PRECEPTOR ORIENTATION HANDBOOK:

Tips, Tools, and Guidance for Physician Assistant Preceptors

Child Health Associate/Physician Assistant Program

University of Colorado Anschutz Medical Campus

13001 E. 19th Avenue, F543
Aurora, Colorado 80045

University of Colorado
Denver | Anschutz Medical Campus

PAEA
PHYSICIAN ASSISTANT EDUCATION ASSOCIATION
Acknowledgements

This handbook was developed by the Clinical Education Committee of the Physician Assistant Education Association.

Patrick Enking
Jerry Glavaz
Rosana Gonzales-Colaso
Carol Gorney
Amanda Moloney-Johns
Thomas Parish
Jack Percelay
Jacqueline Sivahop
Michel Statler

Special acknowledgement to the Preceptor Handbook subcommittee members:

Amanda Moloney-Johns (Chair)
Rosana Gonzales-Colaso
Carol Gorney
Jacqueline Sivahop

Special acknowledgement to the editors:
Jeanette Smith
Michel Statler
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Introduction

We would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this program and our physician assistant (PA) students. The clinical experiences the student will obtain in your office or clinic are of critical importance to a successful learning experience in the program. The clinical setting *synthesizes* concepts and application of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing PA. Thank you for your commitment to PA education.
CHA/PA Program

Clinical Rotations
Introduction to the Clinical Team

Jacqueline Sivahop, MS, PA-C

Ms. Sivahop is the Lead Clinical Educator for the Child Health Associate Physician/Assistant Program and Assistant Professor in the Department of Pediatrics. She graduated from the CHA/PA Program in 2003 and has served on the CHA/PA Program faculty since 2009. Her research and scholarship interests include physician assistant workforce and child abuse curriculum in physician assistant education. She currently serves on the Physician Assistant Education Association Clinical Education Committee and Children’s Hospital Colorado Shaken Baby Syndrome Prevention Workgroup.

Joyce Nieman, MHS, PA-C

Ms. Nieman is the Clinical Site Educator for the Child Health Associate Physician/Assistant Program. She graduated from the CHA/PA Program in 2002 and has served on the CHA/PA Program faculty since 2005 with a brief time away to pursue experience in geriatric medicine, patient safety and healthcare quality improvement. Her research and scholarship interest includes physician assistant clinical education, and integrating patient safety and quality improvement into physician assistant education. She serves as on the Physician Assistant Education Association Ethics Committee.

Laura Casias, Clinical Administrator

Laura Casias has been with the CHA/PA program for 8 years. She serves as the Clinical Administrator, helping complete the paper work necessary for clinical rotations.

Janice Baker, Clinical Administrator

Ms. Baker received her Master of Human Relations degree from The University of Oklahoma. She enjoys working with people and helping individuals communicate and work together to achieve desired results. She will work with the Clinical Team to schedule, confirm and correspond with clinical sites on clinical rotation placement.

Program Information:
Anschutz Medical Center
13001 E. 17th Place, F543
Aurora, Colorado 80045
Phone: 303-724-7963  Fax: 303-724-1350
Website:  www.medschool.ucdenver.edu/paprogram
**CHA/PA Mission Statement**

The mission of the Child Health Associate/Physician Assistant Program is to provide comprehensive physician assistant education in primary care across the lifespan, with expanded training in pediatrics and care of the medically underserved.

**CHA/PA Rotation Schedule**

**First Year Clinical Rotations**

Our 1st year PA students begin their clinical rotations in the fall of their first year. Clinical rotations for 1st year PA students occur on Tuesdays for 7 weeks. Students are assigned to rotations during the fall and spring semesters. Student work the hours of the preceptor(s).

At the completion of the 1st year, the student will have had two 7-week rotations; one rotation in the fall and one rotation in the spring.

**Second Year Clinical Rotations**

Our 2nd year PA students begin their clinical rotations in the summer immediately following their 1st year training. During this summer, the 2nd year PA student will complete two 2-week rotations that will occur every day for the two week period. One rotation during the summer will be in a surgical rotation and one rotation can be in a family medicine, pediatric, elective or pediatric specialty setting. Students work the hours of the preceptor(s).

Each 2nd year student completes one 7-week rotation in the fall and spring semesters (total of 2). Clinical rotations for 2nd year PA students occur one-day weekly, either Tuesdays or Fridays for 7-weeks. One of the 7-week rotations is a palliative care/long-term care rotation.

At the completion of the 2nd year, the student will have had six rotations.

**3rd Year Clinical Rotations**

Our 3rd year PA students begin their 3rd year clinical rotations on June 1st and will complete their last rotation on April 30th. The 3rd year rotations are one-month long and begin on the first day of the month and end on the last day of the month. Students are permitted to take a 2-week vacation during their 3rd year which would allow for one 2-week elective rotation to work in conjunction with their vacation. Two-week rotations are scheduled from the 1st -15th of the month or the 16th-30/31st. The student works the hours and days of the preceptor(s).
## CHA/PA Curriculum

### 1st Year

<table>
<thead>
<tr>
<th>Summer</th>
<th>Fall</th>
<th>Spring</th>
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<tbody>
<tr>
<td>Human Anatomy</td>
<td>Integrated Sciences Basic to Medicine I</td>
<td>Integrated Sciences Basic to Medicine II</td>
</tr>
<tr>
<td>Psychosocial Aspects of Healthcare I</td>
<td>Medical Microbiology</td>
<td>Systemic Pathology</td>
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<tr>
<td>Physical Diagnosis I</td>
<td>General Pathology</td>
<td>Neuroscience</td>
</tr>
<tr>
<td>Intro to Clinical Reasoning I</td>
<td>Psychosocial Aspects of Healthcare II</td>
<td>Psychosocial Aspects of Healthcare III</td>
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<tr>
<td></td>
<td>Assessment and Care of the Neonate</td>
<td>Parenting</td>
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<td></td>
<td>Physical Diagnosis II</td>
<td>Problem Based Clinical Reasoning III</td>
</tr>
<tr>
<td></td>
<td>Women's Health</td>
<td>Prevention Across the Lifespan</td>
</tr>
<tr>
<td></td>
<td>Problem Based Clinical Reasoning II</td>
<td>Professional and Clinical Practice II</td>
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<tr>
<td></td>
<td>Professional &amp; Clinical Practice I</td>
<td>Community Clinic</td>
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<td></td>
<td>Community Clinic</td>
<td>Ethics I</td>
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### 2nd Year

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<thead>
<tr>
<th>Summer</th>
<th>Fall</th>
<th>Spring</th>
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<tbody>
<tr>
<td>Surgical Clinical Rotation</td>
<td>Pharmacology I</td>
<td>Pharmacology II</td>
</tr>
<tr>
<td>Clinical Rotation</td>
<td>Immunology</td>
<td>Applied Behavioral Medicine II</td>
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<td></td>
<td>Applied Behavioral Medicine I</td>
<td>Pediatric Clinical Medicine II</td>
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<td>Pediatric Clinical Medicine I</td>
<td>Adult Clinical Medicine II</td>
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<td></td>
<td>Dermatology</td>
<td>Orthopedics</td>
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<td></td>
<td>Adult Clinical Medicine I</td>
<td>Emergency Medicine II</td>
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<tr>
<td></td>
<td>Women's Health</td>
<td>Evidence-Based Medicine</td>
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<td></td>
<td>Emergency Medicine I</td>
<td>Professional and Clinical Practice IV</td>
</tr>
<tr>
<td></td>
<td>Professional &amp; Clinical Practice III</td>
<td>Clinical Rotation (2)</td>
</tr>
<tr>
<td></td>
<td>Ethics II</td>
<td></td>
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<tr>
<td></td>
<td>Clinical Rotation (2)</td>
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### 3rd Year

<table>
<thead>
<tr>
<th>June—April</th>
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<tbody>
<tr>
<td>Clinical Rotations—One Month Each</td>
<td></td>
<td></td>
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<tr>
<td>Regular, Rural, CU Unite, Global Health, and Urban/Underserved tracks vary on required rotations.</td>
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## CHA/PA Clinical Rotation Objectives

Copies of the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year clinical rotation objectives can be found in Appendix A or online at:
CHA/PA Clinical Rotation Grading

The CHA/PA Program is utilizing an improved evaluation method for our students during their clinical rotations. The O.R.I.M.E. method will allow our preceptors to assess our students’ performance in a developmental approach. The assessment will allow students to identify areas of improvement and strengths, guide their future educational goals, and provide a measure of their progression over three clinical years.

Using the O.R.I.M.E. acronym, please use the following guide when evaluating our students during their clinical rotations:

<table>
<thead>
<tr>
<th>Professional Role</th>
<th>Level of Student</th>
<th>Description of Role</th>
</tr>
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<tbody>
<tr>
<td>O – “Observer”</td>
<td>• Most 1st Year CHA/PA Students &lt;br&gt;• 2nd Year CHA/PA Students in surgical or specialty practice</td>
<td>• The learner is not participating in direct patient care rather they are observing the preceptor in most aspects of healthcare delivery</td>
</tr>
<tr>
<td>R – “Reporter”</td>
<td>• Some 1st Year CHA/PA Students by the end of the their first year (May) &lt;br&gt;• All 2nd Year CHA/PA Students</td>
<td>• The learner can accurately gather and clearly communicate facts to the preceptor. &lt;br&gt;• Mastery of performing a history and physical exam. &lt;br&gt;• Can recognize normal and abnormal findings &lt;br&gt;• Confidence to label a new problem &lt;br&gt;• Answers the “what” questions as they relate to patient care</td>
</tr>
<tr>
<td>I – “Interpreter”</td>
<td>• Advanced 2nd Year CHA/PA Students for common problems &lt;br&gt;• All 3rd Year CHA/PA Students – Early in the 3rd Year</td>
<td>• The learner begins to prioritize identified problems &lt;br&gt;• Development of differential diagnosis &lt;br&gt;• Using clinical findings and diagnostic studies to help support a diagnosis &lt;br&gt;• Answer the “why” questions as they related to patient care</td>
</tr>
<tr>
<td>M – “Manager”</td>
<td>• All 3rd Year CHA/PA Students – Late in the 3rd Year</td>
<td>• The learner should be able to provide at least 3 reasonable options in their diagnostic and therapeutic plans &lt;br&gt;• Answers the “how” questions for getting things done</td>
</tr>
<tr>
<td>E – “Educator”</td>
<td>• Highly advanced 3rd Year CHA/PA -Students at the end of their training</td>
<td>• The learner will define important questions to study and differentiate current evidence &lt;br&gt;• Shares leadership within a team &lt;br&gt;• Learns from one’s own experience to become an educator</td>
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</tbody>
</table>

If you have any questions about how to complete the O.R.I.M.E. evaluation, please do not hesitate to contact the clinical team:

Jacqueline Sivahop, MS, PA-C  
Lead Clinical Educator  
303-724-1341  
Joyce Nieman, MHS, PA-C  
Clinical Site Educator  
303-724-7288
Evaluation Completion

Prior to the completion of the rotation, an email is sent from the clinical administrator to the primary preceptor with a website link to complete a rotation evaluation on the student. Students will have a hard-copy of the evaluation form if the preceptor would like to complete the evaluation on paper.

We ask that completed evaluation be submitted to the PA program no later than 7 days from the completion of the rotation. Students are instructed to discuss their evaluation with their preceptor prior to the completion of their rotation.

If at any time a preceptor has a concern about a student, we ask that the preceptor contact us early in the rotation and we will immediately schedule a site visit.

The clinical coordinator will review the evaluation once it is received. If concerns are raised by the preceptor, the clinical coordinator will contact the preceptor to discuss their concerns.

Clinical Rotation Grading

The final grade for the rotation will be given by the clinical coordinator. Clinical rotations are graded as pass or fail.

Student Case Logging and Evaluation Instrument

The Child Health Associate/Physician Assistant Program is using the Typhon Physician Assistant Evaluation and Survey Instrument (EASI) system. EASI is Typhon Group's online module for creating, collecting, and analyzing data and evaluations.

Evaluation and Survey Instrument (EASI)

EASI requires us to have an email address for each of our preceptors. If you have not been contacted to provide your email address, please contact us. If you would prefer to handle the evaluations via paper rather than electronically the student will have a hard copy with them that they can furnish to you or you can go to our website at www.medschool.ucdenver.edu/paprogram - under “Preceptors” to download a pdf copy.

To learn more about the Typhon EASI or to explore the program further you can visit the Typhon Group at http://www.typhongroup.com/products/past.htm. There is a 3-minute Video overview of the program as well as a detailed description of what the students will be able to do with the Typhon program.

Typhon Logging

Students will be logging information into Typhon regarding patient demographics, chief complaints, CPT and ICD-9 codes, procedures, etc. The data obtained is in compliance with HIPAA and no patient-specific identifying information will be entered. Typhon adheres to all HIPAA regulations. This data is used to provide documentation of adherence with our accreditation standards as well as provide a synopsis of what was experienced during the clinical rotation. Typhon is an interactive program that also allows you, as a preceptor, to become a more integral and involved part of the CHA/PA program.
Child Health Associate/Physician Assistant Program Graduate Competencies

Similar to the Physician Assistant Competencies, the CHA/PA Program has established graduate competencies. Upon graduation from the CHA/PA program students are expected to demonstrate competencies in patient care, medical knowledge, practice-based learning and improvement, interprofessional and communication skills, professionalism and systems based practice. The CHA/PA program provides educational experiences to support student development of requisite knowledge, skills and attitudes. The CHA/PA Graduate Competencies can be found in Appendix A.

Physician Assistant Competencies

“The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge; interpersonal and communication skills; patient care; professionalism; practice-based learning and improvement; systems-based practice; as well as an unwavering commitment to continual learning, professional growth, and the physician-PA team for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the practice setting.” (NCCPA)
Overview of Preceptor Role and Clinical Rotations
General Goals of Clinical Rotations

Clinical rotations take 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. To this end, the goals of the clinical rotation 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 Physician Assistant National Certifying Exam
- Develop interpersonal skills and professionalism necessary to function as part of a medical team

Clinical Rotation Objectives for 1st, 2nd and 3rd year CHA/PA students can be found on our website or in Appendix A.

Definition of the Preceptor Role

The preceptor is an integral part of the teaching program. Preceptors will serve as role models for the student and, through guidance and teaching, will help students’ perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

Preceptor Responsibilities

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

- Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the clinical coordinator by submitting end-of-rotation evaluations
- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care
- Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student’s experience and expertise
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
  - Direct supervision, observation, and teaching in the clinical setting
  - Direct evaluation of presentations (including both oral and written)
  - Assignment of outside readings and research to promote further learning
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process
- 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
- Complete and promptly return the evaluation forms provided by the program reflecting on student knowledge and skills as well as their improvement throughout the rotation
• Promptly notify the PA program of any circumstances that might interfere with the accomplishment of
  the above goals or diminish the overall training experience
• Maintain an ethical approach to the care of patients by serving as a role model for the student
• Demonstrate cultural competency through interactions with patients
• Spend a few minutes each week in a candid summary discussion with the student as to whether each is
  meeting the other’s needs and expectations, and what changes need to be made in the roles and
  relationship
• Provide timely feedback to the student and the program regarding student performance

The 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, MySpace) 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 clinical coordinator regarding specific school or university policies regarding this issue.

Orientation and Communicating Student Expectations

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.

Early on in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regards to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations can include:

• Hours
• Interactions with office and professional staff
• Call schedules (2nd year summer and 3rd year rotations)
• Overnight/weekend schedules (2nd year summer and 3rd year rotations)
• Participation during rounds and conferences
• Expectations for clinical care, patient interaction, and procedures
• Oral presentations
• Written documentation
• Assignments
• Write-ups
• Anything additional that the preceptor feels is necessary
Many sites find it helpful to create their own written orientation manual, which is given to the student prior to the first day of the rotation. This helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students you host, with each “subsequent” student adding to a document that you as the preceptor maintain and edit.

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

**CHA/PA Policy on Student Absences from Clinical Rotations:**

All student requests for absences must be submitted to the Clinical Coordinator prior to discussing this with the preceptor(s). _Exceptions to this rule are acute illnesses or emergency situations for which the preceptor should be contacted first followed by the Clinical Coordinator._

**Definition of “absences”:**

a. An “excused” absence is an absence for which permission has been granted by the clinical coordinator and preceptor. Excused absences are considered to occur in voluntary and involuntary situations as defined below:

1. **Voluntary Absences:** An absence for an event or events such as personal appointments and family events. Voluntary absences are generally not permitted but unique circumstances must be submitted in writing to the Clinical Coordinator within 10 days from the requested day(s) off. If accommodations can be made, an appropriate plan will be developed by the Clinical Coordinator with or without assistance from the Clinical Team.

2. **Involuntary Absences:** An absence for serious illness, jury duty and academic difficulties. If a student has an illness or other emergency, they must contact their preceptor(s) as well as the clinical coordinator as soon as possible or prior to missing any time.

b. An “unexcused” absence is an absence for which permission has not been granted by the Clinical Coordinator. Unexcused absences may be brought to the attention of the Student Promotion Committee and may result in failure of the rotation.

### Preparing Staff

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

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

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

During a student’s time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly assign students to another MD, DO, PA or NP (who is has supervision by an MD or DO) who will serve as the student’s preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student’s assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor’s supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student’s responsibility to ensure that the supervising physician or preceptor also sees all of the student’s patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student’s demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following “Documentation” section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor patient preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient’s consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA student and must also verbally identify themselves as such. If the patient refuses the PA student’s services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the clinical coordinator. 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. The preceptor must document the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. 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 physician must sign all prescriptions. More specifically, the student’s name is not to appear on the prescription. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

**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 their training continues through the 3rd year, they should be able to more effectively come up with an assessment and plan, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week of the 3rd year, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student’s skills and abilities, the student should be allowed progressively increasing supervised autonomy.

**Student Evaluation**

The evaluation is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses so as to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation, and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important. On required rotations (i.e., core rotations required by the institution for all students prior to graduation), a passing evaluation from the preceptor is mandatory. If deemed “not passing,” the student may be requested to repeat the rotation or undergo procedures specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty. The program will designate how often evaluations need to be completed.

Preceptors should 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.

Please contact the clinical coordinator for specific evaluation forms and policies, in accordance with the student handbook.
A copy of the student evaluation form can be found in Appendix A or online at http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/PAProgram/Preceptors/Pages/PreceptorResources.aspx

Feedback to Students

While students may have only one formal evaluation during the clinical rotation, it is imperative that they receive regular positive and constructive feedback on a daily basis from their preceptors to help improve their clinical performance. Please contact the clinical coordinator for specific policies regarding student evaluation.

Tips on providing feedback to students can be found in Appendix B

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 during the clinical year

Copies of 1st, 2nd and 3rd year student responsibilities can be found in Appendix A.

Standards of Professional Conduct

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
• Flexibility
• Academic integrity
• Honesty and trustworthiness
• Accountability
• Cultural competency

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 physician assistant program.

If preceptors observe any concerns about a student’s professionalism, please contact the clinical coordinator immediately.
Specific Program Policies

Please refer to our website and Appendix A for program-specific policies on the following:

- Workers’ Compensation
- Needle stick procedure
- Liability Insurance

Preceptors, sites and students will have copies available with the student’s immunization record, documentation of HIPAA training, Blood Borne Pathogen Training, TB Mask Fitting, Letter of Good Standing, Curriculum Vitae, and Drug Screening.

The following link to the U.S. Department of Education's Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age discrimination: http://www2.ed.gov/about/offices/list/ocr/know.html

The Preceptor-Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA program, preceptors, and the clinical coordinator. All members of the team should share contact information.

If a preceptor has a question or concern about a student, they should contact the clinical coordinator. 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.

Liability Insurance

Each PA student is fully covered for malpractice insurance by the PA program. Students completing a formal elective rotation with a preceptor or site that may end up becoming an employer must maintain a “student” role in the clinic and should not assume responsibilities of an employee until after matriculation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect both the student and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university’s liability coverage does not cover the student in these circumstances.

In addition, if a PA student is working in a paid position in a different health-care 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 the role for which they are being paid. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

A copy of the University of Colorado Malpractice Insurance Policy for PA students can be found in Appendix A.
Preceptor Development

Tools specific to each of topics listed below can be found in Appendix B.

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

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

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

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

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

F. Conflict Resolution
   • Aspects of Conflict Resolution
Acknowledgements

This document contains excerpts and adaptations from Preceptor Orientation Handbooks from the following PA Programs:

- Eastern Virginia Medical School Physician Assistant Program
- Emory University Physician Assistant Program
- Loma Linda University Physician Assistant Program
- Medical University of South Carolina Physician Assistant Program
- Nova Southeastern Physician Assistant Program
- Pace University Physician Assistant Program
- University of Utah Physician Assistant Program
- Yale University School of Medicine
APPENDICES
APPENDIX A

CHA/PA Program Documents
MEDICAL MALPRACTICE COVERAGE FOR STUDENTS

Name:  

Effective: June 1, 2008 through termination/graduation from the Child Health Associate/Physician Assistant Program

To Whom It May Concern:

The University of Colorado provides professional liability coverage for its students through a combination of self-insurance and commercial insurance. This coverage is subject to the terms of the University of Colorado Self-Insurance and Risk Management Trust Coverage Document. **The extent of coverage under the Trust may be limited by the nature of their training program with the University.** Coverage extends to an individual who is duly enrolled and matriculated as a student at the University of Colorado Health Sciences Center for all professional and educational activities that are within the course and scope of the individual’s responsibilities as a student.

The Trust's coverage extends to employees, students and volunteers defined in the Trust Coverage Document and in accordance with the Colorado Governmental Immunity Act (C.RS. 2410-101 et. seq.). These employees, students and volunteers are considered to be public employees under the Colorado Governmental Immunity Act and their liability is limited by the Act as follows:

- For any injury to one person in any single occurrence, the sum of $150,000;
- For any injury to two or more persons in any single occurrence, the sum of $600,000; except in such instance, no person may recover in excess of $150,000.

For claims subject to the protection of the Colorado Governmental Immunity Act, if a court of competent jurisdiction rules as a final judgment that the limitations of the Act are not applicable to the University, the University of Colorado Hospital, a particular public employee, faculty member or student, then the Trust provides **secondary** coverage through a commercial policy which has limits of at least $1,000,000 per occurrence and $3,000,000 in aggregate.

Very truly yours,

Jacqueline N. Sivahop, MS, PA-C  
Lead Clinical Educator  
Child Health Associate/Physician Assistant Program
UNIVERSITY OF COLORADO WORKERS’ COMPENSATION COVERAGE FOR STUDENTS

This policy statement describes the Workers' Compensation coverage available to students of the University of Colorado.

1. To be covered by Workers' Compensation (WC) the student must be considered an employee or "be involved in a bona fide cooperative education or student internship program sponsored by an educational institution for the purpose of providing on-the-job training for students;" 8-4030217(a) C.R.S.

2. A student is considered an employee of the University of Colorado (CU) and under the CU WC policy when they are on the payroll (student workers, residents, Interns, and some fellows), or receive "payment in kind", such as benefits (i.e., health, dental, life, or disability insurance), paid directly by CU.

3. A student at CU is not considered to be an employee for WC purposes unless that job training is outside the University. For example, University Hospital (UH) is separate from the University and students working at UH are covered; whereas the Sands Clinic and the Dental School are part of the University, so students working in these units are not covered.

4. If the student in the on-the-job training is paid by the outside employer, the student is considered to be an employee of the outside employer and subject to that employer's WC policy. In some cases, the employer may assume WC coverage for an unpaid student through a written agreement.

5. Those students who are not paid by the outside employer, who are not by contract covered by the outside employer's insurance, who are not paid by CU, AND who are placed with the outside employer for the purpose of training or learning trades or occupations, ARE covered under the workers' compensation insurance of the sponsoring school, namely CU's insurance carrier, the University of Colorado Risk & Insurance Management Fund. 8-40-302(7) C.R.S. and 8-40-202 (1)(a) IV C.R.S.

6. Accident, injury, and occupational disease are covered for employees under WC and students who qualify under the provisions outlined in the above paragraphs. Coverage is not provided for exposures to diseases, including needlesticks. The University of Colorado's Self-Insurance fund may elect to pay medical expenses resulting from exposures, but does not incur any future liability in doing so. 8-40-201, 8-41-302 C.R.S.
Medical Treatment:
Employees and student interns that have needle-sticks or bodily fluid exposures should seek immediate medical attention in the Emergency Room of the hospital where the work related incident occurs. Exceptions are:

- **University of Colorado Hospital (UH)** - Go to the Infectious Disease Clinic at Anschutz Outpatient Pavilion, 1637 Aurora Court, 7th floor, between 8:00 AM and 4:00 PM Monday -Friday, or the Emergency Room after hours.
- **Denver Health Medical Center (DHMC)** - Go to the Occupational Health and Safety Center (corner of 6th Avenue and Bannock, 4th Floor) between 8:00 AM - 3:30 PM Monday through Friday or the Emergency Room after hours.
- Employees/Student Interns working in small clinics or in laboratories off campus should go to the nearest emergency room or facility that can perform a blood draw.
- Students, volunteers or others not covered by workers’ compensation should contact their personal healthcare provider.

For non-emergency or follow up medical care for your workers’ comp injury, you must go to one of the following Designated Medical Providers listed below:

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<thead>
<tr>
<th>Designated Medical Providers:</th>
<th>Designated Medical Providers:</th>
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<tbody>
<tr>
<td><strong>HealthOne Occupational Medicine</strong></td>
<td><strong>HealthOne Occupational Medicine</strong></td>
</tr>
<tr>
<td>1444 S Potomac #200, Aurora CO 80012</td>
<td>9195 Grant St., #100, Thornton, CO 80229</td>
</tr>
<tr>
<td>Phone: 303-214-0000</td>
<td>(303) 292-0034</td>
</tr>
<tr>
<td>120 Bryant St., Denver, CO 80219</td>
<td>5044 W. 92nd Ave., Westminster, CO 80031</td>
</tr>
<tr>
<td>Phone: 303-936-9700</td>
<td>(303) 650-0445</td>
</tr>
<tr>
<td>1515 Wazee, Suite D, Denver, CO 80202</td>
<td>125 E. Hampden Ave., Englewood, CO 80113</td>
</tr>
<tr>
<td>Phone: 303-534-9550</td>
<td>(303) 788-9292</td>
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<tr>
<th>Designated Medical Providers:</th>
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<tr>
<td><strong>Rocky Mountain Medical Group</strong></td>
<td><strong>Rocky Mountain Medical Group</strong></td>
</tr>
<tr>
<td>14100 E. Jewell Ave. Ste 15, Aurora CO 80112</td>
<td>730 West Hampden Ave. Ste 200, Englewood CO 80110</td>
</tr>
<tr>
<td>Phone: 720-748-7072</td>
<td>Phone: 303-762-0900</td>
</tr>
</tbody>
</table>

Claim:
You must file an online worker’s compensation claim form within 4 days of the injury/exposure. [https://urm.cusys.edu](https://urm.cusys.edu). Failure to file a claim timely may result in penalties to you, including financial responsibility for treatment.

Payment:
University Risk Management, not your health insurance, is responsible for payment of services related to an on-the-job injury/exposure. Send bills from authorized medical providers for an on-the-job injury to:

- University Risk Management
  - 1800 Grant Street, Suite 700
  - Denver, CO 80203
  - Phone: 303-860-5682
  - Fax: 303-860-5680

Please direct any workers’ compensation questions to University Risk Management (303) 860-5682 (888) 812-9601 or University of Colorado Denver Risk Management 303-724-1269.
1st YEAR CLINICAL ROTATIONS
Child Health Associate/Physician Assistant Program

GENERAL OBJECTIVES
FIRST YEAR CLINICAL ROTATIONS

Patient /Clinical Care:

• Obtain age-appropriate health history(s) from patient(s) under the guidance of the preceptor.
• Perform physical examinations under the guidance of the preceptor.
• Demonstrate the ability to orally present accurate patient information to the preceptor.

Medical Knowledge:

• Apply basic medical knowledge of common illnesses and diseases encountered.

Practice Based Learning and Improvement:

• Demonstrate ability to learn from system and individual errors.
• Demonstrate ability to utilize information technology (literature, guidelines, and professional websites) to gain information.

System-Based Practice:

• Demonstrate knowledge of practice systems and community resources.

Interpersonal and Communication Skills:

• Demonstrate the ability to interact appropriately with the clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.

Professionalism:

• Demonstrate promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information.
• Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population.
Child Health Associate/Physician Assistant Program

GENERAL REQUIREMENTS FOR 1st and 2nd YEAR STUDENTS
CLINICAL ROTATIONS

1. The student assigned to a rotation is expected to maintain the same clinical schedule as the primary preceptor unless otherwise discussed with the Clinical Coordinator.

2. In case of an absence the student is required to directly contact the primary preceptor and clinical coordinator of the CHA/PA program. All missed time by a student must be made up per the primary preceptor’s schedule. Accepted absences would include illness or a family emergency. Missing an assigned clinic secondary to other class work is not an excused absence.

3. All work done by students must be observed or rechecked and cosigned by the preceptor or per the site specific policy.

4. Prior to the beginning of each rotation the student should discuss areas of work that he/she would like to concentrate on during the rotation. These may include, but are not limited to, taking a history, physical diagnostic skills, developing differential diagnoses, development of a treatment plan, patient education plan, etc. Discussion should focus around these identified goals throughout the rotation.

5. It is encouraged that the primary preceptor and the student discuss progress throughout each rotation and discuss the final evaluation at the end of the rotation. Students are required to confirm that the preceptor’s evaluation of the student is submitted (either electronically or paper-form) within 7 days from the last day of the clinical rotation. Clinical rotations are pass/fail; this is calculated by the Clinical Coordinators.

6. Synopsis of the Typhon patient logging is required for each rotation. This will be submitted at the end of the rotation to your designated Clinical Coordinator. You are also required to present a synopsis to your preceptor on the last day of your rotation.

7. Students are required to log all patients into the Typhon logging system by the conclusion of each clinical rotation.

8. Students are required to complete the online EASI evaluation of preceptor/sites at the conclusion of each rotation. Failure to complete either of these requirements may result in a failing grade for the rotation.
CHILD HEALTH ASSOCIATE/PHYSICIAN ASSISTANT PROGRAM

CLINICAL ROTATIONS
GENERAL RESPONSIBILITIES FOR 1st and 2nd YEAR PRECEPTORS

1. The student assigned to a rotation is expected to maintain the same clinical schedule as the primary preceptor unless otherwise discussed with the Clinical Coordinator.

2. In case of an absence the student is required to directly contact the primary preceptor and clinical coordinator of the CHA/PA program. All missed time by a student must be made up per the primary preceptor’s schedule. Accepted absences would include illness or a family emergency. Missing an assigned clinic secondary for other class work is not an excused absence.

3. All work done by students must be observed or rechecked and cosigned by the preceptor or per the site specific policy.

4. Prior to the beginning of each rotation the preceptor should discuss areas of work that he/she would like to concentrate on during the rotation. These may include, but not be limited to, taking a history, physical diagnostic skills, developing differential diagnoses, development of a treatment plan, patient education plan, etc. Discussion should focus around these identified goals throughout the rotation.

5. It is encouraged that the primary preceptor and the student discuss progress mid-way through each rotation. Make every effort to discuss the final evaluation at the end of the rotation.

6. Preceptor is asked to review a synopsis of the students Typhon logging at the end of the students rotation.

7. Preceptors are encouraged to give direct feedback to individual students regarding strengths and weaknesses, however the clinical coordinator should be aware of all problems that arise as soon as possible so that solutions can be discussed with both the preceptor and student.

8. Please complete the online evaluation of the student at the end of the rotation. Students cannot receive a passing grade for the course without a completed evaluation by their preceptor.
2nd YEAR CLINICAL ROTATIONS
Child Health Associate/Physician Assistant Program

GENERAL OBJECTIVES
SECOND YEAR CLINICAL ROTATIONS

Patient /Clinical Care:

- Obtain age-appropriate health history(s) from patient(s) that are consistently complete with or without the guidance of the preceptor.
- Perform appropriate physical examinations with or without the guidance of the preceptor.
- Demonstrate the ability to orally present organized, complete and accurate patient information to the preceptor.
- Demonstrate the ability to write a SOAP note that is generally organized, complete and accurate and appropriate to the patient visit.

Medical Knowledge:

- Apply basic medical knowledge of common illnesses and diseases encountered.

Practice Based Learning and Improvement:

- Demonstrate ability to learn from system and individual errors.
- Demonstrate ability to identify gaps in learning and receive feedback appropriately.
- Demonstrate ability to utilize information technology (literature, guidelines, and professional websites) to gain information.

System-Based Practice:

- Demonstrate knowledge of practice systems and community resources.
- Demonstrate ability to identify resources that would benefit specific patient needs.

Interpersonal and Communication Skills:

- Demonstrate the ability to interact appropriately with the clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.
- Demonstrate appropriate communication with patients and families; developing active listening and open-ended interview techniques.

Professionalism:

- Demonstrate promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information.
- Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population.
- Demonstrate ability to fulfill basic patient care responsibilities when asked.
Child Health Associate/Physician Assistant Program

WOMEN’S HEALTH OBJECTIVES
SECOND YEAR CLINICAL ROTATIONS

Patient Care/Clinical Care:
• Obtain complete, comprehensive and age-appropriate health history(s) for the patient(s).
• Perform thorough physical examinations which relates appropriately to the chief complaint(s) including but not limited to gynecologic examinations and breast examinations.
• Demonstrate the ability to order and interpret appropriate diagnostic and therapeutic interventions based on the patient(s) information, patient(s) preferences, up-to-date scientific evidence and clinical judgment. These may include, but are not limited to, blood drawing, venipuncture, hematocrit, hemoccult, immunizations, urinalysis, cultures, ultrasounds, Doppler, fundal height measurements.
• Demonstrate the ability to develop comprehensive differential diagnosis and/or appropriate assessment(s).
• Demonstrate the ability to develop and implement patient management plans including appropriate health maintenance, anticipatory guidance, follow-up, treatment, referral, etc.
• Demonstrate the ability to educate parents and patients regarding optimal health, treatment of minor illness/trauma, growth/development, safety, nutrition and behavior.
• Demonstrate the ability to orally present accurate and complete patient information to the preceptor.
• Demonstrate the ability to record accurate patient information using SOAPE format utilizing practice-specific format (EMR, paper, dictation).
• Perform procedures common to the practice setting with assistance from the preceptor.

Medical Knowledge:
• Apply medical knowledge of common illnesses and disease encountered including risk factors, etiology, pathophysiology and clinical findings.

Practice-Based Learning and Improvement:
• Identify, locate and assimilate evidence from the medical literature related to their patients’ health.
• Demonstrate and assimilate information to benefit their preceptor’s patient population.

System Based Practice:
• Demonstrate an understanding of community resources and collaborate with the preceptor to provide high quality, cost effective health care and resource allocation.

Interpersonal and Communication Skills:
• Demonstrate the ability to collaborate with the clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.

Professionalism:
• Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population at this rotation site.
• Demonstrate the ability to assume responsibility for patient encounters including promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information and informed consent.
Child Health Associate/Physician Assistant Program

EMERGENCY MEDICINE OBJECTIVES
SECOND YEAR CLINICAL ROTATIONS

Patient Care/Clinical Care:
- Obtain complete, comprehensive and age-appropriate health history(s) for the patient(s).
- Perform thorough physical examinations which relates appropriately to the chief complaint(s).
- Demonstrate the ability to order and interpret appropriate diagnostic and therapeutic interventions based on the patient(s) information, patient(s) preferences, up-to-date scientific evidence and clinical judgment. These may include, but are not limited to, blood drawing, venipuncture, hematocrit, hemoccult, urinalysis, cultures, ultrasounds, x-rays, EKG.
- Demonstrate the ability to develop comprehensive differential diagnosis and/or appropriate assessment(s).
- Demonstrate the ability to develop and implement patient management plans including appropriate health maintenance, anticipatory guidance, follow-up, treatment, referral, etc.
- Demonstrate the ability to educate parents and patients regarding optimal health, treatment of minor illness/trauma, growth/development, safety, nutrition and behavior.
- Demonstrate the ability to orally present accurate and complete patient information to the preceptor.
- Demonstrate the ability to record accurate patient information using SOAPE format utilizing practice-specific format (EMR, paper, dictation).
- Perform procedures common to the practice setting with assistance from the preceptor.

Medical Knowledge:
- Apply medical knowledge of common illnesses and disease encountered including risk factors, etiology, pathophysiology and clinical findings.

Practice-Based Learning and Improvement:
- Identify, locate and assimilate evidence from the medical literature related to their patients’ health.
- Demonstrate and assimilate information to benefit their preceptor’s patient population.

System Based Practice:
- Demonstrate an understanding of community resources and collaborate with the preceptor to provide high quality, cost effective health care and resource allocation.

Interpersonal and Communication Skills:
- Demonstrate the ability to collaborate with the clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.

Professionalism:
- Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population at this rotation site.
- Demonstrate the ability to assume responsibility for patient encounters including promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information and informed consent.
Child Health Associate/Physician Assistant Program

SURGICAL ROTATION OBJECTIVES
SECOND YEAR CLINICAL ROTATIONS

Patient /Clinical Care:
• Perform a history and complete physical examinations on surgical patients under the supervision of a surgical resident physician and/or preceptor.
• Attend surgery and observe or participate to the degree deemed appropriate by the supervising physician. Attendance at surgery should optimally include the following components: observation of the relevant anatomy, technique of appropriate exposure of the surgical field, technique of assisting, hemostasis, and closure.
• Demonstrate the ability to use appropriate aseptic technique and perform suturing and incision and drainage procedures.
• Demonstrate the ability to determine when referral to a surgical service for management of a problem should occur.
• Attend appropriate rounds and conferences in order to better understand the pathophysiology of surgical problems and to understand management and healing of surgical wounds.
• Demonstrate the ability to orally present organized, complete and accurate patient information to the preceptor.
• Demonstrate the ability to write a SOAP note that is generally organized, complete and accurate and appropriate to the patient visit.

Medical Knowledge:
• Apply basic medical knowledge of common illnesses and diseases encountered.

Practice Based Learning and Improvement:
• Demonstrate ability to learn from system and individual errors.
• Demonstrate ability to identify gaps in learning and receive feedback appropriately.
• Demonstrate ability to utilize information technology (literature, guidelines, and professional websites) to gain information.

System-Based Practice:
• Demonstrate knowledge of practice systems and community resources.
• Demonstrate ability to identify resources that would benefit specific patient needs.

Interpersonal and Communication Skills:
• Demonstrate the ability to interact appropriately with the clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.
• Demonstrate appropriate communication with patients and families; developing active listening and open-ended interview techniques.

Professionalism:
• Demonstrate promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information.
• Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population.
• Demonstrate ability to fulfill basic patient care responsibilities when asked.
Child Health Associate/Physician Assistant Program

GENERAL REQUIREMENTS FOR 1st and 2nd YEAR STUDENTS
CLINICAL ROTATIONS

1. The student assigned to a rotation is expected to maintain the same clinical schedule as the primary preceptor unless otherwise discussed with the Clinical Coordinator.

2. In case of an absence the student is required to directly contact the primary preceptor and clinical coordinator of the CHA/PA program. All missed time by a student must be made up per the primary preceptor’s schedule. Accepted absences would include illness or a family emergency. Missing an assigned clinic secondary to other class work is not an excused absence.

3. All work done by students must be observed or rechecked and cosigned by the preceptor or per the site specific policy.

4. Prior to the beginning of each rotation the student should discuss areas of work that he/she would like to concentrate on during the rotation. These may include, but are not limited to, taking a history, physical diagnostic skills, developing differential diagnoses, development of a treatment plan, patient education plan, etc. Discussion should focus around these identified goals throughout the rotation.

5. It is encouraged that the primary preceptor and the student discuss progress throughout each rotation and discuss the final evaluation at the end of the rotation. Students are required to confirm that the preceptor’s evaluation of the student is submitted (either electronically or paper-form) within 7 days from the last day of the clinical rotation. Clinical rotations are pass/fail; this is calculated by the Clinical Coordinators.

6. Synopsis of the Typhon patient logging is required for each rotation. This will be submitted at the end of the rotation to your designated Clinical Coordinator. You are also required to present a synopsis to your preceptor on the last day of your rotation.

7. Students are required to log all patients into the Typhon logging system by the conclusion of each clinical rotation.

8. Students are required to complete the online EASI evaluation of preceptor/sites at the conclusion of each rotation. Failure to complete either of these requirements may result in a failing grade for the rotation.
1. The student assigned to a rotation is expected to maintain the same clinical schedule as the primary preceptor unless otherwise discussed with the Clinical Coordinator.

2. In case of an absence the student is required to directly contact the primary preceptor and clinical coordinator of the CHA/PA program. All missed time by a student must be made up per the primary preceptor’s schedule. Accepted absences would include illness or a family emergency. Missing an assigned clinic secondary for other class work is not an excused absence.

3. All work done by students must be observed or rechecked and cosigned by the preceptor or per the site specific policy.

4. Prior to the beginning of each rotation the preceptor should discuss areas of work that he/she would like to concentrate on during the rotation. These may include, but not be limited to, taking a history, physical diagnostic skills, developing differential diagnoses, development of a treatment plan, patient education plan, etc. Discussion should focus around these identified goals throughout the rotation.

5. It is encouraged that the primary preceptor and the student discuss progress mid-way through each rotation. Make every effort to discuss the final evaluation at the end of the rotation.

6. Preceptor is asked to review a synopsis of the students Typhon logging at the end of the students rotation.

7. Preceptors are encouraged to give direct feedback to individual students regarding strengths and weaknesses, however the clinical coordinator should be aware of all problems that arise as soon as possible so that solutions can be discussed with both the preceptor and student.

8. Please complete the online evaluation of the student at the end of the rotation. Students cannot receive a passing grade for the course without a completed evaluation by their preceptor.
3rd YEAR CLINICAL ROTATIONS
Child Health Associate/Physician Assistant Program

GENERAL OBJECTIVES
THIRD YEAR CLINICAL ROTATIONS

**Patient Care/Clinical Care:**
- Obtain complete, comprehensive and age-appropriate health history(s) for the patient(s).
- Perform thorough physical examinations which relates appropriately to the chief complaint(s).
- Demonstrate the ability to order and interpret appropriate diagnostic and therapeutic interventions based on the patient(s) information, patient(s) preferences, up-to-date scientific evidence and clinical judgment.
- Demonstrate the ability to develop comprehensive differential diagnosis and/or appropriate assessment(s).
- Demonstrate the ability to develop and implement patient management plans including appropriate follow-up, treatment, referral, etc.
- Demonstrate the ability to orally present accurate and complete patient information to the preceptor.
- Demonstrate the ability to record accurate patient information using SOAPE format utilizing practice-specific format (EMR, paper, dictation).
- Perform procedures common to the practice setting with assistance from the preceptor.

**Medical Knowledge:**
- Apply medical knowledge of common illnesses and disease encountered including risk factors, etiology, pathophysiology and clinical findings.

**Practice-Based Learning and Improvement:**
- Identify, locate and assimilate evidence from the medical literature related to their patients’ health.
- Demonstrate and assimilate information to benefit their preceptor’s patient population.

**System Based Practice:**
- Demonstrate an understanding of community resources and collaborate with the preceptor to provide high quality, cost effective health care and resource allocation.

**Interpersonal and Communication Skills:**
- Demonstrate the ability to collaborate with the clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.

**Professionalism:**
- Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population at this rotation site.
- Demonstrate the ability to assume responsibility for patient encounters including promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information and informed consent.
Child Health Associate/Physician Assistant Program

AMBULATORY PEDIATRIC OBJECTIVES
THIRD YEAR CLINICAL ROTATIONS

**Patient Care/Clinical Care:**
- Obtain complete, comprehensive and age-appropriate health history(s) for the patient(s) – infants, children and adolescents.
- Perform thorough physical examinations which relates appropriately to the chief complaint(s).
- Demonstrate the ability to order and interpret appropriate diagnostic and therapeutic interventions based on the patient(s) information, patient(s) preferences, up-to-date scientific evidence and clinical judgment. These may include, but are not limited to, blood drawing, venipuncture, hematocrit, immunizations, urinalysis and suturing.
- Demonstrate the ability to develop comprehensive differential diagnosis and/or appropriate assessment(s).
- Demonstrate the ability to develop and implement patient management plans including appropriate health maintenance, anticipatory guidance, follow-up, treatment, referral, etc.
- Demonstrate the ability to educate parents and patients regarding optimal health, treatment of minor illness/trauma, growth/development, safety, nutrition and behavior.
- Demonstrate the ability to orally present accurate and complete patient information to the preceptor.
- Demonstrate the ability to record accurate patient information using SOAPE format utilizing practice-specific format (EMR, paper, dictation).
- Perform procedures common to the practice setting with assistance from the preceptor.

**Medical Knowledge:**
- Apply medical knowledge of common illnesses and disease encountered in infants, children and adolescent including risk factors, etiology, pathophysiology and clinical findings.

**Practice-Based Learning and Improvement:**
- Identify, locate and assimilate evidence from the medical literature related to their patients’ health.

**System Based Practice:**
- Demonstrate an understanding of community resources and collaborate with the preceptor to provide high quality, cost effective health care and resource allocation.
- Demonstrate and assimilate information to benefit their preceptor’s patient population.

**Interpersonal and Communication Skills:**
- Demonstrate the ability to collaborate with the clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.

**Professionalism:**
- Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population at this rotation site.
- Demonstrate the ability to assume responsibility for patient encounters including promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information and informed consent.
Child Health Associate/Physician Assistant Program

EMERGENCY MEDICINE OBJECTIVES
THIRD YEAR CLINICAL ROTATIONS

Patient Care/Clinical Care:
• Obtain complete, comprehensive and age-appropriate health history(s) for the patient(s).
• Perform thorough physical examinations which relates appropriately to the chief complaint(s).
• Demonstrate the ability to order and interpret appropriate diagnostic and therapeutic interventions based on the patient(s) information, patient(s) preferences, up-to-date scientific evidence and clinical judgment. These may include, but are not limited to, blood drawing, venipuncture, hematocrit, hemoccult, urinalysis, cultures, ultrasounds, x-rays, EKG.
• Demonstrate the ability to develop comprehensive differential diagnosis and/or appropriate assessment(s).
• Demonstrate the ability to develop and implement patient management plans including appropriate health maintenance, anticipatory guidance, follow-up, treatment, referral, etc.
• Demonstrate the ability to educate parents and patients regarding optimal health, treatment of minor illness/trauma, growth/development, safety, nutrition and behavior.
• Demonstrate the ability to orally present accurate and complete patient information to the preceptor.
• Demonstrate the ability to record accurate patient information using SOAPE format utilizing practice-specific format (EMR, paper, dictation).
• Perform procedures common to the practice setting with assistance from the preceptor.

Medical Knowledge:
• Apply medical knowledge of common illnesses and disease encountered including risk factors, etiology, pathophysiology and clinical findings.

Practice-Based Learning and Improvement:
• Identify, locate and assimilate evidence from the medical literature related to their patients’ health.
• Demonstrate and assimilate information to benefit their preceptor’s patient population.

System Based Practice:
• Demonstrate an understanding of community resources and collaborate with the preceptor to provide high quality, cost effective health care and resource allocation.

Interpersonal and Communication Skills:
• Demonstrate the ability to collaborate with the clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.

Professionalism:
• Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population at this rotation site.
• Demonstrate the ability to assume responsibility for patient encounters including promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information and informed consent.
Child Health Associate/Physician Assistant Program

FAMILY MEDICINE OBJECTIVES
THIRD YEAR CLINICAL ROTATIONS

Patient Care/Clinical Care:
• Obtain complete, comprehensive and age-appropriate health history(s) for the patient(s).
• Perform thorough physical examinations which relates appropriately to the chief complaint(s).
• Demonstrate the ability to order and interpret appropriate diagnostic and therapeutic interventions based on the patient(s) information, patient(s) preferences, up-to-date scientific evidence and clinical judgment. These may include, but are not limited to, blood drawing, venipuncture, hematocrit, hemoccult, immunizations, urinalysis, cultures, suturing, x-rays and electrocardiograms.
• Demonstrate the ability to develop comprehensive differential diagnosis and/or appropriate assessment(s).
• Demonstrate the ability to develop and implement patient management plans including appropriate health maintenance, anticipatory guidance, follow-up, treatment, referral, etc.
• Demonstrate the ability to educate parents and patients regarding optimal health, treatment of minor illness/trauma, growth/development, safety, nutrition and behavior.
• Demonstrate the ability to orally present accurate and complete patient information to the preceptor.
• Demonstrate the ability to record accurate patient information using SOAPE format utilizing practice-specific format (EMR, paper, dictation).
• Perform procedures common to the practice setting with assistance from the preceptor.

Medical Knowledge:
• Apply medical knowledge of common illnesses and disease encountered in infants, children and adolescent, adults and geriatric patients including risk factors, etiology, pathophysiology and clinical findings.

Practice-Based Learning and Improvement:
• Identify, locate and assimilate evidence from the medical literature related to their patients’ health.
• Demonstrate and assimilate information to benefit their preceptor’s patient population.

System Based Practice:
• Demonstrate an understanding of community resources and collaborate with the preceptor to provide high quality, cost effective health care and resource allocation.

Interpersonal and Communication Skills:
• Demonstrate the ability to collaborate with the clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.

Professionalism:
• Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population at this rotation site.
• Demonstrate the ability to assume responsibility for patient encounters including promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information and informed consent.
Patient Care/Clinical Care:
- Obtain complete, comprehensive and age-appropriate health history(s) for the patient(s).
- Perform thorough physical examinations which relates appropriately to the chief complaint(s).
- Demonstrate the ability to order and interpret appropriate diagnostic and therapeutic interventions based on the patient(s) information, patient(s) preferences, up-to-date scientific evidence and clinical judgment. These may include, but are not limited to urinalysis, cultures, x-rays and electrocardiograms.
- Demonstrate the ability to develop comprehensive differential diagnosis and/or appropriate assessment(s).
- Demonstrate the ability to develop and implement patient management plans including appropriate health maintenance, anticipatory guidance, follow-up, treatment, referral, etc.
- Demonstrate the ability to educate patients and their families regarding their disease, its treatment, prognosis and impact on the family.
- Demonstrate the ability to arrange appropriate follow-up care for the patient.
- Demonstrate the ability to orally present accurate and complete patient information to the preceptor.
- Demonstrate the ability to accurately record admission, interim and discharge notes and orders in the appropriate format and/or using SOAPE format utilizing practice-specific format (EMR, paper, dictation).
- Perform procedures common to the practice setting with assistance from the preceptor.

Medical Knowledge:
- Apply medical knowledge of common illnesses and disease encountered in infants, children and adolescent, adults and geriatric patients including risk factors, etiology, pathophysiology and clinical findings.

Practice-Based Learning and Improvement:
- Identify, locate and assimilate evidence from the medical literature related to their patients’ health.
- Demonstrate and assimilate information to benefit their preceptor’s patient population.

System Based Practice:
- Demonstrate an understanding of community resources and collaborate with the preceptor to provide high quality, cost effective health care and resource allocation.

Interpersonal and Communication Skills:
- Demonstrate the ability to collaborate with the in-patient clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.

Professionalism:
- Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population at this rotation site.
- Demonstrate the ability to assume responsibility for patient encounters including promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information and informed consent.
Child Health Associate/Physician Assistant Program

IN-PATIENT PEDIATRIC MEDICINE OBJECTIVES
THIRD YEAR CLINICAL ROTATIONS

**Patient Care/Clinical Care:**
- Obtain complete, comprehensive and age-appropriate health history(s) for the patient(s) – infants, children and adolescents.
  - Perform thorough physical examinations which relates appropriately to the chief complaint(s).
- Demonstrate the ability to order and interpret appropriate diagnostic and therapeutic interventions based on the patient(s) information, patient(s) preferences, up-to-date scientific evidence and clinical judgment. These may include, but are not limited to urinalysis, cultures, x-rays, lumbar punctures.
- Demonstrate the ability to develop comprehensive differential diagnosis and/or appropriate assessment(s).
- Demonstrate the ability to develop and implement patient management plans including appropriate health maintenance, anticipatory guidance, follow-up, treatment, referral, etc.
- Demonstrate the ability to educate patients and their families regarding their disease, its treatment, prognosis and impact on the family.
- Demonstrate the ability to educate patients on screening procedures for health promotion and disease prevention.
- Demonstrate the ability to arrange appropriate follow-up care for the patient.
- Demonstrate the ability to orally present accurate and complete patient information to the preceptor.
- Demonstrate the ability to accurately record admission, interim and discharge notes and orders in the appropriate format and/or using SOAPE format utilizing practice-specific format (EMR, paper, dictation).
- Perform procedures common to the practice setting with assistance from the preceptor.

**Medical Knowledge:**
- Apply medical knowledge of common illnesses and disease encountered in infants, children and adolescent including risk factors, etiology, pathophysiology and clinical findings.

**Practice-Based Learning and Improvement:**
- Identify, locate and assimilate evidence from the medical literature related to their patients’ health.
- Demonstrate and assimilate information to benefit their preceptor’s patient population.

**System Based Practice:**
- Demonstrate an understanding of community resources and collaborate with the preceptor to provide high quality, cost effective health care and resource allocation.

**Interpersonal and Communication Skills:**
- Demonstrate the ability to collaborate with the in-patient clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.

**Professionalism:**
- Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population at this rotation site.
- Demonstrate the ability to assume responsibility for patient encounters including promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information and informed consent.
Child Health Associate/Physician Assistant Program

INTERNAL MEDICINE OBJECTIVES
THIRD YEAR CLINICAL ROTATIONS

Patient Care/Clinical Care:
- Obtain complete, comprehensive and age-appropriate health history(s) for the patient(s).
- Perform thorough physical examinations which relates appropriately to the chief complaint(s).
- Demonstrate the ability to order and interpret appropriate diagnostic and therapeutic interventions based on the patient(s) information, patient(s) preferences, up-to-date scientific evidence and clinical judgment. These may include, but are not limited to urinalysis, cultures, x-rays, complete blood count, fasting glucose, electrocardiograms, etc.
- Demonstrate the ability to develop comprehensive differential diagnosis and/or appropriate assessment(s).
- Demonstrate the ability to develop and implement patient management plans including appropriate health maintenance, anticipatory guidance, follow-up, treatment, referral, etc.
- Demonstrate the ability to orally present accurate and complete patient information to the preceptor.
- Demonstrate the ability to accurately record patient information using SOAPE format utilizing practice-specific format (EMR, paper, dictation).
- Perform procedures common to the practice setting with assistance from the preceptor.

Medical Knowledge:
- Apply medical knowledge of common illnesses and disease encountered in adult and geriatric patients including risk factors, etiology, pathophysiology and clinical findings.

Practice-Based Learning and Improvement:
- Identify, locate and assimilate evidence from the medical literature related to their patients’ health.
- Demonstrate and assimilate information to benefit their preceptor’s patient population.

System Based Practice:
- Demonstrate an understanding of community resources and collaborate with the preceptor to provide high quality, cost effective health care and resource allocation.

Interpersonal and Communication Skills:
- Demonstrate the ability to collaborate with the in-patient clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.

Professionalism:
- Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population at this rotation site.
- Demonstrate the ability to assume responsibility for patient encounters including promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information and informed consent.
Child Health Associate/Physician Assistant Program

NEONATOLOGY OBJECTIVES
THIRD YEAR CLINICAL ROTATIONS

Patient Care/Clinical Care:
- Obtain appropriate prenatal, labor and delivery information from the mother and infant’s chart.
- Perform thorough physical examinations appropriate for a newborn.
- Demonstrate the ability to order and interpret appropriate diagnostic and therapeutic interventions based on the patient(s) information, patient(s) preferences, up-to-date scientific evidence and clinical judgment. These may include, but are not limited to standardized screening tests – hematocrit, gestational age, Apgar, glucose, bilirubin.
- Demonstrate the ability to develop comprehensive differential diagnosis and/or appropriate assessment(s).
- Demonstrate the ability to provide parents with anticipatory guidance, including, but not limited to nutrition, sleeping, bathing, cord and circumcision care, signs of illness, safety and need for follow-up care.
- Demonstrate the ability to orally present accurate and complete patient information to the preceptor.
- Demonstrate the ability to accurately record patient information using SOAPE format utilizing practice-specific format (EMR, paper, dictation).
- Perform procedures common to the practice setting with assistance from the preceptor, including but not limited to circumcision.

Medical Knowledge:
- Apply medical knowledge of common illnesses and disease encountered in newborn patients including risk factors, etiology, pathophysiology and clinical findings.

Practice-Based Learning and Improvement:
- Identify, locate and assimilate evidence from the medical literature related to their patients’ health.
- Demonstrate and assimilate information to benefit their preceptor’s patient population.

System Based Practice:
- Demonstrate an understanding of community resources and collaborate with the preceptor to provide high quality, cost effective health care and resource allocation.

Interpersonal and Communication Skills:
- Demonstrate the ability to collaborate with the in-patient clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.

Professionalism:
- Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population at this rotation site.
- Demonstrate the ability to assume responsibility for patient encounters including promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information and informed consent.
Child Health Associate/Physician Assistant Program

WOMEN’S HEALTH OBJECTIVES
THIRD YEAR CLINICAL ROTATIONS

Patient Care/Clinical Care:
- Obtain complete, comprehensive and age-appropriate health history(s) for the patient(s).
- Perform thorough physical examinations which relates appropriately to the chief complaint(s) including but not limited to gynecologic examinations and breast examinations.
- Demonstrate the ability to order and interpret appropriate diagnostic and therapeutic interventions based on the patient(s) information, patient(s) preferences, up-to-date scientific evidence and clinical judgment. These may include, but are not limited to, blood drawing, venipuncture, hematocrit, hemoccult, immunizations, urinalysis, cultures, ultrasounds, Doppler, fundal height measurements.
- Demonstrate the ability to develop comprehensive differential diagnosis and/or appropriate assessment(s).
- Demonstrate the ability to develop and implement patient management plans including appropriate health maintenance, anticipatory guidance, follow-up, treatment, referral, etc.
- Demonstrate the ability to educate parents and patients regarding optimal health, treatment of minor illness/trauma, growth/development, safety, nutrition and behavior.
- Demonstrate the ability to orally present accurate and complete patient information to the preceptor.
- Demonstrate the ability to record accurate patient information using SOAPE format utilizing practice-specific format (EMR, paper, dictation).
- Perform procedures common to the practice setting with assistance from the preceptor.

Medical Knowledge:
- Apply medical knowledge of common illnesses and disease encountered including risk factors, etiology, pathophysiology and clinical findings.

Practice-Based Learning and Improvement:
- Identify, locate and assimilate evidence from the medical literature related to their patients’ health.
- Demonstrate and assimilate information to benefit their preceptor’s patient population.

System Based Practice:
- Demonstrate an understanding of community resources and collaborate with the preceptor to provide high quality, cost effective health care and resource allocation.

Interpersonal and Communication Skills:
- Demonstrate the ability to collaborate with the clinical team under the supervision of a physician. This includes administrative personnel, health care professionals from all disciplines, patients and family members.

Professionalism:
- Demonstrate sensitivity and responsiveness to factors of age, culture, gender, disabilities, ethnicity and socio-economic status encountered in the patient population at this rotation site.
- Demonstrate the ability to assume responsibility for patient encounters including promptness, appropriate professional demeanor and commitment to ethical principles including confidentiality of patient information and informed consent.
Child Health Associate/Physician Assistant Program

GENERAL REQUIREMENTS FOR THIRD YEAR STUDENTS
Clinical Rotations

1. The student assigned to a rotation is expected to maintain the same clinical schedule as the primary preceptor unless otherwise discussed with the Clinical Coordinator.

2. In case of an absence the student is required to directly contact the primary preceptor and Clinical Coordinator of the CHA/PA program. All missed time by a student must be made up per the primary preceptor’s schedule. Accepted absences would include illness or a family emergency.

3. All work done by students must be observed or rechecked and cosigned by the preceptor.

4. Prior to the beginning of each rotation the student should discuss areas of work that he/she would like to concentrate on during the rotation. These may include improvement in taking a history, physical diagnostic skills, developing differential diagnoses, development of a treatment plan, patient education plan, etc. Discussion of progress around the identified goals should occur periodically throughout the rotation.

5. We encourage the primary preceptor and the student to discuss progress throughout each rotation and discuss the final evaluation at the end of the rotation. Students are required to confirm that the preceptor’s evaluation of the student is submitted (either electronically or paper-form) within 7 days from the last day of the clinical rotation. Clinical rotations are pass/fail; this is calculated by the Clinical Coordinators.

6. Synopsis of the Typhon patient logging is required for each rotation and is presented to your preceptor on the last day of your rotation.

7. Students are required to log all patients into the Typhon logging system for each clinical rotation within 7 days of the completion of the rotation.

8. Students are required to complete the online EASI evaluation of preceptor/sites within 7 days of the completion of the rotation. Failure to complete either of these requirements may result in a failing grade for the rotation.

9. Students are required to submit one SOAPE note from a Family Medicine, Internal Medicine or Pediatric rotation on the due dates outlined in the 3rd Year Clinical Handbook. All notes must adhere to HIPAA criteria.

10. Students must submit a reflection paper at the end of each semester (due dates outline in the 3rd Year Clinical Handbook).

11. The following should be with the student at each rotation:
   - Clinical passport material
   - Important numbers for the clinic, CHA/PA Program and 3rd Year Clinical Coordinator
   - 3rd Year Clinical Handbook
   - Name badge
   - Medical equipment
   - Other material requested by the preceptor

12. Students are encouraged to call the Clinical Coordinator with concerns or questions as soon as they arise.
Child Health Associate/Physician Assistant Program

GENERAL RESPONSIBILITIES FOR THIRD YEAR PRECEPTORS
Clinical Rotations

1. The student assigned to a rotation is expected to maintain the same clinical schedule as the primary preceptor unless otherwise discussed with the Clinical Coordinator.

2. In case of an absence the student is required to directly contact the primary preceptor and clinical coordinator of the CHA/PA program. All missed time by a student must be made up per the primary preceptor’s schedule. Accepted absences would include illness or a family emergency.

3. All work done by students must be observed or rechecked and cosigned by the preceptor.

4. Prior to the beginning of each rotation the preceptor should discuss areas of work that he/she would like to concentrate on during the rotation. Discussion of progress around the identified goals should occur periodically throughout the rotation.

5. We encourage the primary preceptor and the student to discuss progress mid-way through each rotation. It is strongly encouraged that the student and primary preceptor discuss the final student evaluation together at the end of the rotation.

6. Preceptors are asked to review a synopsis of the students Typhon logging at the end of the students rotation and indicate completion on the evaluation.

7. Preceptors are encouraged to give direct feedback to individual students regarding strengths and weaknesses, however the Clinical Coordinator should be aware of all problems that arise as soon as possible so that solutions can be discussed with both the preceptor and student.

8. Preceptors are strongly encouraged to complete the online or written evaluation of the student at the end of the rotation. It is imperative that we receive your evaluation of the student in order to assign a grade of either Pass/Fail for the course.

9. Students that are traveling to or from an out-of-town or out-of-state rotation may be allowed up to three (3) days to travel. If this schedule will impact that student assigned to your rotation, the Clinical Coordinator will contact you.
CHA/PA Program Evaluation Form
ORIME Method
ORIME Evaluation of
1st Year Student______________________
Preceptor ______________________

1 Color Key:

YELLOW: Appropriate level for 1st Year student
LIGHT GREY: Few, if any, 1st Year students at this level
GREY: Not appropriate for 1st Year student

2 Patient/Clinical Care (History taking):

- **OBSERVER** - Student watches preceptor perform history; does not contribute to patient care.
- **REPORTER** - Student demonstrates consistent, complete and adequate data collection during history taking.
- **INTERPRETER** - Student demonstrates consistent, complete and adequate data collection during history taking and is able to identify issues of clinical concern.
- **MANAGER** - Student performs a focused or comprehensive medical history, as indicated by presenting issue, in an organized, complete and efficient manner, identifies area of clinical concern, and suggests next steps.
- **EDUCATOR** - Student is a self-directed learner who contributes to the education of others.

<table>
<thead>
<tr>
<th>OBSERVER</th>
<th>REPORTER</th>
<th>INTERPRETER</th>
<th>MANAGER</th>
<th>EDUCATOR</th>
</tr>
</thead>
</table>

Comments:

3 Patient/Clinical Care (Physical Exam Skills):

- **OBSERVER** - Student watches preceptor perform physical examination; does not contribute to patient care.
- **REPORTER** - Student is able to perform all important components of the physical examination correctly with some guidance as to parts of the exam to be included.
- **INTERPRETER** - Student performs all important components of the physical examination correctly.
- **MANAGER** - Student performs either a focused or comprehensive physical examination, as indicated by presenting issue, in an efficient, correct and sensitive manner and is able to identify abnormal findings.
- **EDUCATOR** - Student is self-directed learner who educates peers on physical examination techniques.

<table>
<thead>
<tr>
<th>OBSERVER</th>
<th>REPORTER</th>
<th>INTERPRETER</th>
<th>MANAGER</th>
<th>EDUCATOR</th>
</tr>
</thead>
</table>

Comments:

4 Patient/Clinical Care (Oral Presentations):

- **OBSERVER** - Student hears preceptor perform oral presentation; does not contribute to patient care.
- **REPORTER** - Student oral presentations are generally organized, complete and accurate with occasional extraneous material; preceptor may occasionally need to ask for clarifying information especially in a specialty setting.
- **INTERPRETER** - Student oral presentations are organized, accurate and complete; student is able to prioritize medical issues.
- **MANAGER** - Student oral presentations are organized, accurate, complete, concise and include prioritization and analysis of medical issues and suggestions for management; preceptor can rely on these presentations to contain all relevant material necessary to determine plan of care.
- **EDUCATOR** - Student is self-directed learner who educates peers on organization of oral presentations.
Patient/Clinical Care (SOAPE notes):

- **OBSERVER**: Student observes preceptors preferred method of medical documentation; does not contribute to patient care.
- **REPORTER**: Student written communications are generally organized, or complete and accurate in a primary care setting, though may need additional guidance in a specialty practice.
- **INTERPRETER**: Student written communications are organized, accurate and complete. Student is able to identify some clinical issues.
- **MANAGER**: Student written communications are organized, accurate, complete, concise and incorporate prioritization and analysis of most medical issues; they accurately reflect the major issues important for patient care and contain a plan.
- **EDUCATOR**: Student is self-directed learner who educates peers on documentation techniques.

Medical Knowledge (Basic Knowledge of common illnesses):

- **OBSERVER**: Student observes preceptors but does not have opportunity to share medical knowledge related to common illnesses encountered.
- **REPORTER**: Student participates but has gaps in medical knowledge necessary to fully understand common illnesses encountered.
- **INTERPRETER**: Student has understanding of etiology, clinical manifestations and pathophysiology of common illnesses encountered; asks appropriate questions to further areas where knowledge is lacking or incomplete.
- **MANAGER**: Student has outstanding fund of knowledge with regard to both common and uncommon illnesses encountered.
- **EDUCATOR**: Student is self-directed and educates peers on common and uncommon illnesses encountered.

Practice Based Learning and Improvement (Ability to learn from system & individual errors):

- **OBSERVER**: Student observes but does not contribute to system error identification.
- **REPORTER**: Student is able to identify some gaps in learning and receives feedback appropriately.
- **INTERPRETER**: Student understands own limitations and seeks help when needed; able to identify system and individual errors.
- **MANAGER**: Student actively creates plans for addressing individual limitations and initiates self-improvement; able to propose system changes.
- **EDUCATOR**: Student is self-directed and educates peers on system errors; proposes practice based changes designed to improve patient care.
System-Based Practice (Knowledge of practice systems and community resources):

- **OBSERVER** - Student observes but does not contribute knowledge of practice systems and community resources.
- **REPORTER** - Student able to identify some important health care resources that would benefit his/her patient.
- **INTERPRETER** - Student demonstrates an understanding of the importance of interdisciplinary teams, consultants, and health care resources for the benefit of the patient.
- **MANAGER** - Student seeks out and utilizes local and community resources for the benefit of the patient; actively participates in multidisciplinary meetings or is able to help patients navigate the system of care.
- **EDUCATOR** - Student is self-directed and educates peers on interdisciplinary teams, navigation of health care systems and community resources.

OBSERVER REPORTER INTERPRETER MANAGER EDUCATOR

Comments:

Interpersonal and Communication Skills (Listens and communicates clearly and effectively with patients/families and care team):

- **OBSERVER** - Student observes communication with patients and families; does not participate in patient care.
- **REPORTER** - Student communicates appropriately with patients/families but may not use active listening skills or open-ended questions consistently.
- **INTERPRETER** - Student creates rapport with patients/families through active listening, use of open-ended questions, limited interrupting and use of words that demonstrate compassion and caring.
- **MANAGER** - Student communicates even complicated or difficult information to patients and families and appropriately responds to their concerns/questions.
- **EDUCATOR** - Student is self-directed and educates peers on effective methods to communicate with patients and their families.

OBSERVER REPORTER INTERPRETER MANAGER EDUCATOR

Comments:

Professionalism (Sensitivity/compassion with patient/staff; adheres to ethical principles; promptness; demonstrates gender and culture sensitivity):

- **OBSERVER** - Student is prompt and dresses professionally, observes but does not participate actively in patient care.
- **REPORTER** - Student is prompt, dresses professionally, and fulfills basic patient care responsibilities when asked.
- **INTERPRETER** - Student is punctual and reliable in day-to-day tasks; fulfills basic patient care responsibilities required of him/her; helps with team tasks when requested; demonstrates sensitivity and compassion.
- **MANAGER** - Student takes primary responsibility for patients and advocates for their needs; anticipates the needs of the team and actively attempts to meet those needs; always demonstrates sensitivity and compassion.
- **EDUCATOR** - Student is self-directed and educates peers on ethical principles related to patient care.

OBSERVER REPORTER INTERPRETER MANAGER EDUCATOR

Comments:
Given the level of this student and the opportunities presented to the student during this rotation, I feel that the student:

- [ ] MEETS EXPECTATIONS
- [x] EXCEEDS EXPECTATIONS
- [ ] DOES NOT MEET EXPECTATIONS

Comments:

General Comments:
ORIME Evaluation of
2nd Year Student______________________
Preceptor ______________________

Please indicate the rotation for which this student is being evaluated:

☐ Fall  ☐ Summer - Community Clinic
☐ Spring  ☐ Summer - Surgery

(ANSWER REQUIRED)

2

Color Key:

YELLOW - Appropriate level for 2nd Year student
GREY - Not appropriate for 2nd Year student

3

Patient/Clinical Care (History taking):

- **OBSERVER**: Student watches preceptor perform history; does not contribute to patient care.
- **REPORTER**: Student demonstrates consistent, complete and adequate data collection during history taking.
- **INTERPRETER**: Student demonstrates consistent, complete and adequate data collection during history taking and is able to identify issues of clinical concern.
- **MANAGER**: Student performs a focused or comprehensive medical history, as indicated by presenting issue, in an organized, complete and efficient manner, identifies area of clinical concern, and suggests next steps.
- **EDUCATOR**: Student is a self-directed learner who contributes to the education of others.

Comments:

4

Patient/Clinical Care (Physical Exam Skills):

- **OBSERVER**: Student watches preceptor perform physical examination; does not contribute to patient care.
- **REPORTER**: Student is able to perform all important components of the physical examination correctly with some guidance as to parts of the exam to be included.
- **INTERPRETER**: Student performs all important components of the physical examination correctly.
- **MANAGER**: Student performs either a focused or comprehensive physical examination, as indicated by presenting issue, in an efficient, correct and sensitive manner and is able to identify abnormal findings.
- **EDUCATOR**: Student is self-directed learner who educates peers on physical examination techniques.

Comments:
Patient/Clinical Care (Oral Presentations):

- **OBSERVER**: Student hears preceptor perform oral presentation; does not contribute to patient care.
- **REPORTER**: Student oral presentations are generally organized, complete and accurate with occasional extraneous material; preceptor may occasionally need to ask for clarifying information especially in a specialty setting.
- **INTERPRETER**: Student oral presentations are organized, accurate and complete; student is able to prioritize medical issues.
- **MANAGER**: Student oral presentations are organized, accurate, complete, concise and include prioritization and analysis of medical issues and suggestions for management; preceptor can rely on these presentations to contain all relevant material necessary to determine plan of care.
- **EDUCATOR**: Student is self-directed learner who educates peers on organization of oral presentations.

Patient/Clinical Care (SOAPE notes):

- **OBSERVER**: Student observes preceptors preferred method of medical documentation; does not contribute to patient care.
- **REPORTER**: Student written communications are generally organized, or complete and accurate in a primary care setting, though may need additional guidance in a specialty practice.
- **INTERPRETER**: Student written communications are organized, accurate and complete. Student is able to identify some clinical issues.
- **MANAGER**: Student written communications are organized, accurate, complete, concise and incorporate prioritization and analysis of most medical issues; they accurately reflect the major issues important for patient care and contain a plan.
- **EDUCATOR**: Student is self-directed learner who educates peers on documentation techniques.

Medical Knowledge (Basic Knowledge of common illnesses):

- **OBSERVER**: Student observes preceptors but does not have opportunity to share medical knowledge related to common illnesses encountered.
- **REPORTER**: Student participates but has gaps in medical knowledge necessary to fully understand common illnesses encountered.
- **INTERPRETER**: Student has understanding of etiology, clinical manifestations and pathophysiology of common illnesses encountered; asks appropriate questions to further areas where knowledge is lacking or incomplete.
- **MANAGER**: Student has outstanding fund of knowledge with regard to both common and uncommon illnesses encountered.
- **EDUCATOR**: Student is self-directed and educates peers on common and uncommon illnesses encountered.
Practice Based Learning and Improvement (Ability to learn from system & individual errors):

- **OBSERVER**: Student observes but does not contribute to system error identification.
- **REPORTER**: Student is able to identify some gaps in learning and receives feedback appropriately.
- **INTERPRETER**: Student understands own limitations and seeks help when needed; able to identify system and individual errors.
- **MANAGER**: Student actively creates plans for addressing individual limitations and initiates self-improvement; able to propose system changes.
- **EDUCATOR**: Student is self-directed and educates peers on system errors; proposes practice based changes designed to improve patient care.

Comments:

System-Based Practice (Knowledge of practice systems and community resources):

- **OBSERVER**: Student observes but does not contribute knowledge of practice systems and community resources.
- **REPORTER**: Student able to identify some important health care resources that would benefit his/her patient.
- **INTERPRETER**: Student demonstrates an understanding of the importance of interdisciplinary teams, consultants, and health care resources for the benefit of the patient.
- **MANAGER**: Student seeks out and utilizes local and community resources for the benefit of the patient; actively participates in multidisciplinary meetings or is able to help patients navigate the system of care.
- **EDUCATOR**: Student is self-directed and educates peers on interdisciplinary teams, navigation of health care systems and community resources.

Comments:

Interpersonal and Communication Skills (Listens and communicates clearly and effectively with patients/families and care team):

- **OBSERVER**: Student observes communication with patients and families; does not participate in patient care.
- **REPORTER**: Student communicates appropriately with patients/families but may not use active listening skills or open-ended questions consistently.
- **INTERPRETER**: Student creates rapport with patients/families through active listening, use of open-ended questions, limited interrupting and use of words that demonstrate compassion and caring.
- **MANAGER**: Student communicates even complicated or difficult information to patients and families and appropriately responds to their concerns/questions.
- **EDUCATOR**: Student is self-directed and educates peers on effective methods to communicate with patients and their families.

Comments:
Professionalism (Sensitivity/compassion with patient/staff; adheres to ethical principles; promptness; demonstrates gender and culture sensitivity):

- **OBSERVER**: Student is prompt and dresses professionally, observes but does not participate actively in patient care.

- **REPORTER**: Student is prompt, dresses professionally, and fulfills basic patient care responsibilities when asked.

- **INTERPRETER**: Student is punctual and reliable in day-to-day tasks; fulfills basic patient care responsibilities required of him/her; helps with team tasks when requested; demonstrates sensitivity and compassion.

- **MANAGER**: Student takes primary responsibility for patients and advocates for their needs; anticipates the needs of the team and actively attempts to meet those needs; always demonstrates sensitivity and compassion.

- **EDUCATOR**: Student is self-directed and educates peers on ethical principles related to patient care.

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Comments: 

Given the level of this student and the opportunities presented to the student during this rotation, I feel that the student:

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Comments: 

General Comments:
ORIME Evaluation of

3rd Year Student _______________________

Preceptor ______________________

1. Please list your Clinic Site and any additional Preceptors who contributed to this evaluation.

2. Please select the month this student rotated with you.

If the student was with you for 1/2 of one month, or split their rotation over two months, please select the month(s) and "1/2 session".

___ Jun  ___ Sep  ___ Dec  ___ Mar
___ Jul  ___ Oct  ___ Jan  ___ Apr
___ Aug  ___ Nov  ___ Feb  ___ ½ Session

(ANSWER REQUIRED)

3. Color Key:

YELLOW - Appropriate level for 3rd Year student.
LIGHT GREY - Few, if any, 3rd Year students at this level.
GREY - Not appropriate for 3rd Year student.

Patient/Clinical Care (History taking):

- **OBSERVER** - Student watches preceptor perform history; does not contribute to patient care.
- **REPORTER** - Student demonstrates consistent, complete and adequate data collection during history taking.
- **INTERPRETER** - Student demonstrates consistent, complete and adequate data collection during history taking and is able to identify issues of clinical concern.
- **MANAGER** - Student performs a focused or comprehensive medical history, as indicated by presenting issue, in an organized, complete and efficient manner, identifies area of clinical concern, and suggests next steps.
- **EDUCATOR** - Student is a self-directed learner who contributes to the education of others.

OBSERVER  REPORTER  INTERPRETER  MANAGER  EDUCATOR

Comments:
Patient/Clinical Care (Physical Exam Skills):

- **OBSERVER** - Student watches preceptor perform physical examination; does not contribute to patient care.

- **REPORTER** - Student is able to perform all important components of the physical examination correctly with some guidance as to parts of the exam to be included.

- **INTERPRETER** - Student performs all important components of the physical examination correctly.

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OBSERVER  REPORTER  INTERPRETER  MANAGER  EDUCATOR

Comments:

Patient/Clinical Care (Oral Presentations):

- **OBSERVER** - Student hears preceptor perform oral presentation; does not contribute to patient care.

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OBSERVER  REPORTER  INTERPRETER  MANAGER  EDUCATOR

Comments:

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Comments:

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Comments:

Given the level of this student and the opportunities presented to the student during this rotation, I feel that the student:

- **MEETS EXPECTATIONS**
- **EXCEEDS EXPECTATIONS**
- **DOES NOT MEET EXPECTATIONS**

Comments:

General Comments:
Physician Assistant Graduate Competencies
Child Health Associate/Physician Assistant Program
GRADUATE COMPETENCIES

Upon graduation CHA/PA students are expected to demonstrate competencies in the areas identified below. Performance should be commensurate with that of a new practitioner. The CHA/PA program provides educational experiences to support student development of requisite knowledge, skills and attitudes.

I. PATIENT CARE

CHA/PA graduates must be able to provide patient care that is compassionate, appropriate and effective for health promotion, disease prevention and the treatment of health problems. Graduates are expected to:

A. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
B. Elicit a detailed and accurate history from their patients
C. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
D. Perform competently all diagnostic and therapeutic procedures considered essential for the area of practice, including an appropriate physical exam.
E. Develop and implement patient management plans and health care services, including plans for health promotion, disease prevention, and medical and surgical conditions.
F. Provide education and counseling to patients and families regarding health career management.
G. Use information technology to support patient care decisions and patient education.
H. Work under the supervision of a physician and with other health care professionals from other disciplines to provide patient-focused care.

II. MEDICAL KNOWLEDGE

CHA/PA graduates must demonstrate knowledge about established and evolving biomedical and clinical information (including epidemiological and social-behavioral sciences) and demonstrate the application of that knowledge to patient care. Graduates are expected to:

A. Demonstrate an investigatory and analytical approach to clinical problem solving
B. Know and apply basic science and clinical knowledge appropriate to their clinical practice

III. PRACTICE-BASED LEARNING AND IMPROVEMENT

CHA/PA graduates must be able to evaluate their practice in the context of current scientific evidence. Graduates must be able to access, critically evaluate and apply this evidence to improve patient care.

A. Analyze current practice and identify areas for practice improvement
B. Identify, locate and assimilate evidence from scientific studies related to their patients’ health.
C. Obtain and use information to benefit their own patient population.
D. Apply knowledge of study designs and statistical methods to the appraisal of studies and other information on diagnostic and therapeutic effectiveness.
E. Use information technology to manage information, access on-line information; and support their own continued learning

IV. SYSTEM-BASED PRACTICE
CHA/PA graduates must demonstrate awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Graduates are expected to:

A. Understand how their patient care and professional practices affect other health care professionals in the health care organization, the larger society and how these elements of the system affect their own practice.
B. Know how medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
C. Practice cost-effective health care and resource allocation that does not compromise quality of care.
D. Advocate for quality patient care and assist patients in dealing with system complexities.
E. Know how to partner with health care managers and providers to assess, coordinate and improve health care and know how these activities can affect system performance.

V. INTERPERSONAL AND COMMUNICATION SKILLS

CHA/PA graduates must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional colleagues from a variety of disciplines. Graduates are expected to:

A. Create and sustain a therapeutic and ethically sound relationship with patients.
B. Use effective listening skills and elicits and provides information using effective nonverbal, explanatory questioning and writing skills.
C. Work effectively with others as a team member or leader of a health care team or other professional group, under the supervision of a physician.
D. Use effective communication skills to refer patients to other health care providers or systems.

VI. PROFESSIONALISM

CHA/PA graduates must demonstrate commitment to professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations. Graduates are expected to:

A. Demonstrate respect, compassion, and integrity; responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society and the profession; and commitment to excellence and on-going professional development.
B. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices.
C. Demonstrate sensitivity and responsiveness to patients’ culture, age, gender and disabilities.
APPENDIX B
PRECEPTOR DEVELOPMENT
Integrating the Student into a Busy Practice

The Model “Wave” Schedule

This resource provides an actual time schedule for a preceptor and student to follow; it allows the student to see a sufficient number of patients while also allowing the preceptor to stay on schedule and not fall behind. [http://medicine.yale.edu/intmed/Images/preceptor_handbook_tcm309-40876.pdf](http://medicine.yale.edu/intmed/Images/preceptor_handbook_tcm309-40876.pdf)

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?” [http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm](http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm)

Time-Efficient Preceptors in Ambulatory Care Settings


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. [http://www.stfm.org/fmhub/Fullpdf/march01/ftobt.pdf](http://www.stfm.org/fmhub/Fullpdf/march01/ftobt.pdf)

The One-Minute Preceptor


Feedback and Reflection: Teaching Methods for Clinical Settings

This article describes how to use these two clinical teaching methods effectively. [http://www.uthscesa.edu/gme/documents/FeedbackandReflection.pdf](http://www.uthscesa.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. [http://stfm.org/fmhub/fm2005/january/tamara30.pdf](http://stfm.org/fmhub/fm2005/january/tamara30.pdf)

**Providing Effective Feedback**

*Getting Beyond “Good Job”: How to Give Effective Feedback*[^8]

This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback. [http://pediatrics.aappublications.org/cgi/reprint/127/2/205](http://pediatrics.aappublications.org/cgi/reprint/127/2/205)

*Feedback in Clinical Medical Education*[^9]

This article provides effective guidelines for giving feedback. [http://jama.ama-assn.org/content/250/6/777.full.pdf+html](http://jama.ama-assn.org/content/250/6/777.full.pdf+html)

*Feedback: An Educational Model for Community-Based Teachers*[^10]

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](http://www.snhahec.org/feedback.cfm)

**Managing Difficult Learning Situations**

*Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers*[^11]

These documents outline strategies for both preventing and managing difficult learning situations. [http://www.snhahec.org/diffman.cfm](http://www.snhahec.org/diffman.cfm)

*Providing Difficult Feedback: TIPS for the Problem Learner*[^12]

This article provides an easy-to-use “TIPS” strategy to address difficult learners or learning situations. [http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf](http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf)

[^8]: Providing Beyond “Good Job”: How to Give Effective Feedback
[^9]: Feedback in Clinical Medical Education
[^10]: Feedback: An Educational Model for Community-Based Teachers
[^11]: Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
[^12]: Providing Difficult Feedback: TIPS for the Problem Learner
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/strategies to resolve conflict effectively.