virus infections  
Verrucae

#### Bacterial Infections

Celulitis  
Erysipelas  
Impetigo  
Fungal Infections  
Candidiasis  
Dermatophyte infections  
Other  
Acanthosis nigricans  
Burns  
Hidradenitis suppurativa  
Lipomas/epithelial inclusion cysts  
Melasma  
Pilonidal disease  
Pressure ulcers  
Urticaria  
Vitiligo

## EENT (Eyes, Ear, Nose and Throat)

### Eye Disorders

Blepharitis  
Blowout fracture  
Cataract  
Chalazion  
Conjunctivitis  
Corneal abrasion



## The Musculoskeletal System

### Disorders of the Shoulder

Fractures/dislocations

Soft tissue injuries

### Disorders of the

### Forearm/Wrist/Hand

Fractures/dislocations

Soft tissue injuries

### Disorders of the Back/Spine

Ankylosing spondylitis

Back strains/sprain

Cauda equina

Herniated nucleus pulposus

Kyphosis

Lower back pain

Scoliosis

Spinal stenosis

### Disorders of the Hip

Avascular necrosis

Development dysplasia

Fractures/dislocations

Slipped capital femoral epiphysis

### Disorders of the Knee

Fractures/dislocations

Osgood-Schlatter disease

Soft tissue injuries

### Disorders of the Ankle/Foot

Fractures/dislocations

Soft tissue injuries

### Infectious Diseases

Acute/chronic osteomyelitis

Septic arthritis

### Neoplastic Disease

Bone cysts/tumors

Ganglion

### Osteoarthritis

### Osteoporosis

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## The Pulmonary System

### Infectious Disorders

Acute bronchitis  
Acute bronchiolitis  
Acute epiglottitis  
Croup  
Influenza  
Pertussis  
Pneumonias  
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Respiratory syncytial virus infection  
Tuberculosis

### Neoplastic Disease

Carcinoid tumors  
Lung cancer  
Pulmonary nodules  
Obstructive Pulmonary Disease  
Asthma  
Bronchiectasis  
Chronic bronchitis  
Cystic fibrosis  
Emphysema  
Pleural Diseases  
Pleural effusion  
Pneumothorax

### Pulmonary Circulation

Cor pulmonale  
Pulmonary embolism  
Pulmonary hypertension  
Restrictive Pulmonary Disease  
Idiopathic pulmonary fibrosis  
Pneumoconiosis  
Sarcoidosis  
Other Pulmonary Disease  
Acute respiratory distress syndrome  
Hyaline membrane disease  
Foreign body aspiration

## The Reproductive System

### Uterus

Dysfunctional uterine bleeding  
Endometrial cancer  
Endometriosis  
Leiomyoma  
Prolapse

### Ovary

Cysts  
Neoplasms

### Cervix

Cancer  
Cervicitis  
Dysplasia  
Incompetent  
Vagina/Vulva

Cystocele  
Neoplasm  
Prolapse  
Rectocele  
Vaginitis

### Menstrual Disorders

Amenorrhea  
Dysmenorrhea  
Premenstrual syndrome

### Menopause

### Breast

Abscess  
Cancer  
Fibroadenoma  
Fibrocystic disease  
Gynecomastia  
Galactorrhea  
Mastitis

### Pelvic Inflammatory Disease

### Contraceptive Methods

### Uncomplicated Pregnancy

Normal labor/delivery  
Prenatal diagnosis/care

### Complicated Pregnancy

Abortion  
Abruptio placentae  
Cesarean section  
Dystocia  
Ectopic pregnancy  
Fetal distress  
Gestational diabetes  
Gestational trophoblastic disease  
Hypertension disorders in pregnancy  
Multiple gestation  
Placenta previa  
Postpartum hemorrhage  
Premature rupture of membranes  
Rh incompatibility

## Appendix I- Preceptor Development Tools

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Integrating the Student into a Busy Practice

I

Feedback: An Educational