CLINICAL TEAM: CONTACT INFORMATION

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Welcome to our Educational Team!

Thank you for your hard work and dedication to the Wichita State University PA Program and students!

As a clinical preceptor, are an integral part of the teaching program and key to successful learning experiences in the clinical setting. Most students remember their preceptors as the people who not only taught them important medical knowledge and skills, but as those who pushed them to learn even more and mentored them with support and advice as they grew in the clinical environment.

We hope you enjoy the opportunity to teach and that your investment of time and talent will be rewarded, and perhaps balanced, by the ability of our students to assist in providing quality patient care under your supervision.

This Preceptor Handbook is designed to support the relationship between you, the preceptor, and WSU PA students and the WSU PA Program. Please reach out to us if you have any questions, concerns, observations, or suggestions to help us better prepare our students for your rotation and/or to better help us support you as a valued clinical preceptor.

We appreciate your dedication to co-teaching and developing the skills and clinical judgments necessary to create excellent, professional clinicians.

**You are vital to the Program’s legacy of excellence!**

Thank you for your commitment to PA education,

Sue Nyberg, MHS, PA-C, DFAAPA  
Director of Clinical Education

Kim Darden, M.Ed, PA-C  
Program Director
Overview of PA Profession & Program

WSU PA Program Faculty and Staff

Program Director & Department Chair: Kim Darden, M.Ed, PA-C

Faculty:
- Gina Brown, MPAS, PA-C
  Associate Professor / Graduate Coordinator
- LaDonna Hale, PharmD
  Professor / Director of Assessment
- Kayla Keuter, MPH, PA-C
  Assistant Professor
- Sue Nyberg, MHS, PA-C, DFAAPA
  Professor / Director of Clinical Education
- Corey Rogers, PA-C
  Clinical Educator
- Michelle Wallace, MPAS, PA-C
  Clinical Educator / Research Coordinator

Director of Didactic Education

Medical Director: Garold Minns, MD

Basic Science Faculty:
- Garold Minns, MD (Pathophysiology)
- Lisa Garcia, MS (Anatomy)
  Clinical Educator

Support Staff:
- Debra Purdy
  Admissions Director / Office Supervisor
- Melanie Bayles
  Clinical Coordinator / Business Manager
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  Administrative Specialist

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- Monday-Friday: 8 a.m.-12 p.m. and 1 p.m.-5 p.m.
- Voicemail is available 24 hr/day if you need to leave a message
Overview of the PA Profession

PAs are health professionals licensed to practice medicine on healthcare teams with physicians and other providers. The key to the success of the PA profession is a close relationship with physicians. PAs are qualified by graduation from an accredited PA program, national certification, and re-certification every 10 years.

Within the physician-PA relationship, PAs exercise autonomy in medical decision making and provide a broad range of diagnostic and therapeutic services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings in rural and urban areas. PA practice is centered on patient care and may include educational, research, and administrative activities. AAPA Policy Manual HP-3100.3.1

History of the WSU PA Program

The WSU PA Program has enjoyed over 40 years of excellence in PA Education. The WSU Program started its first class of 12 students in January, 1973. More than 1,400 PAs have graduated from our Program. It is the only PA Program in Kansas and is one of the older and larger programs in the U.S.

The admissions process is highly competitive with typically over 1,000 applications for the 48 available seats. Students arrive each June from across the U.S., eager to begin this intense 26 month program resulting in a Master of Physician Assistant (MPA) degree. See Appendix A for a copy of the WSU Program curriculum. For the first 13 months, students are immersed in science and clinical medicine coursework consisting of nearly 40 hours per week in the classroom in addition to experiential learning in research, professional development, community service, and interprofessional education. The clinical phase of training consists of 8 (5 - 6 week) rotations throughout Kansas and in Oklahoma and Missouri.

The WSU PA Program has been fully accredited by the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) since its inception. We are members of the Physician Assistant Education Association (PAEA) and have a long history of support for and cooperation with the Kansas Academy of Physician Assistants (KAPA).

WSU PA Program: Vision, Mission and Guiding Principles

**Vision:** Excellence in physician assistant education

**Mission:** Transform students into highly competent physician assistants

**Guiding principles:**
- Foster an enthusiastic learning environment committed to student success
- Promote patient-centered collaborative care
- Model and cultivate compassion
- Respond to the need for primary care providers in Kansas
- Encourage health care for rural and underserved populations
- Emphasize evidence-based practice and promote lifelong learning
General Goals of the Clinical Year

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:

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

Required Clinical Rotation Experiences

During the clinical year of the program students will be exposed to healthcare provided to patients in a variety of specialties in a variety of healthcare settings. The clinical year consists of 7 (5 – 6 week) rotations scheduled by the Program and 1 (8 week) elective, capstone rotation identified by the student. An individualized clinical rotation schedule is developed for each student in order for each student to meet the following clinical rotation requirements:

**Patient Exposure:**

- Medical care across the lifespan to include infants, children, adolescents, adults and older adults
- Women’s health (to include prenatal and gynecologic care)
- Care for conditions requiring surgical management – including preoperative, intraoperative and postoperative care
- Care for behavioral and mental health conditions

**Required Rotations**

- (3) Primary Care rotations (family medicine, pediatrics, internal medicine)
- (2) rotations in a rural setting or underserved setting

**Required Rotation Experiences:**

- Family Medicine
- General Surgery
- Internal Medicine (may be part of family medicine/primary care)
- Pediatrics (may be part of family medicine/primary care)
- Prenatal Care/Women’s Health (may be part of family medicine/primary care)
- Behavioral Health/Psychiatric (generally part of family medicine/primary care)

**Required Health Care Settings:**

- Outpatient
- Inpatient
- Emergency department
- Operating room

**Required Rotation Case Types:**

- Acute
- Chronic
- Preventive
- Emergent
Competencies for the PA Profession

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. PAs are expected to demonstrate an unwavering commitment to continual learning, professional growth, and the physician-PA team for the benefit of patients and the larger community. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual PA as that scope is defined by the supervising physician and appropriate to the practice setting.

Upon successful completion of their clinical rotations, students should be able to and will be evaluated on their ability to:

1) Demonstrate core **medical knowledge** about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.
   - Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors; identify signs/symptoms of medical conditions and differentiate between normal and abnormal findings; select and interpret laboratory and diagnostic tests; formulate differential diagnoses; prescribe/monitor pharmacotherapy; and demonstrate problem solving/critical thinking skills.

2) Demonstrate **interpersonal and communication skills** that result in effective information exchange with patients, patients’ families, physicians, professional associates, and other individuals within the healthcare system.
   - Adapt communication to patient and healthcare team; maintain demeanor of respect and compassion toward patient and healthcare team; show sensitivity to patients’ culture, age, gender, and disabilities; provide accurate/concise oral presentations; and provide accurate medical record documentation.

3) Demonstrate **patient care** that is effective, safe, high quality, and equitable.
   - Perform complete medical history and physical exam; formulate/Implement evidence-based treatment and preventive care plans; provide equitable, patient-centered, collaborative care; perform medical/surgical procedures.

4) Acknowledge **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.
   - 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) Engage in critical analysis of their own practice experience, the medical literature, and other information resources for the purposes of **learning and self-and practice-improvement**.
   - 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 healthcare** to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient.
   - Respond to the larger healthcare system (e.g. funding social services, etc.); and understand and practice within the role of a PA.
Competencies for the PA Profession – from the NCCPA

A detailed list of the competencies developed for the PA profession is available for review at the following website: http://www.nccpa.net/uploads/docs/PACOMPETENCIES.pdf. Development of these competencies is the desired foundational outcome for students upon completion of the PA program and in preparation for professional practice. These competencies are also reflected in the Preceptor Evaluation of Student (Appendix B).

Physician Assistant National Certifying Examination (PANCE) Blueprint

A detailed list of knowledge and skill areas as well as organ systems and diseases identified as important to PA practice and covered on the PANCE, are available in Appendix F and G and at the following websites:

http://www.nccpa.net/ExamsContentBPTasks

http://www.nccpa.net/ExamsContentBPOrgans

We encourage you to review these task and organ system areas to ensure students are gaining experiences within the expected depth, breadth and scope of knowledge needed to perform well in their certifying examination.

<table>
<thead>
<tr>
<th>Tasks</th>
<th>% of Exam Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>History Taking &amp; Performing Physical Examination</td>
<td>16%</td>
</tr>
<tr>
<td>Using Laboratory &amp; Diagnostic Studies</td>
<td>14%</td>
</tr>
<tr>
<td>Formulating Most Likely Diagnosis</td>
<td>18%</td>
</tr>
<tr>
<td>Health Maintenance</td>
<td>10%</td>
</tr>
<tr>
<td>Clinical Intervention</td>
<td>14%</td>
</tr>
<tr>
<td>Pharmaceutical Therapeutics</td>
<td>18%</td>
</tr>
<tr>
<td>Applying Basic Science Concepts</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organ System</th>
<th>% of Exam Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular</td>
<td>16%</td>
</tr>
<tr>
<td>Dermatologic</td>
<td>5%</td>
</tr>
<tr>
<td>EENT (Eyes, Ears, Nose, Throat)</td>
<td>9%</td>
</tr>
<tr>
<td>Endocrine</td>
<td>6%</td>
</tr>
<tr>
<td>Gastrointestinal/Nutritional</td>
<td>10%</td>
</tr>
<tr>
<td>Genitourinary</td>
<td>6%</td>
</tr>
<tr>
<td>Hematologic</td>
<td>3%</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>3%</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>10%</td>
</tr>
<tr>
<td>Neurologic System</td>
<td>6%</td>
</tr>
<tr>
<td>Psychiatry/Behavioral</td>
<td>6%</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>12%</td>
</tr>
<tr>
<td>Reproductive</td>
<td>8%</td>
</tr>
</tbody>
</table>
Preceptor Roles/Responsibilities

Your Role as a Preceptor

Most students remember their preceptors as the person who not only taught them important medical knowledge and skills, but who pushed them to learn even more and mentored them with support and advice as they grew in the clinical environment. Preceptors are an integral part of the teaching program and key to successful learning experiences in the clinical setting. The guidance of the preceptor humanizes medicine, helps students synthesize and apply concepts from classroom learning to create deep learning and critical thinking.

The PA student clinician works closely with the preceptor, learning from his/her advice and example to become excellent PAs and members of the healthcare team. Preceptors help students perfect skills and knowledge to meet the PA Competencies as well as develop a strong commitment to continual learning, professional growth, and the physician-PA team for the benefit of patients and the larger community.

Preceptor Responsibilities

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

1. Assume primary responsibility for the action and education of the PA student.
2. Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation.
3. Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care.
4. Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student’s experience and expertise.
5. Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
   - Direct supervision, observation, and teaching in the clinical setting
   - Direct evaluation of presentations (including both oral and written)
   - Assignment of outside readings and research to promote further learning
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. Audit and co-sign charts in order to evaluate the student’s ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.
8. Model appropriate clinical behavior that provides quality patient care in 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. Delays in completing student evaluations result in delayed feedback to students, inability to submit grades to the University, and thus, potentially delayed graduation.
11. 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 appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Instagram) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the Program and/or WSU website regarding specific Program or University policies regarding this issue.

**Orienting the Student to the Rotation**

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

On the first day of the rotation (or when possible, prior to the rotation), the student should take care of any administrative needs, including obtaining a name badge and computer password, and completing any necessary paperwork, EMR training, and additional site-specific HIPAA training, if needed.

**Communicating Student Expectations**

Early in the clinical rotation, it is recommended that the preceptor and student meet to discuss clinical rotation goals developed by the student prior to the rotation and then formulate mutual goals with regard to what they hope to achieve during the rotation. The preceptor should also communicate his/her expectations of the student during the rotation. These expectations often include:

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

Please provide students with a tentative work schedule. Students should expect a minimum of 40 hours each week on rotation with additional time spent outside of the clinical rotation engaged in a self-directed program of reading, critical analysis, and studying, concentrating on the topics and problems encountered with assigned patients for the purpose of moving towards clinical competency. Students should not expect a Monday through Friday daytime schedule. Students may take call at nights and on weekends and holidays when the team is working.
Preparing Staff for Student Arrival

Approximately 2 weeks prior to the start of the rotation the student will contact you to make logistic arrangements in advance of their arrival. In addition, they will send you a brief “student introduction” that will also include their personal learning goals for the rotation.

Please inform your staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student’s arrival to discuss:

- Student’s name
- Student’s schedule (when they will be at the site)
- Student’s expected role in patient care
- Expected effect of the student on office operation:
  - Will fewer patients be scheduled?
  - Will the preceptor be busier?
  - How patients will be scheduled for the student

The staff of a clinical site has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident.

*Please encourage your office staff to contact the Program if they have questions or would like additional information at: PAClinical@wichita.edu or (316) 978-3011.*
Guidelines for Student Clinical Activity

Student Attendance Expectations

1. **Designated State/University holidays:** Students are aware there are not guaranteed holidays during the clinical year. Students are expected to be at the clinical rotation site for any days surrounding holidays when the rotation site is in operation. If the clinic/office is closed the day prior to the holiday and the preceptor will not be available, students may be given the day off as well. Students will be given rotation schedules to include Program approved holiday breaks for Thanksgiving and Christmas prior to starting second year clinical rotations.

2. **Planned Absences:** Expected absences must be approved in advance with the preceptor and the Program. If the Program requires the student to be gone from a rotation, the Program will notify the preceptor directly.

3. **Unexpected Absences:** Students are expected to notify the preceptor and Program as soon as possible if unable to attend a rotation due to significant personal illness or family emergency.

4. **Absence Notification Form:** Students are also required to complete an absence notification form for all missed rotation time. This form should be completed in advance if the absence is planned or within 3 days of an unexpected absence. This form requires your signature.

5. You have the right to request specific medical release for an illness-related absence or documentation related to any other absence.

PA Student Dress Code

Students are expected to dress professionally while in the clinical setting and PA Program policy requires that they MUST be clearly identified as a PA student while in the clinical setting. They are required to wear a short, white coat with their name badge attached to the upper half of their jacket.

PA Program dress code policy for the clinical year also includes the following:

- Acceptable dress for women includes blouses/sweaters and slacks or knee-length skirts/dresses.
- Acceptable dress for men includes dress shirt, tie and slacks.
- When asked to wear surgical “scrubs” all students must wear the standard grey scrub uniform with the WSU PA Program logo. A white or black crew neck t-shirt should be worn under the scrub uniform. Students should expect to wear ‘scrubs’ only when in the OR setting or when specifically requested by the preceptor.
- Clothing with “shed” potential (e.g. sequins, fur, glitter) is not allowed.
- All shoes worn in a clinical setting must be closed-toe. Tennis shoes are only allowed when wearing scrubs. Boots should not be worn over pant legs and high heels are discouraged.
- Capri pants are not allowed.
- Visible tattoos should be covered whenever possible.
- Jewelry should not be excessive. Visible studs are limited to two per ear, other visible studs in the face, tongue, lips, etc. are not permitted.
- Perfume or cologne should be avoided.
- Make-up should not be excessive or overdone.
- Artificial nails are not allowed in the clinical setting as they have been documented to be a source of potential infection. Fingernails should be clean and trimmed short, nail polish should be clear or light in color.
- Mustaches, goatees and beards are to be neatly trimmed. Facial hair stubble is not permitted except during initial growth of the beard.
- Women with long hair should not wear it hanging loose about the shoulders and face, but have it pulled back in a professional ponytail, bun or braid.
- Hair color should be natural looking.
• Chewing gum, eating, and drinking are not allowed clinical environments.

This list of dress code examples and violations is not comprehensive. The final determination of appropriate or inappropriate dress is at the discretion of the preceptor.

Standards of Professional Conduct for Students

As health care practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to:

• Respect
• Emotional resilience
• Academic integrity
• Honesty and trustworthiness
• Accountability
• Cultural competency
• Patient confidentiality
• Maintaining appropriate professional boundaries

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the Program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the PA Program.

*If you observe any concerns about a student’s professionalism, please contact the Program immediately.*

Supervision of the PA Student

During a student’s time at the site, the preceptor (or designated alternate preceptor) must be available for supervision, consultation, and teaching. Although the supervising preceptor may not be with a student during every shift, it is important to clearly assign students to another MD, DO, PA or APRN who will serve as the 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 styles, which can help them develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these interprofessional experiences can be very valuable. The preceptor should be aware of the student’s assigned 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.
   • The PA student **must not** admit, see, treat, or discharge a patient without evaluation by the preceptor or designated, licensed provider.
   • Any written order or entry in a medical document must be immediately co-signed by the preceptor. Students may not transmit verbal orders for treatment/medication.
   • 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 expertise. 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 this 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.

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

Medical Record Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes as related to documentation of services provided for reimbursement purposes. Students are reminded that the medical record is a legal document.

- All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.”
- The preceptor cannot bill for the services of a student.
- Preceptors are required to document the services they provide as well as review and edit all student documentation.
- Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop.
- The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution’s EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student’s own edification, which should be reviewed by preceptors whenever possible for feedback.

Medicare Policy

Medicare reimbursement requires limited student participation in regards to documentation. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. **For proper Medicare billing,** the preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making. Following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation.


Prescription Writing

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

Health professions students may be at a higher risk of exposure due to their inexperience. PA students should practice extreme care and universal precautions when handling any potentially contaminated instruments and needles. Blood borne pathogens include HIV, Hepatitis B, and Hepatitis C. An exposure is generally defined as a percutaneous injury (e.g. needle stick or cut with a sharp object); contact of mucous membrane; or non-intact skin with blood, tissue, or body fluids that are contaminated with visible blood. Urgent attention is critical.

The following steps should be taken immediately:
1) Immediately and thoroughly wash and/or irrigate the exposure site.
2) Promptly notify the supervising preceptor.
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’s Compensation.
5) Immediately contact the National Clinicians’ Post-Exposure Prophylaxis (NCPEP) Hotline at 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 also 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-exposure prophylaxis with HIV medications should ideally be started within 2 hours of exposure for best efficacy.
2) The facility at which the exposure occurred should make arrangements to evaluate the person whose blood or body fluid was the source of the exposure.
3) Students will generally undergo baseline testing for susceptibility to BBPs at the time of the exposure including antibody to HIV.
4) There is no recommended post-exposure prophylaxis for Hepatitis C, which is a more prevalent BBP than HIV. Thus follow-up testing after an exposure to a source infected with Hepatitis C is extremely important.

Follow-up and documentation procedures should be followed including:
1) Students should contact WSU Student Health Services (209 Ahlberg Hall 316-978-3620) within 24 hours (or next business day) to complete an exposure report and/or for further assistance and direction. If Student Health Services is closed, please leave a detailed message including a phone number where you can be contacted. It is important to note that WSU Student Health Services is not your first, immediate point of contact and assessment following exposure. They can assist with coordination of follow-up care and documentation only.
2) Report the incident to the Program within 24 hours of exposure (or next business day).
3) Forward any lab studies performed at the hospital, clinic, or agency and a copy of the agency’s report to Student Health Services as soon as possible.

All expenses incurred for testing, counseling, and/or post-exposure prophylaxis that are not otherwise covered by the institution in which the exposure occurred are the responsibility of the student – not the preceptor, facility, or PA Program

National Clinicians’ Post-Exposure Prophylaxis (NCPEP)
Hotline at 888-448-4911
Evaluation of Student & Student Progress

Expected Progression of PA Student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As the year continues, they should be able to more effectively develop assessment and treatment plans. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student’s skills and abilities, the student should progressively increase to supervised autonomy.

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 sit-down conversation with the student at the mid-point of the rotation. The paper copy of the Preceptor Evaluation of the Student (Appendix B) and Preceptor Evaluation of Clinical Skills (Appendix C) may be used as a starting point for this conversation. We strongly recommend the preceptor reviews their end-of-rotation evaluations to be submitted to the Program before the student leaves.

Student Evaluation (Formal Evaluation)

The preceptor evaluation is a significant portion of the student grade. Grades cannot be calculated or submitted to the University until your evaluations have been completed in PA Manager. Delays in completing student evaluations result in delayed feedback to students, inability to submit grades to the University, and thus, potentially delayed graduation.

When evaluating students, be aware that they arrive with differing levels of experience, knowledge, and clinical skills, and that student competency should increase as they progress through the clinical year. You will be asked to evaluate students based on the Competencies for PA Professionals. Scores should reflect student knowledge and skills as well as their improvement throughout the rotation. Scores should access progress in comparison to other students at the same level.

Consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student’s professionalism and effectiveness as a team player with all members of the health care team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

Course grades are determined by the Director of Clinical Education. The decision to pass or fail a student is ultimately made by the Program faculty. If you feel a student has performed poorly enough to merit failing the rotation, please contact the Director of Clinical Education as soon as the deficiencies are identified. The rotation syllabus for all clinical rotation courses (PA 801 – 899) is attached for your reference (Appendix H).

Completing Student Evaluations in PA Manager

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

If you don’t 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.
Student Responsibilities

In addition to adhering to the standards of professional conduct outlined later in the handbook, students are expected to perform the following during their clinical rotations:

- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings
- Perform and/or interpret common lab results and diagnostics
- Educate and counsel patients across the lifespan regarding health-related issues
- Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them
- Demonstrate emotional resilience and stability, adaptability, and flexibility
- Notify preceptors of all absences (planned or otherwise) in a timely manner
- Be sure all financial obligations are satisfied before leaving a rotation (e.g. room-key, deposits, returning all rotation property)

Patient Encounter & Procedure Tracking

PA students are required to record and submit patient encounter data, including, gender, age, primary diagnoses, and procedures observed or performed (if applicable) for each patient they see while on rotation within the online PA Manager database. No patient names or other identifying data are collected. This information is required as a means to evaluate the breadth and depth of clinical experiences as well as determine if the student has met Program standards in order to graduate.

Preceptor – Program Relationship

The success of clinical training of PA students depends on maintaining good communication between the 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 Team. The Program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate Program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

Notification of Scheduled Students

A legal affiliation agreement must be in place between WSU and the clinical rotation site in order for PA students to be trained there. Agreements are also required for any facility in which the student will be participating in patient care with the supervising preceptor. Each year you will be asked to submit a Preceptor Availability form indicating which rotations you are able to take students.

The Director of Clinical Education creates a clinical rotation schedule by matching student required rotation needs and preceptor availability. The Program cannot guarantee student appointments on a continuous, year-round basis. Once the schedule is established, each site will receive a list of scheduled students with start/end dates of the rotations. Prior to the start of a rotation you will receive a “Letter of Good Standing” which verifies the following information for the individual student:

- is in good standing with the Program,
- is current with CDC recommended immunizations for healthcare students, physical exam, and TB screenings,
• has passed a background check prior to Program admission,
• has passed a drug screen prior to beginning the clinical rotation year
• has individual malpractice insurance and health insurance coverage,
• has completed training on HIPAA and Universal Precautions and Bloodborne Pathogens, and
• is CPR certified.

Two weeks before a rotation is scheduled to begin, a reminder email is sent to the preceptor and site contact listing the name of the student, start and end dates of the rotation, and the student’s email address. Students receive a similar email with the preceptor contact information.

Last-minute schedule changes may occur. We understand that your schedule, like ours, may change with little notice. Our goal is to communicate these changes as soon as possible. If you need to cancel a scheduled student rotation, please notify the Program as soon as possible. Likewise, if we 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 E for a copy of the Clinical Site Visit Evaluation Form.

Student Evaluation of Preceptor / Rotation

At the conclusion of each rotation, the student will complete an evaluation of the preceptor/rotation. Due to the one-on-one nature of clinical education, it is difficult to provide preceptors with raw data and student comments while still maintaining anonymity of the student(s); therefore, the Director of Clinical Education will provide preceptors with aggregate and general summary feedback as appropriate during site visits. See Appendix D for a copy of the Student Evaluation of Preceptor & Rotation evaluation form.

Liability Insurance Safeguards

Each PA student has malpractice insurance within a supervised student role. Students must not assume responsibilities of an employee until after Program completion. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and seemingly benign, they must be avoided at all costs. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and employer in the case of legal action. In addition, if a student is working in a paid position in a different healthcare related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of their role as a PA student. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

Preceptor Development Tools

Appendix I provides links and descriptions of the following tools. You may find them useful.

1. Integrating the PA Student into a Busy Practice
   • Integrating the Learner into the Busy Office Practice
2. Evaluation and Teaching Strategies
   - Evaluation Using the GRADE Strategy
   - The One-Minute Preceptor
   - Feedback and Reflection: Teaching Methods for Clinical Settings
   - Characteristics of Effective Clinical Teachers
3. Providing Effective Feedback
   - It's Not Just What You Know: The Non-Cognitive Attributes of Great Clinical Teachers
   - Feedback in Clinical Medical Education
   - Feedback: An Educational Model for Community-Based Teachers
4. Managing Difficult Learning Situations
   - Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
   - Provide Difficult Feedback: TIPS for the Problem Learner
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.
First Year / Academic Year (approx. 13 Months)

**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)
- HS 711 Pharmacologic Management of Acute and Chronic Diseases (3)
- HP 801 Interprofessional Evidence-Based Practice (1)

Second Year / Clinical Year (approx. 13 Months)

**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** 7 credit hours
- PA 899 Advanced Clinical Rotation VIII (7)
# Appendix B - Preceptor Evaluation of Student Form

<table>
<thead>
<tr>
<th>Student Name: ______________________________</th>
<th>Date: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Name: ___________________________</td>
<td></td>
</tr>
<tr>
<td>Name of Rotation Site: _____________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
<th>(1) Unsatisfactory</th>
<th>(2) Needs Improvement</th>
<th>(3) Meets Expectations</th>
<th>(4) Exceeds Expectations</th>
<th>(5) Outstanding</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, &amp; risk factors</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
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<tr>
<td>2. Identify signs/symptoms of medical conditions and differentiate between normal and abnormal findings</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>3. Select and interpret laboratory and diagnostic tests</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>4. Formulate differential diagnoses</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>5. Prescribe/monitor pharmacotherapy</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>6. Demonstrate problem-solving / critical thinking skills</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>(1) Unsatisfactory</th>
<th>(2) Needs Improvement</th>
<th>(3) Meets Expectations</th>
<th>(4) Exceeds Expectations</th>
<th>(5) Outstanding</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Perform medical history/physical exams</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>8. Formulate/implement evidence-based treatment and preventive care plans</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>9. Provide equitable, patient-centered, collaborative care</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>10. Perform medical/surgical procedures</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal &amp; Communication Skills</th>
<th>(1) Unsatisfactory</th>
<th>(2) Needs Improvement</th>
<th>(3) Meets Expectations</th>
<th>(4) Exceeds Expectations</th>
<th>(5) Outstanding</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Adapt communication to patient and healthcare team members</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>12. Maintain demeanor of respect/compassion toward patient &amp; health team</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>13. Show sensitivity to patients’ culture, age, gender, and disabilities</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>14. Provide accurate/concise oral presentation</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>15. Document medical record to meet site requirements</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>(1) Unsatisfactory</th>
<th>(2) Needs Improvement</th>
<th>(3) Meets Expectations</th>
<th>(4) Exceeds Expectations</th>
<th>(5) Outstanding</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Maintain confidentiality of patient interactions and health records</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>17. Follow instructions, accept responsibility, take initiative, is dependable, and modifies behavior following criticism</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>18. Seeks interprofessional interactions and understands appropriate referrals</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>19. Maintain professionalism in behavior, dress, and proper student identification</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Learning and Self-Improvement</th>
<th>(1) Unsatisfactory</th>
<th>(2) Needs Improvement</th>
<th>(3) Meets Expectations</th>
<th>(4) Exceeds Expectations</th>
<th>(5) Outstanding</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. Recognize personal limitations in knowledge/ability and exhibit appropriate level of self-confidence</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>21. Initiate learning and self-improvement</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>System-Based Practice</th>
<th>(1) Unsatisfactory</th>
<th>(2) Needs Improvement</th>
<th>(3) Meets Expectations</th>
<th>(4) Exceeds Expectations</th>
<th>(5) Outstanding</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>22. Respond to the larger healthcare system (e.g. funding, social services, etc.)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>23. Understand and practice within the role of a PA</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OVERALL EVALUATION</th>
<th>(1) Unsatisfactory</th>
<th>(2) Needs Improvement</th>
<th>(3) Meets Expectations</th>
<th>(4) Exceeds Expectations</th>
<th>(5) Outstanding</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>24. This student is performing at a level appropriate for his/her current stage of professional education.</td>
<td>□ Yes □ No</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Specifically, how can this student improve his/her professionalism, performance, knowledge, &amp; skills?</td>
<td>□ Yes, with reservation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. List two strengths of the student.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>27. Approximately how many days did the student miss during this rotation?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Appendix C - Preceptor Evaluation of Clinical Skills

Based on your observations of this student while on your rotation, please indicate your assessment of the student’s proficiency for the skill listed. Students must acquire instruction in technical skills and procedures based on current professional practice, but students are NOT expected to acquire all these skills within a single rotation. This skills list is based upon common employer expectations and a national survey of PA Programs.

Proficiency Scale
0) Not applicable/not observed
1) Attempted but needs further training
2) Able to perform with supervision
3) Able to perform independently

1. Comprehensive History and Physical Exam of the following age patient:
   Age specific competency – able to ensure a safe and caring environment for the age groups indicated below; communicate with and provide patient education; elicit age appropriate history and conduct physical examination:

<table>
<thead>
<tr>
<th>AGE (years)</th>
<th>Level of Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn – Infant</td>
<td>0 – 2</td>
</tr>
<tr>
<td>Young Child</td>
<td>3 – 12</td>
</tr>
<tr>
<td>Adolescent</td>
<td>13 – 18</td>
</tr>
<tr>
<td>Adult</td>
<td>18-64</td>
</tr>
<tr>
<td>Older adult</td>
<td>≥ 65</td>
</tr>
</tbody>
</table>

2. Specific Physical Examination Component:

<table>
<thead>
<tr>
<th>Level of Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female breast exam</td>
</tr>
<tr>
<td>Female pelvic exam</td>
</tr>
<tr>
<td>Male genitalia exam</td>
</tr>
<tr>
<td>Rectal exam</td>
</tr>
</tbody>
</table>

3. Clinical Skill:

<table>
<thead>
<tr>
<th>Level of Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suture/staple</td>
</tr>
<tr>
<td>Application of cast/splint</td>
</tr>
<tr>
<td>Local anesthesia</td>
</tr>
<tr>
<td>Venipuncture/IV start</td>
</tr>
<tr>
<td>Basic x-ray interpretation</td>
</tr>
</tbody>
</table>
     (e.g. chest, abdomen, extremity plain film)| 0 1 2 3 |

4. Professional/Systems Skill:

<table>
<thead>
<tr>
<th>Level of Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Orders</td>
</tr>
<tr>
<td>Inpatient progress note</td>
</tr>
<tr>
<td>Discharge summary</td>
</tr>
<tr>
<td>EHR documentation</td>
</tr>
</tbody>
</table>
# Appendix D - Student Evaluation of Preceptor & Rotation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did you have reliable internet access?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Was the preceptor (or designee) available on a daily basis to direct/supervise your activities?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Were you ever asked to evaluate and dismiss a patient without the patient being seen by a licensed provider?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
   *If yes, please describe in comment section.*
| 4. The preceptor provided excellent clinical instruction.                |     |    |
| 5. The preceptor exhibited excellent rapport with students.             |     |    |
| 6. The preceptor maintained a professional demeanor.                   |     |    |
| 7. The preceptor provided timely feedback regarding my performance as needed throughout the rotation. |     |    |
| 8. Which best describes the “formal/structured” feedback you received from your preceptor regarding your performance? |     |    |
| 9. How often did you have the opportunity to independently evaluate patients? |     |    |
| 10. How often did you have the opportunity to actually perform procedures? |     |    |
| 11. Learning objectives for this rotation (as stated in the student handbook) were adequately met. |     |    |
| 12. Indicate the average number of hours per week that you worked on this rotation including call time: __________ hours per week |     |    |
| 13. If you utilized site-provided student housing, was the housing situation adequate and safe? | Yes | No |
| 14. Would you recommend this rotation to another student?               | Yes | No |
| 15. Please provide additional comments here:                           |     |    |
The following questions will help us categorize and quantify the types of patient encounters and experiences obtained at this rotation site.

16. I participated in the care of patients in the **OUTPATIENT** setting.
   - never / rarely
   - sometimes
   - frequently

17. I participated in the care of patients in the **EMERGENCY DEPARTMENT** setting.
   - never / rarely
   - sometimes
   - frequently

18. I participated in the care of patients in the **INPATIENT HOSPITAL** setting.
   - never / rarely
   - sometimes
   - frequently

19. I participated in the care of patients related to **FAMILY MEDICINE**.
   - never / rarely
   - sometimes
   - frequently

20. I participated in the care of patients related to **INTERNAL MEDICINE**.
   - never / rarely
   - sometimes
   - frequently

21. I participated in the care of patients related to **GENERAL SURGERY**.
   - never / rarely
   - sometimes
   - frequently

22. I participated in the care of patients related to **PEDIATRICS**.
   - never / rarely
   - sometimes
   - frequently

23. I participated in the care of patients related to **GERIATRICS**.
   - never / rarely
   - sometimes
   - frequently

24. I participated in the care of patients related to **BEHAVIORAL & MENTAL HEALTH**.
   - never / rarely
   - sometimes
   - frequently

25. I participated in **PRE-NATAL** care.
   - never / rarely
   - sometimes
   - frequently

26. I participated in **GYNECOLOGIC** care.
   - never / rarely
   - sometimes
   - frequently

27. I participated in **PRE-OPERATIVE** care.
   - never / rarely
   - sometimes
   - frequently

28. I participated in **INTRA-OPERATIVE** care in an **OPERATING ROOM**.
   - never / rarely
   - sometimes
   - frequently

29. I participated in **POST-OPERATIVE** care.
   - never / rarely
   - sometimes
   - frequently

30. I participated in **REHABILITATIVE** care.
   - never / rarely
   - sometimes
   - frequently

31. I participated in **PALLIATIVE / END-OF-LIFE** care.
   - never / rarely
   - sometimes
   - frequently

32. Please comment on any additional, unique opportunities for patient encounters at this rotation site:
Appendix E - Clinical Site Visit Evaluation Form

Clinical Site Visit Evaluation Form

Name of Faculty Reviewer: __________________________  Date of Eval: _____________

Name of Clinical Site: ______________________________  Rotation Type: ______________

<table>
<thead>
<tr>
<th>Related to facilities, resources, and learning opportunities: C4.02</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are physical facilities adequate to meet Program expectations?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do students have reliable internet access?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are patient populations adequate to meet Program expectations?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does the preceptor provide appropriate supervision for the student?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If housing is available, is housing situation adequate and safe? A1.03</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related to preceptor mentoring and feedback: C4.02</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the preceptor possess adequate teaching abilities?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do preceptor/staff communicate problems/concerns to the Program?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does the preceptor provide students with adequate mentoring/feedback?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does the preceptor maintain appropriate rapport with the students?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does the preceptor maintain a professional demeanor?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Were aggregate/summary student evaluation feedback discussed with preceptor?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Related to the Program’s expected learning outcomes for clinical rotations, does this site adequately assist students in meeting the following competencies: B1.09, C4.02</th>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical knowledge</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Patient care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Interpersonal &amp; communication skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Professionalism</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Learning and self-improvement</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>System-based practice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If No or Unsure Explain:

Provider profile verification: ☐ Verified, no changes needed  ☐ Unable to verify at this time  ☐ Verified with the following changes:

Recommendations for other clinical rotation sites in the area:

Should this site be continued? ☐ Yes  ☐ Recommend with reservation  ☐ Do not recommend

Other Comments:
Appendix F - PANCE Content Blueprint 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:
- Indications for initial and subsequent diagnostic or laboratory studies
- Cost effectiveness of diagnostic studies or procedures
- Relevance of common screening tests for selected medical conditions
- Normal and abnormal domestic ranges
- Risks associated with diagnostic studies or procedures
- Appropriate patient education related to laboratory or diagnostic studies

Cognitive skills in:
- Using diagnostic equipment safely/appropriately
- Selecting appropriate diagnostic/lab studies
- Collecting diagnostic or laboratory specimens
- Interpreting diagnostic or lab study results

Formulating Most Likely Diagnosis

Knowledge of:
- Significance of history as it relates to differential diagnosis
- Significance of physical findings as they relate to diagnosis
- Significance of diagnostic and laboratory studies as they relate to diagnosis

Cognitive skills in:
- Correlating normal and abnormal diagnostic data
- Formulating differential diagnosis
- Selecting the most likely diagnosis in light of presented data

Health Maintenance

Knowledge of:
- Epidemiology of selected medical conditions
- Early detection and prevention of selected medical conditions
- Relative value of common screening tests
- Appropriate patient education regarding preventable conditions or lifestyle modification
- Healthy lifestyles
- Prevention of communicable diseases
- Immunization schedules and recommendations for infants, children, adults, and foreign travelers
- Risks and benefits of immunization
- Human growth and development
- Human sexuality
- Occupational and environmental exposure
- Impact of stress on health
- Psychological manifestations of illness and injury
- Effects of aging and changing family roles on health maintenance and disease prevention
- Signs of abuse and neglect
- Barriers to care

Cognitive skills in:
- Using counseling and patient education techniques
- Communicating effectively with patients to enhance health maintenance
- Adapting health maintenance to patient context
- Using informational databases
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
• Conditions that constitute medical emergencies
• Indications for admission to or discharge from hospitals or other facilities
• Discharge planning
• Available/appropriate community resources

Cognitive skills in:
• Formulating and implementing treatment plans
• Recognizing and initiating treatment for life-threatening emergencies
• Demonstrating technical expertise related to performing specific procedures
• Communicating effectively
• Using counseling techniques
• Facilitating patient adherence and active participation in treatment
• Interacting effectively in multidisciplinary teams

Pharmaceutical Therapeutics

Knowledge of:
• Mechanism of action
• Indications for use
• Contraindications
• Side effects
• Adverse reactions
• Follow-up and monitoring of drug regimens
• Risks for drug interactions
• Clinical presentation of drug interactions
• Treatment of drug interactions
• Drug toxicity
• Methods to reduce medication errors
• Cross-reactivity of similar medications
• Recognition and treatment of allergic reactions

Cognitive skills in:
• Selecting appropriate pharmacologic therapy for selected medical conditions
• Monitoring pharmacologic regimens and adjusting as appropriate
• Evaluating and reporting adverse drug reactions

Applying Basic Science Concepts

Knowledge of:
• Human anatomy and physiology
• Underlying pathophysiology
• Microbiology and biochemistry

Cognitive skills in:
• Recognizing normal and abnormal anatomy and physiology
• Relating pathophysiologic principles to specific disease processes
• Correlating abnormal physical examination findings to a given disease process
• Correlating abnormal results of diagnostic tests to a given disease process

Available at PANCE website:
http://www.nccpa.net/ExamsContentBPTasks
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
- Varicella-zoster virus infections
- Verrucae

**Bacterial Infections**
- Cellulitis
- 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, Ears, Nose and Throat)**

<table>
<thead>
<tr>
<th>Eye Disorders</th>
<th>Eye Disorders continued</th>
<th>Nose/Sinus Disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blepharitis</td>
<td>Retinal detachment</td>
<td>Acute/chronic sinusitis</td>
</tr>
<tr>
<td>Blowout fracture</td>
<td>Retinal vascular occlusion</td>
<td>Allergic rhinitis</td>
</tr>
<tr>
<td>Cataract</td>
<td>Retinopathy</td>
<td>Epistaxis</td>
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<tr>
<td>Chalazion</td>
<td>Strabismus</td>
<td>Foreign body</td>
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<tr>
<td>Conjunctivitis</td>
<td></td>
<td>Nasal polyps</td>
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<tr>
<td>Corneal abrasion</td>
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<tr>
<td>Corneal ulcer</td>
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<tr>
<td>Dacryoadenitis</td>
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<tr>
<td>Ectropion</td>
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<tr>
<td>Entropion</td>
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<tr>
<td>Foreign body</td>
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<tr>
<td>Glaucoma</td>
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<td>Hordeolum</td>
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<tr>
<td>Hyphema</td>
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<tr>
<td>Macular degeneration</td>
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<tr>
<td>Nystagmus</td>
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<tr>
<td>Optic neuritis</td>
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<tr>
<td>Orbital cellulitis</td>
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<td>Papilledema</td>
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<td>Pterygium</td>
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<td></td>
<td>Retinal detachment</td>
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<td></td>
<td>Retinal vascular occlusion</td>
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<td></td>
<td>Retinopathy</td>
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<tr>
<td></td>
<td>Strabismus</td>
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<tr>
<td></td>
<td>Acute/chronic otitis media</td>
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<tr>
<td></td>
<td>Acoustic neuroma</td>
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<tr>
<td></td>
<td>Barotrauma</td>
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<tr>
<td></td>
<td>Cholesteatoma</td>
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<tr>
<td></td>
<td>Dysfunction of eustachian tube</td>
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<tr>
<td></td>
<td>Foreign body</td>
<td></td>
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<tr>
<td></td>
<td>Hearing impairment</td>
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<td></td>
<td>Hematoma of external ear</td>
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<tr>
<td></td>
<td>Labyrinthitis</td>
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<tr>
<td></td>
<td>Meningitis</td>
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<tr>
<td></td>
<td>Otitis externa</td>
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<tr>
<td></td>
<td>Tinnitus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tympanic membrane perforation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vertigo</td>
<td></td>
</tr>
</tbody>
</table>

**Ear Disorders**

Acute/chronic otitis media

**Ear Disorders continued**

Acoustic neuroma

**The Endocrine System**

**Diseases of the Thyroid Gland**

Hyperparathyroidism

Hypoparathyroidism

Hyperthyroidism

Hypothyroidism

Neoplastic disease

Thyroiditis

**Diseases of the Adrenal Glands**

Corticoadrenal insufficiency

Cushing syndrome

Neoplastic disease

**Diabetes (Type 1 & Type 2)**

**Lipid Disorders**

Hypercholesterolemia

Hypertriglyceridemia

**Diseases of the Pituitary Gland**

Acromegaly/gigantism

Diabetes insipidus

Dwarfism

Neoplastic disease

Pituitary adenoma

**The Gastrointestinal System/Nutrition**

**Esophagus**

Esophagitis

Motility disorders

Mallory-Weiss tear

Neoplasms

Strictures

Varices

**Stomach**

Gastroesophageal reflux disease

Gastritis

Neoplasms

Peptic ulcer disease

Pyloric stenosis

**Gallbladder**

Acute/chronic cholecystitis

Cholangitis

Cholelithiasis

**Pancreas**

Acute/chronic pancreatitis

Neoplasms

**Small Intestine/Colon**

Appendicitis

Celiac disease

Constipation

Diverticular disease

Inflammatory bowel disease

Intussusception

Irritable bowel syndrome

Ischemic bowel disease

Lactose intolerance

Neoplasms

Obstruction

Polyps

Toxic megacolon

**Rectum**

Anal fissure

Abscess/fistula

Fecal impaction

Hemorrhoids

Neoplasms

**Hernia**

**Infectious and Noninfectious**

**Diarrhea**

**Vitamin and Nutritional Deficiencies**

**Metabolic Disorders**

Phenylketonuria

**Liver**

Acute/chronic hepatitis

Cirrhosis

Neoplasms
### The Genitourinary System

**GU Tract Conditions**
- Benign prostatic hyperplasia
- Congenital abnormalities
- Cryptorchidism
- Erectile dysfunction
- Hydrocele/varicocele
- Incontinence
- Nephrolithiasis/uroolithiasis
- Paraphimosis/phimosis
- Testicular torsion

**Infectious/Inflammatory Conditions**
- Cystitis
- Epididymitis
- Orchitis
- Prostatitis
- Pyelonephritis
- Urethritis

**Neoplastic Diseases**
- Bladder cancer
- Prostate cancer
- Renal cell carcinoma
- Testicular cancer
- Wilms tumor

**Renal Diseases**
- Acute renal failure
- Chronic kidney disease
- Glomerulonephritis
- Hydronephrosis
- Nephrotic syndrome
- Polycystic kidney disease
- Renal vascular disease

**Fluid and Electrolyte Disorders**
- Hypervolemia
- Hypovolemia

**Acid/Base Disorders**

### The Hematologic System

**Anemias**
- Anemia of chronic disease
- Aplastic anemia
- Folate deficiency
- G6PD deficiency
- Hemolytic anemia
- Iron deficiency
- Sickle cell anemia
- Thalassemia
- Vitamin B12 deficiency

**Coagulation Disorders**
- Clotting factor disorders
- Hypercoagulable states
- Thrombocytopenia
  - Idiopathic thrombocytopenic purpura
  - Thrombotic thrombocytopenic purpura

**Malignancies**
- Acute/chronic lymphocytic leukemia
- Acute/chronic myelogenous leukemia
- Lymphoma
- Multiple myeloma

### Infectious Diseases

**Fungal Disease**
- Candidiasis
- Cryptococcosis
- Histoplasmosis
- Pneumocystis

**Bacterial Disease**
- Acute rheumatic fever
- Botulism
- Chlamydia
- Cholera
- Diphtheria
- Gonococcal infections
- Salmonellosis
- Shigellosis
- Tetanus

**Mycobacterial Disease**
- Atypical mycobacterial disease
- Tuberculosis

**Parasitic Disease**
- Helminth infestations
- Malaria
- Pinworms
- Toxoplasmosis

**Spirochetal Disease**
- Lyme disease
- Rocky Mountain spotted fever
- Syphilis

**Viral Disease**
- Cytomegalovirus infections
- Epstein-Barr virus infections
- Erythema infectiosum
- Herpes simplex
- HIV infection
- Human papillomavirus infections
- Influenza
- Measles
- Mumps
- Rabies
- Roseola
- Rubella
- Varicella-zoster virus infections

**Infectious Diseases**

### Fluid and Electrolyte Disorders**
- Hypervolemia
- Hypovolemia

**Acid/Base Disorders**

- Cystitis
- Epididymitis
- Orchitis
- Prostatitis
- Pyelonephritis
- Urethritis

**Neoplastic Diseases**
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**Fluid and Electrolyte Disorders**
- Hypervolemia
- Hypovolemia

**Acid/Base Disorders**

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**Renal Diseases**
- Acute renal failure
- Chronic kidney disease
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- Hydronephrosis
- Nephrotic syndrome
- Polycystic kidney disease
- Renal vascular disease

**Fluid and Electrolyte Disorders**
- Hypervolemia
- Hypovolemia

**Acid/Base Disorders**
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 strain/sprain
- 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

**Neoplastic Disease**
- Bone cysts/tumors
- Ganglion

**Osteoarthritis**
- Osteoporosis

**Compartment Syndrome**
- Rheumatologic Conditions
  - Fibromyalgia
  - Gout/pseudogout
  - Juvenile rheumatoid arthritis
  - Polyarteritis nodosa
  - Polymyositis
  - Polymyalgia rheumatica
  - Reactive arthritis (Reiter syndrome)
  - Rheumatoid arthritis
  - Systemic lupus erythematosus
  - Systemic sclerosis (Scleroderma)
  - Sjögren syndrome

The Neurologic System

**Diseases of Peripheral Nerves**
- Complex regional pain syndrome
- Peripheral neuropathies

**Headaches**
- Cluster headache
- Migraine
- Tension headache

**Infectious Disorders**
- Encephalitis
- Meningitis

**Movement Disorders**
- Essential tremor
- Huntington disease
- Parkinson disease

**Vascular Disorders**
- Cerebral aneurysm
- Intracranial hemorrhage
- Stroke
- Transient ischemic attack

**Other Neurologic Disorders**
- Altered level of consciousness
- Cerebral palsy
- Concussion
- Dementias
- Delirium
- Guillain-Barré syndrome
- Multiple sclerosis
- Myasthenia gravis
- Postconcussion syndrome
- Seizure disorders
- Status epilepticus
- Syncope
- Tourette disorder

Psychiatry/Behavioral Science

**Anxiety Disorders**
- Generalized anxiety disorder
- Panic disorder
- Phobias
- Post-traumatic stress disorder

**Attention-Deficit/Hyperactivity Disorder**

**Autistic Disorder**

**Eating Disorders**
- Anorexia nervosa
- Bulimia nervosa
- Obesity

**Mood Disorders**
- Adjustment
- Bipolar
- Depressive
- Dysthymic

**Personality Disorders**

**Psychoses**
- Delusional disorder
- Schizophrenia

**Somatoform Disorders**

**Substance Use Disorders**
- Abuse
- Dependence
- Withdrawal

**Other Behavior/Emotional Disorders**
- Acute reaction to stress
- Child/elder abuse
- Conduct disorders
- Domestic violence
- Grief reaction
- Suicide
The Pulmonary System

**Infectious Disorders**
- Acute bronchitis
- Acute bronchiolitis
- Acute epiglottitis
- Croup
- Influenza
- Pertussis
- Pneumonias
  - Bacterial
  - Viral
  - Fungal
  - HIV-related
- Respiratory syncytial virus infection
- Tuberculosis

**Neoplastic Disease**
- Carcinoid tumors
- Lung cancer
- Pulmonary nodules

**Obstructive Pulmonary Disease**
- Asthma
- Bronchiectasis
- Chronic bronchitis
- Cystic fibrosis
- Emphysema

**Restrictive Pulmonary Disease**
- Idiopathic pulmonary fibrosis
- Pneumoconiosis
- Sarcoidosis

**Other Pulmonary Disease**
- Acute respiratory distress syndrome
- Hyaline membrane disease
- Foreign body aspiration

**Pulmonary Circulation**
- Cor pulmonale
- Pulmonary embolism
- Pulmonary hypertension

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 placenta
- 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 H - Rotation Syllabus

PA 801, 802, 803, 804, 805, 806, 807 – Advanced Clinical Rotation I-VII
Course Syllabus - Class of 2018

Instructor: Sue Nyberg, MHS, PA-C, DFAAPA
Department: Physician Assistant Department
Office Location: Room 325 - Ahlberg Hall,
              B103C - WSU Old Town
Telephone: (316) 978-3011
Email: sue.nyberg@wichita.edu
Office Hours: Monday – Thursday 9a-3p (any time I am in my office, I am available)

Guest Lecturers/Small Group Activities
PA Faculty – Gina Brown, Kim Darden, LaDonna Hale, Kayla Keuter, Corey Rogers, Michelle Wallace

Classroom; Days/Time: Assigned clinical rotation site and PA Classroom, C133 - time varies
Prerequisites Admission into graduate physician assistant program with successful completion of the didactic phase of the PA program and in good standing with the WSU PA program.

GENERAL INFORMATION

How to use this syllabus
This syllabus provides you with information specific to this course, and it also provides information about important university policies. This document should be viewed as a course overview; it is not a contract and is subject to change as the semester evolves. All aspects of the Student Handbook apply to this course: specifically, students should read the entire section regarding “Guidelines for the Clinical Year.” Any changes will be communicated to students through announcements in class, class-wide email, notifications on PA Manager and/or a Blackboard announcement.

Course Description
Supervised clinical experiences that build on pathophysiologic assessment, analysis, and application of the didactic coursework completed during the first year of the program. This includes taking a history and performing physical exams, using laboratory and diagnostic studies, formulating the most likely diagnosis, recommending pharmaceutical therapies and other clinical interventions, and applying concepts of basic science. Clinical rotation sites may be in inpatient or outpatient settings. Students are expected to augment their clinical experiences with a regular program of reading, concentrating on topics and problems they have encountered with their assigned patients. This course also includes assessment of knowledge and skills through standardized means, discussion of professional practice, and methods to advance competencies for the PA profession in the following areas: medical knowledge,
interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, and systems-based practice.

Credit Hours: 4 (each rotation)
Success in these 4 credit hour courses is based on the expectation that students should expect a minimum of 40 hours each week on rotation with additional time spent outside of the clinical rotation engaged in a self-directed program of reading, critical analysis, and studying, concentrating on the topics and problems encountered with assigned patients for the purpose of moving towards clinical competency. Students should not expect a Monday through Friday daytime schedule. Students may be asked to take call at nights, weekends and holidays when the team is working.

Instructional Goals and Student Instructional Objectives

Upon successful completion of this clinical rotation, students will be able to and will be evaluated on their ability to:

1) Demonstrate core medical knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.
   ✓ Apply knowledge of anatomy, pathophysiology, epidemiology, etiology, and risk factors; identify signs/symptoms of medical conditions and surgical conditions and differentiate between normal and abnormal findings; select and interpret laboratory and diagnostic tests; formulate differential diagnoses; prescribe/monitor pharmacotherapy; and demonstrate problem solving/critical thinking skills.

2) Demonstrate interpersonal and communication skills that result in effective information exchange with patients, patients’ families, physicians, professional associates, and other individuals within the healthcare system.
   ✓ Adapt communication to patient and healthcare team; maintain demeanor of respect and compassion toward patient and healthcare team; show sensitivity to patients’ culture, age, gender, and disabilities; provide accurate/concise oral presentations; and provide accurate medical record documentation.

3) Demonstrate patient care that is effective, safe, high quality, and equitable.
   ✓ Perform complete medical history and physical exam; formulate/implement evidence-based treatment and preventive care plans for general medical and surgical conditions; provide equitable, patient-centered, collaborative care; perform medical/surgical procedures.

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.
   ✓ 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- and practice-improvement.
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 healthcare* to provide patient care that balances quality and cost, while maintaining the primacy of the individual patient.

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

**Competencies for the PA Profession**, a more detailed list of the above competencies, is available on Blackboard and at: [http://www.nccpa.net/uploads/docs/PACOMPETENCIES.pdf](http://www.nccpa.net/uploads/docs/PACOMPETENCIES.pdf)

**PANCE Exam Blueprint**, a more detailed list of knowledge and skill areas applicable to the above competencies, as well as organ systems and diseases identified as important to PA practice and covered on the PANCE, is available on Blackboard and at: [http://www.nccpa.net/ExamsContentBlueprint](http://www.nccpa.net/ExamsContentBlueprint)

**EOR Exam Blueprint**, a detailed list of knowledge and skill areas as well as organ systems and diseases identified as important to PA practice and covered on the EOR examinations, is available on Blackboard and at: [http://www.endofrotation.org/exams/sample-exam](http://www.endofrotation.org/exams/sample-exam)

**Required Clinical Rotation Experiences**

During the clinical year of the program students will be exposed to healthcare provided to patients in a variety of specialties in a variety of healthcare settings. The clinical year consists of 7 (5 to 6 week) rotations scheduled by the Program and 1 (8 week) elective, capstone rotation. An individualized clinical rotation schedule is developed for each student in order for each student to meet the following clinical rotation requirements:

**Patient Exposure:**
- Medical care across the lifespan to include infants, children, adolescents, adults and older adults
- Women’s health (to include prenatal and gynecologic care)
- Care for conditions requiring surgical management – including preoperative, intraoperative and postoperative care
- Care for behavioral and mental health conditions

**Required Rotations:**
- (3) Primary Care rotations (family medicine, pediatrics, internal medicine)
- (2) Rotations in a rural or underserved setting

**Required Rotation Experiences:**
- Family Medicine
- General Surgery
- Internal Medicine (may be part of family medicine/primary care)
- Pediatrics (may be part of family medicine/primary care)
- Prenatal Care/Women’s Health (may be part of family medicine/primary care)
- Behavioral Health/Psychiatric (generally part of family medicine/primary care)
Required Health Care Settings:
- Outpatient
- Inpatient
- Emergency department
- Operating room

Required Rotation Case Types:
- Acute
- Chronic
- Preventive
- Emergent

Evaluation of Course and Instructor
At the conclusion of each clinical rotation, you will evaluate the site and preceptor through a PA Manager survey developed by the Program. Results and student comments will be provided to the Director of Clinical Education for review. Due to the one-on-one nature of clinical education, it is difficult to provide preceptors with raw data and student comments while still maintaining anonymity of the student(s); therefore, preceptors will receive only aggregate and general summary feedback as appropriate.

At two points during the clinical year, you will have the opportunity to evaluate the Director of Clinical Education through a PA Manager survey developed by the Program. As with other course and instructor evaluations, these data are de-identified and confidential. The Director of Clinical Education will receive aggregate data only and a compilation of individual comments.

Instructor’s Philosophy/Goals
Through energetic and compassionate teaching, my goal is to stimulate a desire to learn while developing critical problem-solving skills, analytical skills and the ability to think holistically in order to provide the highest quality of patient-centered, evidence-based, medical care. I also strive to help each student develop the ability to evaluate and incorporate performance data received from faculty and preceptors into personal goals for personal and professional improvement as you prepare to begin clinical practice.

Technology in the Classroom and During Exams
Phones must be turned off during class times. See WSU Policies & Procedures Manual. You may NOT answer cell phones during exams or quizzes or have these items on your desk. Laptops will only be allowed for the purpose of taking notes, not for sending instant messages, surfing the internet, emailing, etc. Even when done silently, the blinking and shifting screens that occur during these non-sanctioned activities are extremely distracting to students who sit behind you. If this policy creates a problem, see me.

When taking the EOR/PACKRAT/OSCE and Summative Exams students will be asked to leave all possessions (backpacks, phones, computers, laptops, etc) in their student locker. Scratch paper and pencils will be provided.

INSTRUCTIONAL RESOURCES

EOR Days
End of Rotation days (EOR days) are a time of learning, assessment, and research that occur at
the end of each clinical rotation. Just as with any required Program instruction, EOR days are subject to the usual attendance expectations and policies (see handbook for details). Students are also expected make time for and to contact their research advisor to arrange meetings to discuss research at each EOR.

**Self-Directed Learning**

**Required Reading/Studying:** Students are expected to augment their clinical experiences by reading evidence-based resources such as medical textbooks, journal articles, consensus guidelines, and point-of-care resources (e.g. UpToDate) as appropriate to optimize care for assigned patients, as requested by the preceptor, and to build and expand their breadth and depth of knowledge related to the listed course objectives, type of clinical rotation/setting, preparation for EOR exams, and preparation for PANCE. Take these study tools with you to the rotation to take advantage of rotation “down time.” Refer to the PANCE blueprint for a list of topics to focus reading/studying.

Students should seek approval from the preceptor prior to using phone apps when with a patient or other health care professionals.

**Seeking Educational Opportunities:** Students should assume a degree of responsibility for patient care as part of a multidisciplinary team. Students are expected to become familiar with the expectations of each rotation site, functioning within the healthcare team and presenting patients based on the preferences of the preceptor. Students are expected to attend all rounds, house-calls, nursing home visits, and conferences as applicable to the medical service in which the student is involved. Initiative, intellectual curiosity, commitment to excellence, self-reflection to identify knowledge gaps and limitation is necessary to make the most of each clinical rotation.

**Information Literacy**

During clinical rotations and as practicing PAs, you are expected to possess strong information literacy skills and proficiency with the same evidence-based point-of-care resources and medical apps used by practicing clinicians and physicians. Information literacy is the ability to recognize when information is needed and to efficiently identify, locate, evaluate, and use the needed information. Information literacy skills form the basis of lifelong learning and are essential in today’s rapidly changing medical environment. The point-of-care electronic resources utilized in this class for assigned readings and case studies provide opportunity for you to develop these skills.

**GRADING POLICY**

**Calculation of Rotation Grade**

Attendance during EOR days is mandatory, absences other than significant personal illness will result in a score of “0” for the activity. EOR exams may not be rescheduled or taken outside of the scheduled exam time.

Grades for Advanced Clinical Rotation courses will be determined by the Director of Clinical Education based on the following graded components:

- **55%** Preceptor Evaluation of Student Performance
- **30%** EOR Exam / Summative Exam
- **10%** EOR Assessment Activities/OSCE
5% Required Logging and Documentation (including PA Manager portfolio and rotation goals)

This weighting is subject to change depending upon the number and types of exams and assessment activities occurring on the EOR days.

Preceptor Evaluation of Student Performance
Student performance on each clinical rotation is evaluated by the clinical preceptor using the Program’s evaluation tool based upon expectations for a student at that point in their professional education. This evaluation tool is based on the PA Competencies developed by NCCPA. Student performance is ranked according to the following scale:

- 5 outstanding
- 4 exceeds expectations
- 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 arrange 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.

Expected Performance on Clinical Evaluations: An unsatisfactory preceptor clinical evaluation is defined as:

1) an overall mean evaluation score < 2.800, or
2) a single score of “1”, regardless of overall evaluation or rotation grade, or
3) more than two scores of “2”, regardless of overall evaluation or rotation grade.

Students receiving an unsatisfactory clinical evaluation must meet with the Director of Clinical Education (DCE) and potentially with the PA Program Admission and Progression Committee (as determined by the DCE) to discuss his/her performance. The faculty will make a decision regarding the student’s progression in the Program. [See student handbook for more information.] Actions resulting from this meeting may include any one or combination of the following:

- Receipt of an academic or professional warning.
- Development of a remediation plan which may include but is not limited to
  - repeating a clinical rotation
  - additional study in a specific content area
  - referral to a faculty member for individual meeting and review of deficit areas, and/or
  - referral to the WSU Counseling & Testing Center.
- Dismissal from the program.

Grading Scale:
The following scale is used to determine the final course grade based on the weighted components noted above:
<table>
<thead>
<tr>
<th>Grade</th>
<th>Score Range</th>
<th>Grade</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>92.00 – 100%</td>
<td>C+</td>
<td>78.00 – 69.99%</td>
</tr>
<tr>
<td>A-</td>
<td>90.00 –</td>
<td>C</td>
<td>72.00 – 77.99%</td>
</tr>
<tr>
<td>B+</td>
<td>88.00 – 89.99%</td>
<td>C-</td>
<td>70.00 – 71.99%</td>
</tr>
<tr>
<td>B</td>
<td>82.00 – 87.99%</td>
<td>D+</td>
<td>68.00 – 69.99%</td>
</tr>
<tr>
<td>B-</td>
<td>80.00 – 81.99%</td>
<td>D</td>
<td>62.00 – 67.99%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D-</td>
<td>60.00 – 61.99%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>&lt;60%</td>
</tr>
</tbody>
</table>

Rounding does not apply. For example, a score of 91.9999 will result in an A-. To receive an A, you must achieve 92.00 or above. Grades of C- cannot count towards graduate credit.

**Preceptor Evaluation of Student Clinical Skills**
At the conclusion of each rotation the rotation preceptor will also evaluate student achievement of competency with basic clinical skills. The preceptor assessment is not calculated into the course grade for an individual rotation, however, students are asked to assess their performance at the end of each rotation to ensure that they are making adequate progress. Students are expected to achieve a rating of “3 – able to perform independently” for each of the following clinical skills prior to Program completion:

**Comprehensive History and Physical Exam of the following age patient:**
Age specific competency – able to ensure a safe and caring environment for the age groups indicated below; communicate with and provide patient education; elicit age appropriate history and conduct physical examination:

<table>
<thead>
<tr>
<th>AGE (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newborn – Infant</td>
</tr>
<tr>
<td>Young Child</td>
</tr>
<tr>
<td>Adolescent</td>
</tr>
<tr>
<td>Adult</td>
</tr>
<tr>
<td>Older adult</td>
</tr>
</tbody>
</table>

**Specific Physical Examination Component:**
Female breast exam
Female pelvic exam
Male genitalia exam
Rectal exam

**Clinical Skill:**
Suture/staple
Application of cast/splint
Local anesthesia
Venipuncture/IV start
Basic x-ray interpretation (e.g. chest, abd, extremity plain film)

**Professional/Systems Skill:**
Admission Orders
Inpatient progress note
Discharge summary
EHR documentation
End of Rotation Examinations / EOR Exams
These exams are created by PA educators and national exam experts specifically for use by PA programs and cover the core supervised clinical practice experiences of PA education. These are computerized exams. Students must bring a laptop computer to each EOR day to take this exam. Each 120-question exam is built on an extensive content blueprint and topic list (see Bb for links to exam blueprints). Each question and exam are peer-reviewed by PA educators and statistically validated for accuracy and consistency by professional psychometricians. They are excellent PANCE preparatory tools! You will take six exams over the following content areas:

1) internal medicine
2) family medicine
3) emergency medicine
4) women’s health
5) pediatrics
6) psychiatry

Expected Performance on EOR Exams: EOR exams by themselves are NOT subject to Academic Warnings. However, if a student scores < 72% curved, this indicates low performance and the student will be required to remediate the exam. EOR exams are curved in comparison to the national average for the specific exam. The national average will be curved to 86%, the students score will be reflect this additional curve. Students are encouraged to compare their individual raw result to the Program and national average score as a means of self-assessment.

Failing or Low Academic Performance and Retesting of Material
In order to successfully practice as PAs, you must demonstrate superior medical knowledge and critical thinking skills as well as the ability to comprehend and synthesize large quantities of new knowledge quickly and accurately. Academic problems have a way of multiplying themselves and making repercussions felt in other courses in a cumulative way. If you are having academic difficulties, address them promptly. Under all circumstances, it is your responsibility to notify your graduate program of any academic problems and initiate procedures to obtain academic or other assistance. The College of Health Professions is charged with determining which students can successfully practice in the healthcare field, thus the academic assessment of each student is often rigorous and not only includes assessment of overall course grades, but assessment of performance on individual exams.

Remediation of EOR Exams: The remediation exam will be another version of the same exam to be taken on a date determined by the DCE. The score of the repeat examination will not change the original score. If the student is not able to score adequately on the repeated exam, additional remediation may be required.

Remediation Exam Process
Remediation exams must be taken at the WSU Counseling & Testing Center Grace Wilkie room 320.

- There is a $10 testing fee which you must pay before taking the exam (cash, check, credit card accepted).
- You must bring a photo ID (shocker ID card, driver’s license, etc.)
- You must know the course number and instructor name. If they have to look this up for
you, there will be an additional fee.

- Hours of operation are M, Th, & F from 8am to 5pm with extended hours on Tu and W from 8am to 7pm.
- Because this is a computerized exam, students must bring their laptop and must call to schedule an appointment at least 24 hours prior to the exam (978-5339).
- Students must notify Professor Nyberg of their scheduled testing time.

Summative Exam
This exam was created by WSU Program faculty to assess overall knowledge and Program objectives prior to graduation. The 100-question, computerized exam attempts to model the components and content of the PANCE blueprint and expected learning outcomes for the WSU PA Program. This exam will substitute for an EOR exam as a graded component in PA807. The Summative Exam is curved so as to result in an 88% class average. You will need to bring your laptop to take this exam.

**Expected Performance on the Summative Exam:** Low performance is defined as a score < 72% curved. This exam is not subject to an Academic Warning; however, it is an important part of the Program’s Summative Evaluation of each student prior to graduation. See handbook for details regarding the Summative Evaluation.

Objective Structured Clinical Exam (OSCE)
Midway through the clinical year, students will participate in one or more graded OSCE. When an OSCE occurs, the weight of the graded components used to calculate the rotation grade may change. More details will be provided prior to the OSCE.

**Expected Performance on the OSCE:** Low performance is defined as a score < 65%. Low performance will result in an Academic Warning and remediation. Remediation is at the discretion of the course instructor.

EOR Assessment Activities
These activities cover a variety of PA Competencies, clinical skills and clinical topics. EOR Assessment Activities may include but are not limited to topic reviews, quizzes, SimMan simulation, case studies, simulated patient education exercise, order writing, journal clubs, and discussion. Students should not expect to have advance notice of the content or type of assessments.

**Expected Performance on Assessment Activities:** Some of these activities may be graded as a pass/fail based upon attendance, participation, and overall performance, other activities may have an assigned grade.

Required Logging and Documentation
Patient logging and other documentation is vitally important to document learning and performance during the clinical year. In some instances, thorough documentation of adequate breadth and depth of patient encounter data is the only way the Program can verify that you have met all the learning requirements for graduation.
<table>
<thead>
<tr>
<th>Documentation</th>
<th>Expectation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Patient encounter data</td>
<td>See section on “Expected Documentation of Patient Encounter Data” below</td>
</tr>
<tr>
<td>2) Student evaluation of preceptor/site</td>
<td>Entered into PA Manager by 5pm, last Thursday of the rotation</td>
</tr>
<tr>
<td>3) Evidence of current immunizations / health screenings</td>
<td>Coverage must not be allowed to lapse; must be renewed BEFORE it expires</td>
</tr>
<tr>
<td>4) Notification of absences, if applicable</td>
<td>Prior to the absence for expected absences; within 24 hours for other types of absences; see student handbook</td>
</tr>
<tr>
<td>5) Notification of exposure to blood-borne pathogens, if applicable</td>
<td>Within 24 hours of exposure; see student handbook</td>
</tr>
<tr>
<td>6) Clinical Skill Proficiency Checklist</td>
<td>Discuss with each rotation preceptor, students should seek opportunity to demonstrate proficiency of all skills. Students will be asked to document at the end of each rotation their cumulative progress at attaining proficiency in these clinical skills.</td>
</tr>
<tr>
<td>7) Goals for upcoming Rotation</td>
<td>Student learning goals for each rotation specific to rotation specialty</td>
</tr>
<tr>
<td>8) PA Manager Portfolio and Rotation site data</td>
<td>Students are asked at the end of each rotation to review data from their PA Manager Portfolio report to determine number of patients seen by age, location, specialty (e.g. women’s health/surgery) clinical setting and rotation case type (e.g. acute, chronic).</td>
</tr>
</tbody>
</table>

**NOTE:** Students who do not submit required documentation in a timely manner will receive reduced or no points.

**Expected Documentation of Patient Encounter Data**

Students who do not document an adequate breadth and depth of patient encounters while on clinical rotation may be required to repeat a rotation or perform other types of remediation. The term “adequate” is not necessarily an exact number, but instead is based upon expected rates and types of patient encounters typically documented at the various rotations. Students are expected to document patient encounter data daily or every-other-day rather than weekly or at the end of the rotation.

**UNIVERSITY POLICIES**

**Disabilities**

If you have a physical, psychiatric/emotional, or learning disability that may impact on your ability to carry out assigned course work, I encourage you to contact the Office of Disability Services (DS).

The office is located in Grace Wilkie Annex, room 150, (316) 978-3309 (voice/tty) (316-854-3032 videophone). DS will review your concerns and determine, with you, what academic accommodations are necessary and appropriate for you. All information and documentation of your disability is confidential and will not be released by DS without your written permission.
Diversity and Inclusion
Wichita State University is committed to being an inclusive campus that reflects the evolving diversity of society. To further this goal, WSU does not discriminate in its programs and activities on the basis of race, religion, color, national origin, gender, age, sexual orientation, gender identity, gender expression, marital status, political affiliation, status as a veteran, genetic information or disability. The following person has been designated to handle inquiries regarding nondiscrimination policies: Executive Director, Office of Equal Employment Opportunity, Wichita State University, 1845 Fairmount, Wichita KS 67260-0138; telephone (316) 978-3186.

Shocker Alert System
Get the emergency information you need instantly and effortlessly! With the Shocker Alert System, we will contact you by email the moment there is an emergency or weather alert that affects the campus. Sign up at www.wichita.edu/alert.

Academic Honesty
Students are responsible for knowing and following all related policies and procedures specific to your professional program as well as:

- **Student Code of Conduct** ([http://webs.wichita.edu/inaudit/ch8_05.htm](http://webs.wichita.edu/inaudit/ch8_05.htm))
- **Academic Honesty Policy** ([http://webs.wichita.edu/inaudit/ch2_17.htm](http://webs.wichita.edu/inaudit/ch2_17.htm))

The concept and development of professionalism is a paramount component of the CHP curriculum and health professions. Students who compromise the integrity of the classroom and/or course content may be dismissed from the College and are subject to University disciplinary procedures.

- Cheating in any form, whether in formal examinations or elsewhere.
- Transfer of verbal or written information about content of written or practical examinations to any current or future student.
- Plagiarism – using the work of others as one’s own without assigning proper credit.
- Misrepresentation of any work done in the classroom.
- Falsification, forgery, or alteration of any documents pertaining to academic records.
- Disruptive behavior in a course of study or abusiveness toward faculty or fellow students.

Intellectual Property
Wichita State University students are subject to Board of Regents and University policies (see [http://webs.wichita.edu/inaudit/ch9_10.htm](http://webs.wichita.edu/inaudit/ch9_10.htm)) regarding intellectual property rights. Any questions regarding these rights and any disputes that arise under these policies will be resolved by the President of the University, or the President’s designee, and such decision will constitute the final decision.

Office of Disability Services (DS)
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(316-854-3032 videophone). DS will review your concerns and determine, with you, what academic accommodations are necessary and appropriate for you. All information and documentation of your disability is confidential and will not be released by DS without your written permission.

**Counseling & Testing Center**
The WSU Counseling & Testing Center provides professional counseling services to students, faculty and staff; administers tests and offers test preparation workshops; and presents programs on topics promoting personal and professional growth. Services are low cost and confidential. They are located in room 320 of Grace Wilkie Hall, and their phone number is (316) 978-3440. The Counseling & Testing Center is open on all days that the University is officially open. If you have a mental health emergency during the times that the Counseling & Testing Center is not open, please call COMCARE Crisis Services at (316) 660-7500.

**Student Advocate**
The Student Advocate is available to serve students, faculty, and staff in an accessible and confidential manner. The Student Advocate’s office is located in the Student Government Association, RSC 219, and can be contacted by phone at (316) 978-3026 or by email at student.advocate@wichita.edu. For more info, visit www.wichita.edu/studentadvocate

**Copyright Notice**
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**Student Health Services**
WSU’s Student Health clinic is located in 209 Ahlberg Hall. Hours are 8:00am to 7:00pm (8:00 am to 5:00 pm on Fridays), though the clinic may be closed occasionally on Wednesdays from noon to 1:30pm. The telephone number is (316) 978-3620. In addition to outpatient and preventive care (including immunizations, a prescription service, and testing/counseling for sexually transmitted infections), Student Health can handle minor injuries. All services are confidential. For more information see www.wichita.edu/studenthealth.

**The Heskett Center and Campus Recreation**
Whether you are wanting to be active on campus, relieve the stress from classes or take care of your body, Wichita State Campus Recreation is the place for you. Campus Recreation, located inside the Heskett Center, contributes to the health, education, and development of Wichita State University students, faculty, staff, alumni, and community members by offering quality programs and services. With many programs and facilities
which are free to all students and members, Campus Recreation offers its members limitless opportunities. For more information about our services see www.wichita.edu/heskett.

**Concealed Carry Policy**
The Kansas Legislature has legalized concealed carry on public university campuses. Guns must be out of view, concealed either on the body of the carrier, or backpack, purse or bag that remains under the immediate control of the carrier. Gun owners must familiarize themselves with WSU’s Concealed Carry Policy at [http://webs.wichita.edu/?u=wsunews&p=/weapons_policy_documents](http://webs.wichita.edu/?u=wsunews&p=/weapons_policy_documents) and the Kansas Board of Regent’s policy at [http://www.kansasregents.org/about/policies-by-laws-missions/board_policy_manual_2/chapter_ii_governance_state_universities_2/chapter_ii_full_text#weapons](http://www.kansasregents.org/about/policies-by-laws-missions/board_policy_manual_2/chapter_ii_governance_state_universities_2/chapter_ii_full_text#weapons). If you believe that there has been a violation of this policy, please contact the University Police Department at 316 978-3450.

As noted earlier in the syllabus that when taking the EOR/PACKRAT/OSCE and Summative Exams students will be asked to leave all possessions (backpacks, phones, computers, laptops, etc) in their student locker. Students should plan ahead for these occasions.

**Important Academic Dates**
**Important Academic dates including last date to drop with a W (withdrawn) instead of F (failed) can be found at:** [http://webs.wichita.edu/?u=registrar&p=/academic_calendar/](http://webs.wichita.edu/?u=registrar&p=/academic_calendar/)

### Example of a Student Daily Schedule on Clinical Rotation

<table>
<thead>
<tr>
<th>Outpatient Clinic</th>
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<tbody>
<tr>
<td>Early Morning</td>
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<tr>
<td>Morning</td>
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<tr>
<td>Afternoon</td>
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<tr>
<td>Late Afternoon</td>
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<tr>
<td>Evening/Weekend</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Inpatient/Hospital</th>
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</thead>
<tbody>
<tr>
<td>Early Morning</td>
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<tr>
<td>Morning</td>
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<tr>
<td>Afternoon</td>
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<td>Evening/Weekend</td>
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</table>

<table>
<thead>
<tr>
<th>Surgical Clinic</th>
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<tbody>
<tr>
<td>Early Morning</td>
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<tr>
<td>Time Period</td>
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<tr>
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</tr>
<tr>
<td>Morning</td>
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<tr>
<td>Afternoon</td>
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<tr>
<td>Late Afternoon</td>
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<tr>
<td>Evening/Weekend</td>
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</tbody>
</table>
Appendix I - Preceptor Development Tools

Integrating the Student into a Busy Practice

**Integrating the Learner into the Busy Office Practice**
This article outlines five strategies for effectively integrating a student into a busy practice; it helps answer preceptor questions, including “What do I do if I get behind?” and “What measures can help prevent me from getting behind?”
https://www.ohio.edu/medicine/about/offices/academic-affairs/faculty-development/teaching/clinical.cfm

**Time-Efficient Preceptors in Ambulatory Care Settings**
This case-based article gives the reader time-saving and educationally effective strategies for teaching students in the clinical setting.
http://journals.lww.com/academicmedicine/Fulltext/2000/06000/Time_efficient_Preceptors_in_Ambulatory_Care.16.aspx

Evaluation and Teaching Strategies

**Evaluation Using the GRADE Strategy**
This easy-to-use tool provides five simple tips on how to effectively evaluate PA students.

**The One-Minute Preceptor**
This resource outlines five “microskills” essential to clinical teaching.
https://ohio.app.box.com/s/w74u8y0s4iwhtk9yqewvzoibtj6xbjpl (audio version)

**Feedback and Reflection: Teaching Methods for Clinical Settings**
This article describes how to use these two clinical teaching methods effectively.
http://www.uthscsa.edu/gme/documents/FeedbackandReflection.pdf

**Characteristics of Effective Clinical Teachers**
This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors.

Providing Effective Feedback

**It’s Not Just What You Know: The Non-Cognitive Attributes of Great Clinical Teachers**
This article outlines why the skills and strategies of great clinical teachers
http://pediatrics.aappublications.org/content/pediatrics/134/5/852.full.pdf

**Feedback in Clinical Medical Education**
This article provides effective guidelines for giving feedback. http://jama.ama-assn.org/content/250/6/777.full.pdf+html

**Feedback: An Educational Model for Community-Based Teachers**
This document provides insightful tips on giving feedback, describes differences between feedback and
evaluation, addresses barriers to giving feedback, and gives the reader case-based practice scenarios. 
http://www.snhahec.org/feedback.cfm

Managing Difficult Learning Situations

*Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers*
These documents outline strategies for both preventing and managing difficult learning situations. 
http://www.snhahec.org/diffman.cfm

*Providing Difficult Feedback: TIPS for the Problem Learner*
This article provides an easy-to-use “TIPS” strategy to address difficult learners or learning situations. 
http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf

Developing Expectations

*Setting Expectations: An Educational Monograph for Community-Based Teachers*
This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher. 
http://www.snhahec.org/expectations.cfm

Conflict Resolution

*Aspects of Conflict Resolution*
This article discusses the causes of conflict, approaches to conflict resolution, and techniques стратегies to resolve conflict effectively. 

One Pagers for Preceptors

Physician Assistant Education Association (PAEA) has developed “one pagers for preceptors”, a set of brief articles offering “time-tested methods for making the precepting experience as efficient and reward as possible. Each of these resources are included in this appendix, links to all of the following topics can be found on this webpage: 
http://paeaonline.org/publications/preceptor-handbook/

- Incorporating Students in Patient Care Workflow
- The One-Minute Preceptor
- Ask-Tell-Ask Feedback Model
- SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education
- Introducing/Orienting a PA Student to Your Practice
- Tailoring Clinical Teaching to an Individual Student
This 1-Pager for Preceptors serves as a resource for strategies that can be utilized to more effectively integrate students into clinical practice. Many clinicians express interest in precepting clinical students with the desire to “give back” to the profession, to serve as a role model for future clinicians, and to share their passion for clinical practice. However, there are perceived challenges to incorporating students into a clinical practice or workflow. Two of the most commonly cited challenges are time management and maintaining efficient patient throughput.

<table>
<thead>
<tr>
<th>Share the Teaching Responsibilities</th>
<th>Involve other clinician(s) (MDs, DOs, PAs, NPs) in the practice to work with the student</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Utilize nurses, MAs, techs, etc., to instruct students about procedures they perform (injections, phlebotomy, performing PFTs and EKGs, etc.)</td>
</tr>
<tr>
<td>Plan Ahead with Patients</td>
<td>Preselect the patients most appropriate for the student to see (more straight-forward cases, open to students, etc.)</td>
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<tr>
<td></td>
<td>Double-book/wave-schedule patients – have the student see a patient in one room while the preceptor sees one (or sometimes more) patient(s) in another room</td>
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<tr>
<td></td>
<td>In general, students are not expected to see every patient that the provider does over the course of a day</td>
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<tr>
<td>Teamwork</td>
<td>Have the student obtain the history and/or perform the physical exam while the preceptor observes and documents information in the electronic medical record</td>
</tr>
<tr>
<td></td>
<td>Have the student observe encounters with complex patients</td>
</tr>
<tr>
<td>Fully Utilize Student</td>
<td>Although the primary learning objective for the PA student is focused on the provision of patient care, there are some tasks that the MA might otherwise perform (take vital signs) that the student can do for the patient while the MA prepares another patient for the preceptor</td>
</tr>
<tr>
<td></td>
<td>Have students call patients with test results after discussing them with the preceptor</td>
</tr>
<tr>
<td></td>
<td>Have students provide patient education after confirming the information to be communicated</td>
</tr>
<tr>
<td>Summarize and Clarify</td>
<td>Don’t repeat every aspect of the patient history – summarize and clarify information obtained from the student about the patient</td>
</tr>
<tr>
<td></td>
<td>Don’t repeat the entire physical exam performed by the student – the preceptor should perform and document only those elements requiring evaluation and/or clarification</td>
</tr>
<tr>
<td>Set Time Limits</td>
<td>If you have specific time constraints for a patient room, let the student know – “you have 15 minutes to see this patient”</td>
</tr>
<tr>
<td>Utilize Educational Strategies for Effective Teaching</td>
<td>See the 1-Pagers for Preceptors: SNAPPs, One-Minute Preceptor, and Ask-Tell-Ask Feedback to maximize your teaching time</td>
</tr>
</tbody>
</table>

REFERENCES
The One-Minute Preceptor teaching method guides the preceptor-student encounter via five microskills. This method is a brief teaching tool that fosters assessment of student knowledge as well as provision of timely feedback. The strengths of this teaching method include: increased involvement with patients, increased clinical reasoning by the students, and the student receiving concise, high-quality feedback from the preceptor.

**When to use this:** During the “pregnant pause” (i.e., when you find yourself wanting to rush things along and give the students the answer, rather than asking for their thoughts)

**What not to do:** Ask the student for more information about the case or fill in all of the gaps that you noted in the student’s knowledge base and presentation skills at once

### Microskills

1. **Get a Commitment**  
   Focus on one learning point. Encourage students to develop their critical thinking and clinical reasoning skills. Actively engage the student, establishing their readiness and level of competence. Push the student just beyond their comfort zone and encourage them to make a decision about something, be it a diagnosis or a plan.  
   Ex: “So, tell me what you think is going on with this patient.”

2. **Probe for Supporting Evidence**  
   Uncover the basis for the student’s decision — was it a guess or was it based on a reasonable foundation of knowledge? Establish the student’s readiness and level of competency.  
   Ex: “What other factors in the HPI support your diagnosis?”

3. **Reinforce What Was Done Well**  
   The student might not realize they have done something well. Positive feedback reinforces desired behaviors, knowledge, skills, or attitudes.  
   Ex: “You kept in mind the patient’s finances when you chose a medication, which will foster compliance, thereby decreasing the risk of antibiotic resistance.”

4. **Give Guidance About Errors/Omissions**  
   Approach the student respectfully while concurrently addressing areas of need/improvement. Without timely feedback, it is difficult to improve. If mistakes are not pointed out, students may never discover that they are making these errors and hence repeat them.  
   Ex: “I agree, at some point PFTs will be helpful, but when the patient is acutely ill, the results likely won’t reflect his baseline. We could gain some important information with a peak flow and pulse ox instead.”

5. **Teach a General Principle**  
   Sharing a pearl of wisdom is your opportunity to shine, so embrace the moment! Students will apply what is shared to future experiences. Students tend to recall guiding principles, and often the individual patient may serve as a cue to recall a general rule that was taught.  
   Ex: “Deciding whether or not someone with a sore throat should be started on empiric antibiotics prior to culture results can be challenging. Fortunately, there are some tested criteria that can help…”

### Summarize

Consider summarizing or concluding, ending with next steps (e.g., plan for the patient, reading assignment for the student, schedule for follow-up with the student, etc.).

---

**REFERENCE**  
The Ask-Tell-Ask Feedback method fosters students’ abilities to identify their own strengths and areas for improvement as well as provides preceptors with the opportunity to share positive and constructive feedback to students. The strengths of this model include that it is learner-centered, fosters students’ self-assessment skills, increases students’ accountability for learning, gives the preceptors insight into students’ perceptions of performance, encourages preceptors to provide specific feedback, and can be used across a variety of settings.

Example 1
Setting: Outpatient
Task Area: Patient Assessment (History-Taking, Physical Exam)

Preceptor: What parts of your assessment of the patient went well?
Student: My problem-focused history-taking seemed complete and only took about five minutes to do.
Preceptor: I agree, your history-taking was thorough and efficient. You also clarified important information that the patient shared during the pertinent review of systems.
Preceptor: What do you think could be improved?
Student: My approach to the physical exam felt disjointed and took longer than I thought necessary.
Preceptor: Yes, while you included essential elements of the physical exam, it was not systematic and the patient had to be repositioned several times. A strategic way to avoid this in the future is to develop a plan for the physical exam before you initiate the exam.

Example 2
Setting: Inpatient
Task Area: Medical Knowledge, Clinical Reasoning

Preceptor: What elements of the diagnosis and treatment planning went well?
Student: I am confident in the most likely diagnosis, and the first-line therapy was appropriate for this patient.
Preceptor: Yes, I believe you came to the correct conclusion about the diagnosis. In addition to knowing which medication is first-line therapy, remember to specify dose/route/frequency and any patient education that is indicated.
Preceptor: What do you think could be improved?
Student: Well, I only had three disorders on my differential diagnosis.
Preceptor: I agree that it is important to have a broader differential diagnosis. I encourage you to read more about the most likely diagnosis and related conditions tonight, then tomorrow we can discuss the clinical reasoning about the diagnosis.
**SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education**

Authored by: PAEA’s Committee on Clinical Education

Published February 2017

**SNAPPS is a learner-centered teaching approach to clinical education consisting of six steps.** In learner-centered education, the learner takes an active role in their educational encounter by discussing the patient encounter beyond the facts, verbalizing their clinical reasoning, asking questions, and engaging in follow-up learning pertinent to the educational encounter. The preceptor takes on the role of a facilitator by promoting critical thinking, empowering the learner to have an active role in their education, and serving as a knowledge "presenter" rather than a knowledge "source."

<table>
<thead>
<tr>
<th>S</th>
<th>Summarize briefly the history and findings</th>
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<tbody>
<tr>
<td></td>
<td>• Obtains a history, performs a physical examination, and presents a summary of their findings to the preceptor. The summary should be brief and concise and should not utilize more than 50% of the learning encounter (~3 minutes maximum to present)</td>
</tr>
<tr>
<td></td>
<td>“Eric is a 7-year-old male with a 3-month history of right knee pain and swelling that occurs daily. No other joints are affected. He reports difficulty playing soccer. He denies current or previous illnesses, recent travel, or injury. Daily ibuprofen provides little benefit.”</td>
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<thead>
<tr>
<th>N</th>
<th>Narrow the differential to two or three relevant possibilities</th>
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<tbody>
<tr>
<td></td>
<td>• Provides two to three possibilities of what the diagnosis could be</td>
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<td></td>
<td>• Presents their list prior to the preceptor revising the list</td>
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<tr>
<td></td>
<td>“Given the length of the symptoms, my differential diagnosis includes: juvenile idiopathic arthritis, reactive arthritis, and injury.”</td>
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<tr>
<th>A</th>
<th>Analyze the differential comparing and contrasting the possibilities</th>
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<tr>
<td></td>
<td>• Discusses the possibilities and analyzes why the patient presentation supports or refutes the differential diagnoses</td>
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<tr>
<td></td>
<td>• Thinks out loud in front of the preceptor</td>
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<td></td>
<td>“I think juvenile idiopathic arthritis is highest on my differential diagnosis given the age of the patient and the length of the symptoms. Reactive arthritis is lower due to the length of symptoms and no history of previous illness. Injury is low on the differential due to no history of injury.”</td>
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<tr>
<th>P</th>
<th>Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches</th>
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<tbody>
<tr>
<td></td>
<td>• Discusses areas of confusion and asks questions of the preceptor</td>
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<td></td>
<td>• Allows the preceptor to learn about their thinking and knowledge base</td>
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<td></td>
<td>• Prompts discussion from the preceptor on clinical pearls or areas of importance</td>
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<td></td>
<td>“Is there anything else that you would include on your differential?”</td>
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<td></td>
<td>The preceptor may discuss the importance of considering septic arthritis in the differential diagnosis.</td>
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<tr>
<th>P</th>
<th>Plan management for the patient’s medical issues</th>
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<tr>
<td></td>
<td>• Discusses a management plan for the patient or outlines next steps</td>
</tr>
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<td></td>
<td>• Commits to their plan and utilizes the preceptor as a source of knowledge</td>
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<tr>
<td></td>
<td>“I would begin a prescription-strength anti-inflammatory medication and order an ANA.”</td>
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<tr>
<th>S</th>
<th>Select a case-related issue for self-directed learning</th>
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<tr>
<td></td>
<td>• Identifies a learning issue related to the patient encounter</td>
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<td></td>
<td>• Discusses the findings from the learning issue with the preceptor</td>
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<tr>
<td></td>
<td>“I would like to understand the relationship of the ANA and the need for ophthalmology monitoring in juvenile idiopathic arthritis.”</td>
</tr>
</tbody>
</table>

REFERENCE

Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm, and belonging to the team helps students develop the functional capacity to work more efficiently. Orientation should include several components:

- Preparing your staff to have a student
- Preparing your patients to have a student
- Orienting the student to your practice
- Giving an overview of the rotation/preceptor expectations
- Orienting the student to your community

If you plan to take students often, it may be easiest to create an Orientation Checklist or a Student Orientation Guide/Manual so that you are consistent each time. A more detailed description of each of these components is included below:

**Preparing your staff to have a student:**
The staff of an office/hospital setting play a key role in ensuring that each student has a successful rotation. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student’s arrival to discuss:

- Student’s name and schedule
- Student’s expected role in patient care
- Expected effect of the student on office operations

**Preparing your patients to have a student:**
There are several ways for sites to notify patients that students will be participating in patient care:

- Post a sign at the check-in desk
- Nursing staff or preceptor notify patients directly (but not in front of the student)
- Preceptor identifies patients on the daily schedule that would be good cases for student participation

**Orienting the student to your practice:**
On the first day of the student’s clinical rotation have a dedicated time and place to:

- Introduce the student to the staff and other medical providers that you work with
- Ask the office manager/HR to provide the student with an ID badge and computer access, EMR training, and the office policies and procedures; also give the student a tour of the clinic/hospital
- Ask one of your nurses/staff to show the student the patient flow process
- Let the student know what to do in the case of an emergency in the office/hospital

**Overview of the rotation/preceptor expectations:**
Within the first day or two of the student’s clinical rotation, find time to discuss the following aspects of the rotation and your expectations of the student:

- The main things that you would like the student to learn/experience during the rotation
- The student’s goals for the rotation (Help them to prioritize these)
- Roles and responsibilities of the student and interactions with the staff
- Student’s schedule, hours worked, call, and extra opportunities (grand rounds, conferences, etc.)
- Medical documentation, oral presentations, and additional assignments
- Expected attire, medical equipment needed, and recommended texts/resources

**Orienting the student to your community:**
Discuss with the student early in the rotation characteristics of your local community or patient population that affect patient care as well as available community resources that your practice uses on a regular basis.

*Also be sure to take student and program feedback on your orientation process into consideration moving forward.

REFERENCES
http://paeaonline.org/publications/preceptor-handbook/
PA students from the same or different programs may come to the clinical setting for training with differences in clinical knowledge and skills based on a number of factors, including:

- Experience level in their clinical training – students on a first rotation may require more direction than those later in their training.
- Whether your practice is primary care or a specialty. Nearly all PA students are trained as generalists.
- Patient care experiences prior to PA school. An IMG or independent Duty Corpsman might be expected to have more advanced skills than a former phlebotomist or scribe.

Suggestions for assessing student on first day of training

- Determine the student’s status – early, mid, or late clinical training
- Ask what clinical experiences they had prior to PA school
- Ask how confident they feel in their ability to function clinically in your specialty
- Determine what their general goals are for the rotation (knowledge and skills they wish to acquire)
- Tailor the student’s early experiences based on the factors above
- Provide observational experiences in the earliest days of the rotation for less comfortable students
- Note that more accomplished and comfortable students may be able to begin seeing patients independently while you see another patient
- Communicate with students that you expect them to evolve over your time together
- Directly observe certain students to assess skills in Hx, PE, and procedures

Behaviors that indicate the student is “getting it”

- Presents thorough, focused history and physical
- Consistently articulates sound decision-making in differential and in working toward a diagnosis
- Develops and implements a reasonable plan of care
- Connects with patients interpersonally in caring manner
- Is organized, independent, and time-efficient
- Is self-confident but knows their limits, asks for help
- Has holistic view of care; includes health promotion and disease prevention
- Provides concise and accurate charting and oral presentations

“Red flag” behaviors

- Is hesitant, anxious, defensive, or not collegial
- Has uneasy rapport with patients and misses cues
- Presents less-focused history and physical with excessive incomplete data
- Performs physical examination poorly, or inconsistently
- Is unable to explain reasoning for diagnosis
- Is unable to prioritize patient problems
- Is unable to create plans independently
- Misses health education and disease prevention opportunities in plan
- Is unsure of tests to order
- Is unable to provide clear charting and presentations

*For students who consistently display any of the “red flag” behaviors, please document this for the PA program’s clinical faculty as a part of the student evaluation. Students and the clinical staff must be aware of these issues to be able to provide appropriate remediation. Early contact with program faculty allows the development of a remediation plan during the time the student is rotating with you.

REFERENCE
Modified from: https://www.midwestern.edu/Documents/AZ%20PA/Mastering_the_preceptor_role(0).pdf