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**University of Florida School of Physician Assistant Studies**

**Clinical Year Schedule – Class of 2013**

|  |  |  |
| --- | --- | --- |
| **MONTH** | **ROTATION DATES** | **End-of-Rotation Exams\*** |
| **July** | Begin: Tuesday 7/2/12 End: Thursday 7/26/12\*\* | Friday 7/27/12 |
| **August** | Begin: Monday 7/30/12  End: Thursday 8/23/12\*\* | Friday 8/24/12 |
|  | | |
| **September** | Begin: Monday, 8/27/12  End: Thursday 9/20/12\*\* | Friday 9/21/12 |
| **October** | Begin: Monday 9/24/12  End: Thursday 10/18/12\*\* | Friday 10/19/12 |
| **November** | Begin: Monday 10/22/12 End: Thursday 11/15/12\*\* | Friday 11/16/12 |
| **December** | Begin: Monday 11/19/12  ***(Thanksgiving Holiday, 11/22-25)***  End: Thursday 12/13/12\*\* | Friday 12/14/12 |
| **Christmas-New Year’s Holiday 12/17/12-1/1/13** | | |
| **January** | Begin: Monday 1/2/13  End: Thursday 1/24/13\*\* | Friday 1/25/13 |
| **February** | Begin: Monday 1/28/13  End: Thursday 2/21/13\*\* | Friday 2/22/13 |
| **March** | Begin: Monday 2/25/13  End: Thursday 3/21/13\*\* | Friday, 3/22/13 |
| **April** | Begin: Monday 3/25/13  End: Thursday 4/18/13\*\* | Friday, 4/19/13 |
| **Professional Development Week, 4/21 – 28, 2013** | | |
| **May** | Begin: Monday 4/29/13  End: Thursday 5/23/13\*\* | Friday 5/24/13 |
| **June** | Begin: Tuesday 5/28/13  End: Thursday 6/20/13\*\* | Friday, 6/21/13 |
| **Graduation 6/22/13** | | |

\* End-of-rotation Clinical Day on campus in Gainesville. Attendance is mandatory.

\*\* Rotations end at noon on the last scheduled day of the rotation month.

REGISTRATION DATES: You need to check ISIS to find the last day for registering for the semester. If your records are flagged for any reason and you cannot be registered, UF will assess you $100.00 late registration fee. IT IS YOUR RESPONSIBILITY to be sure that you meet the registration deadlines and clear any university flags on your records.

FEE PAYMENT: If the fees are not paid by 3:30 p.m. of the 2nd week after the semester starts, UF will assess you a $100 late fee payment. You will also be taken off your rotation immediately, because you will no longer be covered by UF malpractice insurance.

**CLINICAL ROTATION CHECKLIST**

**□ 1-2 Weeks Before Rotation**

* Check reporting instructions on the clinical site’s area in the TYPHON directory. Complete any administrative paperwork associated with rotation. NOTE: Some rotations require credentialing be completed 30 days in advance so get in the habit of checking your site's specific instructions early.
* Review rotation schedule. If you have an **Internal Medicine Selective** or **Elective** rotation in 90 days, contact Clinical Coordinator to discuss scheduling a rotation (see pages 15-16). Complete a **Clinical Rotation Request Form** (\*see below) to turn into the Clinical Coordinator.

**□ First Day of Rotation**

* Meet with clinical preceptor to obtain duty assignments and orientation to practice. Offer to review rotation objectives with preceptor.
* Confirm preceptor’s contact information, especially email address, and complete the TYPHON contact confirmation survey.
* You will frequently be working with multiple residents, fellows, etc. during your rotation. Remember that only your PRECEPTOR will be submitting your evaluation to UF SPAS, but it is very important that he/she receives appropriate information regarding your performance when they are not directly observing you. It is vital that you print out and distribute the **Contributing Evaluator Input to Supervising Preceptor Form** to those who are supervising you, and ask them to route it *directly* to your preceptor – do not hold onto these completed forms yourself.

**□ Mid-Point of Rotation**

* Meet with clinical preceptor to discuss performance. Obtain feedback on any areas that need improvement during the last two weeks of rotation.
* Complete TYPHON Mid-Rotation Student Survey

**□ Last Week of Rotation**

* Remind preceptor to complete your Student Clinical Performance Evaluation on TYPHON.
* Complete **Rotation Site Evaluation** and **Preceptor Evaluation** as directed by the School of PA Studies (see page 72).
* On the last day of rotation ensure your preceptor has received his TYPHON **Student** **Clinical Performance Evaluation** via email.

**□ End-of-Rotation Clinical Day in Gainesville** (see pages 8, 19).

* Clinical year administrative announcements.
* Turn in any **Clinical Rotation Request Forms** for upcoming Internal Medicine Selective or Elective rotations.
* Turn in any **Absence Request Forms** (\*see below) completed and signed by your clinical preceptor if you have missed any days from rotation due to illness, etc. (see pages 18-19).
* **End-of-rotation examinations** will be administered according to the assigned rotation (see page 67). PACKRAT, OSCE, and Comprehensive Summative Evaluation will be administered later in clinical year (see pages 69-70).
* Special Topics presentations (see page 8).
* Examination review – required if the Clinical Coordinator has informed you that you need to review the previous month’s exam because of an unsatisfactory score (<70%) (see page 71).

**\*All forms mentioned above are available for download on TYPHON:**

<http://www.typhongroup.net/ufl/>

**University of Florida**

**School of Physician Assistant Studies**

**SCHOOL CONTACT INFORMATION**

**Mailing Address:** **Physical Address: Phone Numbers:**

School of PA Studies School of PA Studies Toll Free: 1-877-416-1365

College of Medicine College of Medicine Office: 352-265-7955

P.O. Box 100176 1329 SW 16th Street, Suite 1160 Fax: 352-265-7996

Gainesville, FL 32610-0176 Gainesville, FL 32608

**School of PA Studies Faculty and Staff for Clinical Year**

**Randolph B. Mahoney, MPAS, PA-C**

Clinical Director & Coordinator

Assistant Professor

Email: Randolph.mahoney@medicine.ufl.edu

**Melissa Thomas, MPAS, PA-C**

Co-Clinical Coordinator

Assistant Professor

Email: Melissa.thomas@medicine.ufl.edu

**Peggy Cissna**

Clinical Rotation Manager

Email: [Peggy.Cissna@medicine.ufl.edu](mailto:Peggy.cissna@pap.ufl.edu)

**H. Teresa Cain**

Program Assistant

Email: [Teresa.Cain@medicine.ufl.edu](mailto:Teresa.Cain@medicine.ufl.edu)

**School of PA Studies Clinical Year Website**

<http://www.typhongroup.net/ufl/>

**University of Florida**

**School of Physician Assistant Studies**

**OVERVIEW OF THE CLINICAL YEAR:**

**CURRICULUM AND CLINICAL ROTATIONS**

The clinical year provides opportunities for physician assistant students to develop and refine their skills acquired during the academic phase of training. Students function as an integral part of the healthcare delivery team. As part of their education, they share patient care responsibilities under supervision of their preceptor, but they will not serve as a substitute for staff.

**GOALS OF THE CLINICAL YEAR**

* Apply knowledge gained in the academic year to supervised clinical practice.
* Develop clinical problem-solving skills.
* Add to fund of clinical knowledge.
* Develop an understanding of the PA's role in health care delivery.
* Develop an understanding of the laws governing PA practice in the State of Florida.
* Develop an indication of the kind of practice setting desired for employment after graduation.
* Prepare for the **P**hysician **A**ssistant **N**ational **C**ertifying **E**xamination (PANCE).

**REQUIRED AND ELECTIVE CLINICAL PRECEPTORSHIPS / COURSES**

**1. Required Rotations – 9 months**

* Emergency Medicine - one month
* General Surgery - one month
* Intensive Care Medicine - one month (CME assignment)
* Internal Medicine - one month
* Internal Medicine Selective - one month (see 2. below)
* Obstetrics / Gynecology - one month
* Pediatrics - one month
* Primary Care\* - two months (must be a minimum of one month in Family Medicine)
* Psychiatry / Behavioral Medicine - one month

\*Primary Care is designated in either a family practice or internal medicine outpatient clinic/facility.

**2. Internal Medicine Selective Rotation - one month**

The internal medicine selective is a restricted elective and can be completed in any adult internal medicine specialty.

* The Clinical Coordinator must approve all selective rotations prior to assignment.

Examples include but not limited to:

Cardiology Endocrinology Gastroenterology

General Internal Medicine Geriatrics Hematology-Oncology

Infectious Disease Nephrology Neurology

Pulmonology Rheumatology

* Surgical and pediatrics specialties, radiology, emergency medicine, dermatology, and intensive care are not appropriate for the internal medicine selective; however, they may be used for your electives.
* Subject to the approval of the Clinical Coordinator, and depending on a student’s academic standing, clinical performance, and cooperation with the policies and procedures of the clinical year, students may request an internal medicine selective rotation with a private preceptor.
* Every student must complete an internal medicine selective. But choosing a *specific* internal medicine selective rotation is a privilege earned throughout the clinical year. It is not a guaranteed right.
* Requests for INTERNAL MEDICINE SELECTIVE rotations must be submitted to the Clinical Coordinator NO LATER THAN 90 DAYS IN ADVANCE. If you do not submit a Clinical Rotation Request Form for an internal medicine selective rotation within 90 days of the scheduled rotation month, the Clinical Coordinator will assign the rotation for you.
* **The learning objectives and the end-of-rotation examination are weighted heavily with geriatrics topics.**

**3. Elective Rotations – two months**

* The FIRST priority in assigning rotations is to ensure the student has an experience that allows her/him to meet educational objectives. To that end, the Clinical Coordinator will assign rotations *primarily* based on the student’s educational needs. While every effort will be made to accommodate reasonable requests, the quality of the student’s clinical education will come first, and he/she might not be assigned to their primary choice of elective rotation.
* Subject to the approval of the Clinical Coordinator, and depending on a student’s academic standing, clinical performance, and cooperation with the policies and procedures of the clinical year, students may request two elective rotations.
* Your choice of an elective rotation is a privilege earned throughout the clinical year, and is determined on the priorities of (1) your educational needs, (2) availability, and (3) your preferences. While every reasonable effort will be made to place you in the elective of your choice, these priorities must be observed.
* Requests for ELECTIVE rotations must be submitted to the Clinical Coordinator NO LATER THAN 90 DAYS IN ADVANCE. If you do not submit a Clinical Rotation Request Form for an ELECTIVE rotation within 90 days of the scheduled rotation month, the Clinical Coordinator will assign the rotation for you.
* At the completion of each Elective rotation, the student will be required to turn in proof of (3) Category I CME hours of instruction. (All CME activities MUST be AAPA/AMA-approved Category I hours.) Two of these three hours will consist of CME topics, usually in the area of medicine in which the student was rotating that month, and will be assigned by the Clinical Team. The remaining CME hour may be completed in an area of the student’s choosing. **THIS ASSIGNMENT SHOULD BE DONE DURING THE MONTH AND IS DUE ON CLINICAL DAY.**

**4. PAS 5930 Special Topics**

* This is a one credit course that you are registered for each semester. It is graded on a pass-fail basis.
* Special Topics is conducted each month on the end-of-rotation Clinical Day. **ATTENDANCE IS MANDATORY**. Unexcused absences will result in a failing grade. Requests to be excused from these activities may only be approved by the Clinical Coordinator for emergencies or other extraordinary circumstances. **Students are expected to attend the end-of-rotation program even if they are on their elective rotation month and have no scheduled examination.**
* Topics covered include advanced clinical lectures, problem-solving exercises, evidence-based medicine discussions, review of the literature, etc. Other topics covered may include job searching, certification, licensure, credentialing, preparation of CVs, personal safety, etc. Class participation will frequently be involved.

**CLINICAL PRECEPTOR RESPONSIBILITIES**

In order to maximize the educational opportunities for PA students and to avoid misunderstandings between students and clinical and auxiliary staff, preceptors are expected to:

1. Meet with the student on the first day of rotation to review:

a. Educational objectives for the rotation.

b. Work schedules and on-call assignments. These are under the local control of the preceptor. Student should check with the preceptor about call responsibilities, especially if the site is hospital based. The School of PA Studies does adhere to the 80-Hour Resident Work Rule, whereas, students may work up to a maximum of 80 hours in any one week and call should be no more than every 4th night.

c. Local clinic/hospital policies and procedures.

2. Introduce the student to essential clinical and auxiliary personnel in the practice.

3. Provide clinical instruction in accordance with the rotation objectives and the availability of patients and other clinical resources.

a. Clinical assignments should be consistent with the PA's role.

b. **A hands-on clinical experience is required**.

c. Self-study assignments and library research of clinical topics are encouraged.

d. PA students are particularly eager for knowledge and insights from the preceptor's own clinical experience.

4. Provide the PA student with frequent feedback on clinical and professional performance, and formally meet with them approximately halfway through their rotation to discuss this feedback and issue guidance.

5. Meet with the student during the last week of rotation and complete a Student Clinical Performance Evaluation, online in the TYPHON system.

a. Evaluations should be frank and accurate as a reflection of the student's clinical competence and professionalism.

b. Students should be rated as though they were being considered for employment in the preceptor's practice (taking into account their level of training and experience).

c. When the student has been observed by several other clinicians, the student will provide them with a “**Contributing Evaluator Input to Supervising Precepto**r **Form**.” This is designed to help you better evaluate their performance in the rotation.

d. Written comments are especially important, but if the preceptor feels written comments are not enough and desires an open discussion, please call the Clinical Coordinator.

e. The evaluation is normally completed online in TYPHON, but in exceptional cases, such as Internet access failures, the preceptor may FAX or email the ‘**Contingency Student Clinical Performance Evaluation Form**” directly to UF SPAS (352-265-7996 or peggy.cissna@medicine.ufl.edu). It is NEVER given directly to the student.

1. Notify the School of PA Studies of any unexpected student absences during monthly rotations: (352) 265-7955.

A separate guide can be given to each preceptor prior to the first clinical rotation by a student and when the preceptor’s manual is updated. The above information is to give the student a basic understanding of some of the content of the preceptor’s manual.

**ROTATION GUIDELINES FOR STUDENTS / PRECEPTORS**

Outlined below are the objectives that students must become proficient in during their clinical year. This list is to guide the preceptor in recognizing trouble areas that may need supplementary training during the students’ evolution. Typically, students in their first three months of clinical training are beginning to develop these basic skills. During the fourth through the sixth months, students typically are gaining confidence in their abilities and continue to improve their clinical presence. From the seventh month to the end of the clinical year (twelfth month), refining the students’ skills is the main emphasis. Throughout the entire year, students are expected to be fully involved in the activities at the clinical site, to improve upon their skills (i.e., patient workups, attending lectures/rounds, procedures, etc.). If as a preceptor you note any deficits, please include comments on the student’s evaluation or notify the Clinical Coordinator directly at the School of PA Studies, so we may remediate accordingly.

1. The Medical Interview

a. Maintains a professional attitude/relationship with the patient.

b. Introduces self as a Physician Assistant Student.

c. Asks appropriate questions to elicit pertinent medical/psychosocial history.

d. Uses non-verbal communication skills appropriately.

e. Uses common language to aid in patient comprehension.

f. Makes articulate case presentations and demonstrates a clear sense of understanding the medical problem.

2. Writing Skills

a. Writes focused/SOAP format notes with clarity.

b. Writes full HPI with clarity.

c. Writes orders with understanding of treatment rationale.

d. Writes discharge summaries with clarity.

e. Demonstrates proper charting and documentation on all charts.

f. Demonstrates compliance with quality assurance indicators on all documentation and medical records.

3. Physical Exam Skills

a. Can perform a full exam.

b. Can perform a problem-focused exam.

c. Can recognize pertinent findings.

d. Demonstrates correct technique on exam.

4. Critical Thinking

a. Can form a differential diagnosis appropriate to the student’s level of training.

b. Can form and implement a management plan, including when to refer.

c. Discriminates between diagnostic modalities with consideration given to validity, usefulness, reliability, risk/benefit, and cost effectiveness of each.

5. Knowledge Base (appropriate to the student’s level of training)

a. Links pathophysiology to the manifestations of disease.

b. Relates anatomy to the disease process.

c. Identifies the natural history of disease.

d. Demonstrates an understanding of pharmacotherapeutics.

e. Understands the treatment rationale of diseases.

f. Utilizes the appropriate selection and utilization of lab and other diagnostic tests.

6. Patient Education

a. Can obtain informed consent when necessary.

b. Educates patient to risks and outcomes of illness and treatment.

c. Counsels patients on health promotion and disease prevention.

d. Demonstrates proper documentation of patient education in chart.

7. Professional Development

a. Practices universal precautions as appropriate.

b. Demonstrates the ability to work effectively as a member of the health care delivery team as evaluated by preceptors and co-workers.

c. Demonstrates the ability to be open, non-judgmental, and empathetic with patients as evaluated by preceptors and patients.

d. Demonstrates appreciation for a consumer-oriented patient/provider relationship by incorporating patient education into patient encounters.

e. Demonstrates appreciation for the utilization of specialists and community-based resources through appropriate referrals when indicated.

f. Demonstrates appreciation for the importance of continuity of care by counseling patients to establish a primary care provider when indicated.

g. Demonstrates appreciation for patient autonomy and self-determination by documenting patient concerns and decisions on patient records.

**Supervised Clinical Activity**

1. Physician assistant students on clinical rotation work under the direct supervision of a licensed physician and therefore will not make a diagnosis or carry out any procedure or treatment plan without the explicit approval of a licensed physician/physician assistant or nurse practitioner.

2. When given an order by a physician and/or preceptor, a student has three possible courses of action:

a. Carry out the order as directed.

b. If there is disagreement with the order, discuss it with the physician and mutually agree on a course of action.

c. Inform the physician that as a student you do not feel qualified to safely carry out the order.

3. At no time will a student change an order or carry out a course of action different from that directed by the physician.

4. In the event of the temporary absence of his/her regular preceptor, students must notify the School of PA Studies of their alternate preceptor. At no time will students work without having a supervising physician clearly identified. Likewise, at no time may students replace or fill in for absent clinical site employees.

5. Students will not be allowed to work extra rotation sites outside of their specified monthly rotation requirements, e.g., working extra hours in an ER when the student is scheduled for pediatrics that month. Students place themselves and the School at great risk since malpractice coverage will not exist, as well as not having a supervising physician to co-sign charts.

6. Students must have all charts and written orders countersigned by the supervising physician on the day of the patient encounter. Hospital policy also governs countersignatures. It may be policy in some facilities to not allow students to write in the charts. This does not preclude the student from writing up the patient case for the preceptor to critique, but not include in the chart.

7. NO patient should be discharged from a clinical site by a PA student without the preceptor’s approval and signature on the chart.

8. In all clinical activities, PA students should be guided by the principle of KNOWING ONE’S LIMITATIONS.

**AssignMENT oF Clinical Rotations**

1. The first priority when assigning rotations is to ensure that every student meets the educational objectives of the clinical year. A well rounded clinical education requires that students be exposed to a variety of clinical practice settings (in-patient vs. outpatient practices, academic medical centers vs. community-based sites, urban vs. rural practices, etc.). Clinical students will be required to do a number of their rotations at Florida Area Health Education Centers (AHEC) in medically underserved areas of the State.

a. The UF School of PA Studies has contractual obligations with certain rotation sites within the State to provide them with a specific number of students each year. This is a high priority when assigning rotations.

b. When assigning rotations, AHECs and rotation sites that have been used frequently, and have a history of providing PA students with excellent clinical teaching experiences in the past, are given priority over sites that accept students only occasionally.

c. Rotation assignments are always contingent upon the availability of a particular rotation site at any given point in time, and the Clinical Coordinator’s prior approval of the rotation.

d. **The School of PA Studies will not consider requests for rotation changes once the clinical rotation schedule has been published and released to student**s, except under extraordinary circumstances. This includes confirmed elective and selective rotations. However, the School of PA Studies reserves the right to change student rotation schedules at any time in order insure that the academic requirements of the clinical year are met.

2. The order in which you complete your rotations has no impact on the quality of your clinical education.

3. Students are NOT permitted to sign any forms or contracts on behalf of the School of PA Studies.

4. Requests for private rotations or internal medicine selective and elective rotations are communicated to the Clinical Coordinator using the **Clinical Rotation Request Form** which is available on the School of PA Studies Clinical Year website. Requests for internal medicine selective and elective rotations must be submitted 90 days before the rotation is scheduled to begin. This lead time is necessary to insure that any administrative matters such as inter-institutional affiliation contracts, rotation applications and student credentialing by health care facilities, and other prerequisites imposed by the rotation site are accomplished well in advance of the rotation start date.

a. Approval of rotation requests is contingent upon the educational value of the rotation, the student’s demonstration of academic and clinical development, and the student’s history of cooperating with the policies and procedures of the clinical year. The willingness of a preceptor to give you access to his/her patients for clinical training, and to provide you with an end-of-rotation evaluation, are other important factors that are taken into account when considering private rotation requests.

b. Out-of-state rotations may be difficult to coordinate and the School of PA Studies does not assist students in locating out-of-state rotations. However, requests for such rotations will be considered for the second half of the clinical year, subject to the approval of the Clinical Coordinator, and depending on a student’s professionalism, academic standing, clinical performance, and cooperation with the policies of the UF SPAS. As with any clinical rotation, out-of-state rotations are not guaranteed.

Once an out-of-state rotation is approved, all legal paperwork and practice profiles must be received in the PA office 90 days prior to the start of the rotation in order for this request to be confirmed.

c. **It is strongly recommended that you discuss any planned private rotation requests with the Clinical Coordinator before submitting a Clinical Rotation Request Form.** The procedure for arranging a private rotation will be outlined at that time.

1. **Students may not do private rotations with physicians, PAs, or other healthcare professionals who are family members, their personal healthcare provider, close friends of their family, or in clinical sites where these individuals are employed.**

**STUDENT HOUSING AND OTHER EXPENSES DURING THE CLINICAL YEAR**

**1. UF PA** students are responsible for their transportation, housing, and living expenses during the clinical year. The School is not obligated to provide you with free housing while you are on rotation. Each of you should plan your clinical year finances in advance to ensure adequate resources for your clinical education. In addition to expenses for tuition, fees, textbooks, and medical equipment, you should include funds for health and disability insurance, temporary housing and pet expenses (if applicable). Reliable transportation is also essential. Each of you will be required to travel to Gainesville at the end of each rotation month for mandatory exams and other administrative and educational activities.

2. The availability of student housing is very limited and may be offered only to students who have to travel outside of their area of preference for a rotation. You are NOT eligible for student housing located within your area of preference. For example, if your area of preference is Jacksonville, you cannot use the housing available at Shands Jacksonville.

1. Students taking advantage of available student housing are expected to comply with eligibility and usage rules, check-in procedures, key custody, etc., established by the agency assigning the housing. You should be mindful that the availability of housing to future students could very well depend on how well you take care of the property, appliances, and utilities such as phone, cable service, etc. Before you check out of housing, make sure you clean up, empty trash, and turn out lights. Students who abuse the privilege of available housing and jeopardize the availability of housing may be subject to disciplinary action including dismissal from the School of PA Studies.
2. Pets, and guests, including family members, significant others, and classmates, are not permitted in any of the student housing facilities **under any circumstances**. Smoking is prohibited. Violations will be subject to disciplinary action from the School of PA Studies.
3. If you have requested student housing reservations, you are OBLIGATED to stay in the assigned facility unless you have permission from the School of PA Studies before the rotation begins.
4. Any and all fees associated with available student housing is the sole responsibility of the student.
5. Estimated expenses for the clinical year (Summer B, Fall, Spring and Summer A):

Tuition & Fees $22,040\* (Florida Resident) $55,376 (non Florida Resident)

Books and Supplies $ 2,465\*\*

Lodging and Utilities $ 9,200

Food $ 5,580

Clothing Maintenance $ 1,414

Personal/Insurance $ 2,704

Transportation $ 3,753\*\*\*

Computer / Cell phone expense $ 1,780

**TOTAL** $48,936 (Florida Resident) $82,272 (non Florida Resident)

\*Assumes that the appropriate documentation is secured and presented to the Office of the Registrar to obtain residency in the State of Florida.

\*\*Includes cost of PANCE ($475).

\*\*\*Public transportation is free for students. The $3753 figure represents the estimated cost for operating an automobile.

Costs of attendance budgets include only those expenses associated with the student. Living expenses for spouse and/or other dependents are not recognized as part of the student’s standard costs of attendance. Other expenses not directly essential to a student's education or living expenses are the sole responsibility of the student. Examples of this include, but not limited to, attendance at conferences, membership in specialty professional organizations, and optional medical databases or resources.

**NOTE:** The costs represent estimates and are based on the costs available at the time of compilation.

**ATTENDANCE DURING THE CLINICAL YEAR**

1. Students normally report to rotations on the first Monday of each rotation block and work until noon of the last Thursday of the rotation block unless directed to do otherwise by the School of PA Studies or preceptor (see Clinical Year Schedule, page 2).

2. The rotation preceptor controls night call, days off, and daily routine. Students are expected to clarify all schedule issues with the preceptor on the first day of rotation.

a. The School of PA Studies adheres to the 80-Hour Resident Work Rule and expects clinical sites to respect the rule. Students may work up to a maximum of 80 hours per work week. Call should be no more frequent than every 4th night.

b. Call schedules are to be followed as the service specifies. On-call experience should fulfill an educational function and not a site staffing need. It should not be excessive. If a problem exists, the School of PA Studies should be notified for clarification.

3. Absences from clinical rotations will not be tolerated. Any student who has an unexcused absence may be brought before the Professional Standards and Promotions Committee. Any absence that occurs must be explained in writing (via e-mail) to the Clinical Coordinator prior to the absence occurring, unless there is an emergency in which case the School of PA Studies and the preceptor must be notified immediately. A written explanation (via e-mail) must be made to the School of PA Studies office within 24 hours of the absence. Failure to comply with this may result in a substantial reduction in the professionalism grade for the rotation.

4. Students who must have time off from a rotation must obtain approval from their **preceptor** **first**, andthen the **Clinical** **Coordinator**. Official approval is obtained by completing an **Absence Request Form** (available on the Clinical Year website), having it signed by your preceptor, and submitting it to the Clinical Coordinator for approval. The Clinical Coordinator and the School Director reserve the right to determine what types of absences will be approved.

5. Absence from rotation because of acute illness requires students to call in to their preceptor and the Clinical Coordinator. After returning to work, an **Absence Request Form** is completed and submitted as outlined above. Medical documentation of the illness by the student’s personal physician may be required at the discretion of the Clinical Coordinator.

6. Extended leaves of absence are **obtained by writing** a letter of request to the School of PA Studies Director (see 79).

7. Friends or family members are prohibited from contacting AHECs, coordinators, preceptors, or rotation sites on a student’s behalf. ONLY students or PA personnel are permitted to make phone calls or visit rotation sites. Any interference by friends or family members with regard to the student’s scheduling, rotation requests, or rotations in general will be considered the responsibility of the student and may be subject to disciplinary action from the Professional Standards and Promotions Committee hearing.

8. In emergency situations, if family members are unable to reach students by personal phone calls, they should contact the School of PA Studies first. Faculty or staff will either call the student at the rotation site or give instructions to expedite contact. If unable to contact anyone in the School of PA Studies, then family members may call the site with minimal interruption of patient care.

9. According to University policy, students are not exempt from jury duty. However, any lost clinical time will be made up at a time convenient for the preceptor and coordinated with the Clinical Coordinator.

10. **Conference leaves of absence** - Clinical year students may ask to attend either a state or national conference during their clinical training. The clinical coordinator will consider each request on an individual basis, taking into consideration the distance to travel, the academic strength of the student, the rotation, and the amount of time the student would miss. A student’s request may be denied if he/she has excessive previous absences, if there are conflicts with scheduled School of PA Studies activities, or if the clinical education outweighs the benefits of attending the conference.

11. **End-of-Rotation Clinical Day Attendance** – Attendance at the monthly end-of-rotation exams and the educational activities is MANDATORY. Students should expect to be on campus from 8am-5pm on Clinical Days. Please plan your schedule accordingly. Requests to be excused from these activities may be approved only for emergencies or other extraordinary circumstances. **Students are expected to attend the end-of-rotation program even if they are on their elective rotation month and have no scheduled examination.**

**ADDITIONAL ASSIGNMENTS**

1. Some teaching facilities require students to attend weekly meetings. These weekly meetings are utilized for troubleshooting, discussing interesting cases, or participating in lecture. UF at Shands-JAX requires students to report to a weekly meeting. It is the students’ responsibility to be aware of any mandatory meetings they are to attend. Particularly if students are rotating in a teaching hospital, they are responsible for attending all lectures/classes that the medical students attend.
2. Rotation sites may require additional assignments (i.e., papers, presentations, exams, etc.) that may be factored into students’ evaluation grade. It is the student’s responsibility to complete all tasks required to the best of their ability. The School of PA Studies supports the decision of any site to present students with additional educational opportunities.

**ADDITIONAL SITE REQUIREMENTS**

1. Some sites may have additional requirements to be fulfilled prior to beginning rotations. There may be additional immunization requirements, insurance verifications, HIPAA verification, drug screening, and/or national criminal background check. Some sites that have additional requirements may pay for these services; however, **any costs involved are ultimately the responsibility of the student**.

**University of Florida**

**School of Physician Assistant Studies**

**ACADEMIC POLICIES FOR THE CLINICAL YEAR**

**CLINICAL ROTATION LEARNING OBJECTIVES**

In reviewing educational objectives for each academic course and clinical rotation, PA students should also refer to the NCCPA Content Blueprint which identifies the percentage of task areas and organ systems included on the PANCE. To access the Blueprint go to [www.nccpa.net](http://www.nccpa.net/) and under the “Exams” tab, select “PANCE” followed by “Content Blueprint.”

**A. Introduction**

1. The rotations allow students to apply knowledge and refine skills learned in the academic year, within a supervised clinical practice in order to develop clinical problem-solving skills.

2. At the end of the clinical year, students will be able to efficiently evaluate a clinical data base, develop a differential diagnosis, and formulate a rational treatment plan for specified clinical conditions frequently encountered in physician assistant practice.

3. Each month, students will be tested on specific learning objectives developed for each required rotation (see below). These objectives are essentially a reading list for self-guided study throughout the month. It is anticipated that this clinical year reading program will help prepare students for the Physician Assistant National Certifying Examination (PANCE). Additionally, all end-of-rotation examination questions are based on these objectives.

4. The clinical objectives listed are representative of the more important conditions PAs might be expected to evaluate and manage during the rotation. They represent the minimum that the School of PA Studies expects students to accomplish in regards to clinical problem-solving skills.

5. The list is not meant to exclude additional learning experiences from the rotation such as doing admission workups, performing clinical procedures, and acquiring other clinical competencies.

**B. Skill Objectives**

* 1. The student will demonstrate/recall an adequate medical knowledge base and will apply and relate this knowledge to patients and clinical presentations.
  2. The student will collect and record complete patient histories.

3. The student will accurately perform and record physical examinations. These examinations will include rectal, pelvic, genital and breast examinations when appropriate.

4. The student will formulate and record an accurate problem list, organize and assimilate data, and develop an appropriate differential diagnosis.

5. The student will learn the fundamentals of new procedures, and perform studies with preceptor supervision.

6. The student will interpret the results of diagnostic tests and correlate them with the patient’s problems.

7. The student will be able to summarize and articulate pertinent patient data in an accurate and concise manner.

8. With the preceptor’s approval, the student will develop an appropriate treatment plan and write orders to initiate the treatment plan.

9. Student will develop and record progress notes.

10. The student will develop and record discharge summaries.

11. Students will demonstrate competence in the counseling of patients and their families in the identification of health risk factors and educate them in activities which enhance health promotion and disease prevention.

12. The student will demonstrate adequate precautions to avoid the spread of infectious disease.

13. The student will become familiar with community resources appropriate for patients.

**C. Professional Behavioral Objectives**

1. The student will demonstrate a positive attitude towards learning, being available for learning activities, and attentive to instruction.

2. The student will respect the cultural diversity of staff, patients, and their family.

3. The student will establish a good rapport with medical staff personnel, and work within the team model of medical practice.

4. The student will demonstrate strong communication skills and develop a rapport with patients.

5. The student will act within the Physician Assistant professional code as described in the “Code of Ethics of the PA Profession” (see page 109).

6. The student will recognize and respect the patient’s rights to autonomy and confidentiality.

7. The student will perform all assigned duties reliably and competently.

8. The student will demonstrate an awareness of his/her professional role and limitations.

**NOTE: See page 64 for explanation of footnote asterisks related to textbooks.**

# EMERGENCY MEDICINE

**Required Text**: \*Tintinalli’s Emergency Medicine; Tintinalli, Stapczynski, Cline, et al. (eds.)

The Emergency Medicine Rotation provides the student with access to patients of all ages in an Emergency Department (ED) setting. The Instructional Objectives below pertain to the evaluation and management of patients in the ED setting. Testing and evaluation for this rotation will be based on the knowledge, skills and abilities related to emergency medicine. Specific Instructional Objectives follow.

# I. INSTRUCTIONAL OBJECTIVES

Upon completion of this Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. The student will be evaluated by the following criteria; written examination, patient write-ups, and preceptor evaluation**. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.**  Pertaining to the Problem List below, the student will:

A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis

1. Rapidly assess whether the patient’s chief complaint and/or physical status indicate a possible life-threatening emergency, and act with appropriate intervention.
2. Elicit and record, a focused history based on the patient’s chief complaint and appropriate for the patient’s age and mental status, including HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
   1. appropriate use of questions
   2. listening to the patient
   3. an organized approach to eliciting the patient’s history
   4. interpreting normal and abnormal historical data
3. Perform and record a focused physical examination, appropriate for the patient’s age, to include the following
   1. using an efficient approach
   2. using proper technique, including modifications of technique appropriate for the patient’s mobility and mental status
   3. selecting the sections of the physical exam pertinent to the patient’s chief complaint
   4. interpreting normal and abnormal findings in the context of the patient’s history
4. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of
   1. the most likely diagnoses, based on history and physical exam data
   2. the most common diagnoses
   3. the most severe and/or life-threatening diagnoses
5. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study
   1. risks and benefits
   2. sensitivity and specificity
   3. cost effectiveness
   4. obtaining informed consent
   5. time needed to obtain results
6. Consult providers beyond the emergency department regarding treatment of acute medical/surgical and/or psychiatric conditions
7. Identify indications for hospital admission when assessing emergency medical/surgical problems
8. Develop, record and implement, as pertinent, a pharmacologic management plan, including fluid replacement and blood products, in the emergency department to include
   1. rationale for utilizing each drug, including mechanism of action
   2. indications, contraindications and adverse reactions
   3. potential drug-drug interactions
   4. cost-effectiveness
   5. documented patient education regarding side effects and adherence issues
9. Provide and record a discharge plan, which is clearly explained to the patient and checked for understanding, to include
   1. nutrition and dietary restrictions
   2. physical activity/exercise/work/school
   3. warning signs/symptoms of complications
   4. discharge treatment plan – pharmacologic and non-pharmacologic
   5. plan for outpatient follow-up care, to include primary health care providers, family and community resources
10. Provide patient and family counseling to include
    1. communication with empathy and compassion
    2. establishing a supportive environment for patients and their families to deal with acute emergencies
    3. consideration of patients’ health beliefs and practices, religious/spiritual beliefs and lifestyle choices
11. Monitor patients’ progress over emergency department admission to include
    1. reassessment of subjective and objective data
    2. reconsideration of differential diagnosis, as needed
    3. modification of management plan
12. Chart progress notes in an efficient manner,following the SOAP format to include
    1. subjective data
    2. objective data
    3. assessment
    4. plan
13. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner.
14. Develop proficiency in evaluating and repairing simple lacerations, including assessing neuro-vascular status, looking for retained foreign bodies, tissue involvement, and tetanus status.
15. Develop skills in interpreting normal and commonly encountered abnormal findings on chest and long bone radiographs.
16. Recognize and manage common patterns of abuse and assault:
    1. Child abuse and neglect
    2. Sexual assault
    3. Domestic violence
    4. Abuse of elderly and impaired
17. Develop proficiency in performing special orthopedic examinations and applying splints.
18. Develop proficiency in performing BLS/ACLS.
19. Develop proficiency in drawing arterial blood samples and interpreting results.
20. Develop skills in interpreting normal and commonly encountered abnormal 12 lead EKG and rhythm strips.
21. Develop the skills needed to evaluate and triage major trauma victims.
22. Develop proficiency in evaluating and the initial management of burn victims.
23. Recognize the Emergency Department’s responsibilities under EMTALA (Emergency Medical Treatment and Active Labor Act), and how it applies to patients seeking care for non-emergent complaints. Describe the basic requirements for discharge or transfer to another facility.

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list below:

**PROBLEM LIST**

|  |  |  |
| --- | --- | --- |
| **Cardiovascular**  Acute coronary syndromes  Chest pain  Heart failure and pulmonary edema  Hypertensive emergencies  Endocarditis  Pulmonary embolus  Rhythm disturbances  Syncope  Shock  **Endocrine**  Adrenal insufficiency & adrenal crisis  Diabetic ketoacidosis  Hyperosmolar non-ketotic syndrome  Hyperthyroidism & thyroid storm  Myxedema coma  **Environmental Injuries**  Animal bites: dog/cat  Arthropod bites and stings  Burns  Electrical and lightning injuries  Frostbite  Heat emergencies  Hypothermia  Near drowning  Radiation injuries  Snake bites | **Gastrointestinal**  Acute abdominal pain  Gastrointestinal bleeding  Intestinal obstruction  Liver diseases  Perforation  **Genitourinary / Renal**  Ectopic pregnancy  Pelvic inflammatory disease  Pyelonephritis  Renal colic  Renal failure  Electrolyte disorders  Acid Base disorders  **Infectious Disease**  Hand infections  Rabies  Soft tissue infections  Tetanus  Toxic shock syndrome  **Neurology**  Altered metal status  Coma  CVA  TIA  Guillain-Barre  Headache  Seizures / status epilepticus | **Pulmonary**  Acute asthma  Anaphylaxis  ARDS  Aspiration  COPD  Dyspnea  Pneumonia  Pneumothorax  Upper respiratory emergencies  **Trauma**  Abdominal injury  Chest injury  Compartment syndrome  GU trauma  Head injury  Injuries to lower extremity  Injuries to upper extremity  Maxillofacial trauma  Spinal cord injury  **Psychiatry**  Drug overdose  Suicide attempt  **HEENT**  Epiglotitis  Ruptured globe  Foreign body in the eye  Acute angle closure glaucoma  Peritonsillar abscess  Retropharyngeal abscess |

**II. PROFESSIONAL GROWTH**

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the rotation. The student will demonstrate Professional Growth by

A.Developing and maintaining good interpersonal relationships with patients as demonstrated by

1. encouraging discussion of problems and/or questions
2. recognizing verbal and non-verbal clues
3. offering support and reassurance
4. listening attentively
5. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures
6. Seeking and maintaining competence by
   * 1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
     2. completing clerkship in accordance with assigned schedule, with punctuality
     3. adhering to the clerkship objectives as set forth
7. Demonstrating professionalism by
   * 1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
     2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
     3. eliciting and demonstrating receptivity to constructive feedback
     4. forming and maintaining positive relationships with patients, peers, staff and supervisors
     5. maintaining a calm and reasoned manner in stressful and/or emergency situations
     6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record
     7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
     8. displaying a high level of motivation and interest
     9. dressing and grooming appropriately

**III. COURSE REQUIREMENTS**

1. Completion of assigned Rotation as scheduled.
2. Passing grade as outlined below.
3. Passing grade on patient write-up
4. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

**IV. STUDENT EVALUATION**

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)……… **45%**

Written Examination …………………………….………………………………… **45%**

Professionalism evaluation from Preceptor …………………………………… **10%**

Faculty site visit report ……………………….…………………………………… Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. **Refer to pages 67-70 for policies regarding student progress.**

# GENERAL SURGERY

**Required Texts: \***Schwartz’s Principles of Surgery, Brunicardi, Anderson, Billiar, et al. (eds.)

**\***CURRENT Diagnosis & Treatment: Surgery, 13e

The General Surgery Rotation provides the student with access to adult patients in the inpatient setting, and may also include evaluating patients in the outpatient setting. The Instructional Objectives below pertain to the evaluation and management of patients seen on the surgical service. Testing and evaluation for this clerkship will be based on the knowledge, skills and abilities related to general surgery. Specific Instructional Objectives follow.

### I. INSTRUCTIONAL OBJECTIVES

Upon completion of the General Surgery Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. The student will be evaluated by the following criteria; written examination, patient write-ups, andpreceptor evaluation**. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to surgical intervention and management.**  Pertaining to the Problem List below, the student will:

1. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis
2. Elicit and record a surgical admission, pre-operative, and post-operative history, focused on the patient’s chief complaint and appropriate for the patient’s age, including HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
   1. appropriate use of questions
   2. listening to the patient
   3. an organized approach to eliciting the patient’s history
   4. interpreting normal and abnormal historical data

C. Perform and record a complete surgical admission, pre-operative and post-operative focused physical examination, appropriate for the patient’s age, to include the following

1. using an efficient approach
2. using proper technique, including modifications of technique appropriate for the patient’s mobility and mental status
3. selecting the sections of the physical exam pertinent to the patient’s chief complaint
4. interpreting normal and abnormal findings in the context of the patient’s history
5. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study
6. risks and benefits
7. sensitivity and specificity
8. cost effectiveness
9. obtaining informed consent
10. Consult providers beyond the surgical department regarding treatment of patients’ medical and/or psychiatric problems
11. Develop and record a surgical diagnosis and plan, based on the patient’s complaint, to include a consideration of
    * 1. the risks and benefits of surgery for the patient’s condition
      2. medical conditions that impact on the patient’s surgical risk
12. Demonstrate knowledge of the informed consent process, as appropriate for a planned procedure, to include the following elements:
13. The nature of the procedure
14. Alternatives to performing the procedure
15. Risks/benefits/uncertainties of the procedure and alternatives
16. Confirmation of the patient’s understanding of the discussion
17. Acceptance of a decision, and documentation
18. Scrub and gown in surgical attire following guidelines for maintaining a sterile field
19. Identify commonly used surgical instruments and suture materials and describe their use
20. Recognize the responsibilities of each member of the surgical team
21. Assist in surgical procedures as directed by the surgical preceptor
22. Assess and monitor patients’ status post-operatively in the recovery room
23. Provide patient and family counseling to include
    * + 1. communication with empathy and compassion
        2. establishing a supportive environment for patients and their families to deal with acute emergencies
        3. consideration of patients’ health beliefs and practices, religious/spiritual beliefs and lifestyle choices
24. Develop, record and implement a pre-op and post-op pharmacologic management plan, including fluid replacement, blood products and pain management to include
25. rationale for utilizing each drug, including mechanism of action
26. indications, contraindications and adverse reactions
27. potential drug-drug interactions
28. cost-effectiveness
29. documented patient education regarding side effects and adherence issues
30. Care for post-surgical patients, including wound care and recognition of infection
31. Provide and record adischarge plan, which is clearly explained to the patient and checked for understanding, to include
    * + 1. wound care and expected stages of healing
        2. pain management
        3. nutrition and dietary restrictions
        4. physical activity/exercise/work/school
        5. warning signs/symptoms of complications
        6. discharge treatment plan – pharmacologic and non-pharmacologic plan for outpatient follow-up care, to include primary health care
        7. providers, surgical follow-up, family and community resources
32. Chart progress notes in an efficient manner**,** following the SOAP format to include
    * + 1. subjective data
        2. objective data
        3. assessment
        4. plan
33. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner
34. Perform the following procedures under direct supervision

1. suturing and stapling

2. assist with the placement of surgical drains

1. Function as a first or second assistant in the OR with a variety of surgical procedures
2. Discuss common complications of surgery and the management of the post-operative patient
3. Discuss principles of managing surgical bleeding
4. Discuss principles of wound healing and wound care
5. Discuss the differential diagnosis and management of surgical wound infections
6. Discuss plastic surgery principles of wound care involving:

1. skin incisions

2. wound Closure

3. skin Grafts

4. skin Flaps

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list below:

**PROBLEM LIST**

|  |  |  |
| --- | --- | --- |
| **General**  Burns  IV fluid resuscitation  Pre-operative medical clearance  **Cardiovascular**  Angioplasty and vascular stenting  Aortic aneurysms and dissection  Carotid artery stenosis  Chest trauma  Chronic aortoiliac occlusive disease  Chronic venous insufficiency  Coarctation of the aorta  Coronary artery bypass grafting  Deep venous thrombosis  Vascular trauma  **Gastrointestinal**  Abdominal trauma  Acute abdominal pain  Anal fissure  Appendicitis  Boerhaave syndrome  Choledocholithiasis / cholecystitis  Crohn’s disease  Hemorrhoids  Hernias  Intestinal obstruction  Lower GI bleeding  Mallory-Weiss syndrome  Mesenteric ischeemia / thrombosis | **Gastrointestinal (continued)**  Peptic ulcer disease (gastroduodenal ulcer)  Peritonitis  The acute abdomen  Upper GI bleeding  **Genitourinary**  Ectopic Pregnancy  Hernia  Hydrocele  Ovarian Torsion  Ovarian Abscess  Testicular Torsion  Varicocele  **Hematology / Oncology**  Bladder cancer  Breast cancer  Colorectal cancer  Lung cancer  Pancreatic cancer  Prostate cancer  Testicular cancer  **Infectious Disease**  Abscess  Bite injuries  Community-acquired methicillin resistant staphylococcus aureus (MRSA)  Diabetic foot ulcer | **Orthopaedics**  Adhesive capsulitis  Complex regional pain syndrome  De Quervain tenosynovitis  Dupuytren contracture  Felon  Gamekeeper thumb  Hallux valgus  Hammer toe  Osteomyelitis  Paronychia  Rhabdomyolysis  Rotator cuff tears  Osteochondroma  Osteoid osteoma  **Pharmacology**  Antiarrhythmics  Antibiotics  Anticoagulants, oral and intravenous  Narcotics  **Pulmonary**  Atelectasis  Chest trauma  Mediastinal disease  Pleural effusions  Pneumothorax  Pulmonary embolism / embolectomy  Respiratory failure in the surgical patient  Tension Pneumothorax |

### II. PROFESSIONAL GROWTH

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the clerkship. The student will demonstrate Professional Growth by

1. Developing and maintaining good interpersonal relationships with patients as demonstrated by

1. encouraging discussion of problems and/or questions

2. recognizing verbal and non-verbal clues

* 1. offering support and reassurance
  2. listening attentively
  3. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by

1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
2. completing clerkship in accordance with assigned schedule, with punctuality
3. adhering to the clerkship objectives as set forth
4. Demonstrating professionalism by recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
   * 1. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
     2. eliciting and demonstrating receptivity to constructive feedback
     3. forming and maintaining positive relationships with patients, peers, staff and supervisors
     4. maintaining a calm and reasoned manner in stressful and/or emergency situations
     5. showing respect for patients and maintaining appropriate confidentiality of the patient’s record
     6. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
     7. displaying a high level of motivation and interest
     8. dressing and grooming appropriately
     9. adhering to the AAPA Code of Ethics

# III. COURSE REQUIREMENTS

1. Completion of assigned Rotation as scheduled.

2. Passing grade as outlined below.

3. Passing grade on patient write-up

4. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

# IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)……… **45%**

Written Examination …………………………….………………………………… **45%**

Professionalism evaluation from Preceptor …………………………………… **10%**

Patient Write-ups ………………………………………………………………..… Pass/Fail

Faculty site visit report ……………………….…………………………………… Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. **Refer to pages 67-70 for policies regarding student progress.**

**INTENSIVE CARE MEDICINE**

**Required Texts**: \*Principles of Critical Care; Hall, Schmidt, and Wood (eds.)

The Instructional Objectives below pertain to the evaluation and management of critically ill patients, utilizing mechanical ventilators, interpreting hemodynamic data in the acute care setting and appropriate use of subspecialty consultation in the intensive care setting.

# I. INSTRUCTIONAL OBJECTIVES

Upon completion of the Intensive Care Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the problem list. The student will be evaluated by the following criteria: written examination, andpreceptor evaluations**. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.** Pertaining to the Problem List below, the student will

1. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis.
2. Elicit and record a complete history andfocused history, appropriate for a critically ill patient to include.

1. appropriate use of questions

2. listening to the patient

3. an organized approach to eliciting the patient’s history

4. interpreting normal and abnormal historical data

1. Perform and record a complete and focused physical examination, appropriate for a critically ill patient to include the following
   1. an organized head-to-toe approach
   2. using proper technique, including modifications of technique appropriate for the patient’s mobility
   3. selecting the sections of the physical exam pertinent to the patient’s illness
   4. interpreting normal and abnormal findings in the context of the patient’s history
2. Read and interpret patients’ medical records, as to past medical problems, clinical presentation, laboratory and diagnostic data, therapeutic interventions and socioeconomic information pertinent to factors that affect medical care.
3. Develop and record a differential diagnosis, based on the patient’s presentation, to include a consideration of
   1. the most likely diagnoses, based on history and physical exam data
   2. the most common diagnoses
   3. the most severe and/or life-threatening diagnoses
4. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
   1. risks and benefits
   2. sensitivity and specificity
   3. cost effectiveness
   4. obtaining informed consent
5. Develop, record and implement, as pertinent, a pharmacologic management plan
   1. rationale for utilizing each drug, including mechanism of action
   2. indications, contraindications and adverse reactions
   3. potential drug-drug interactions
   4. cost-effectiveness
   5. documented patient education regarding side effects and adherence issues
6. Chart progress notes following the SOAP format to include
   1. subjective data
   2. objective data
   3. assessment
   4. plan
7. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner. Participate in teaching rounds and other Rotation teaching activities.
8. Describe how insulin therapy is used and monitored, including potential associated complications
9. Describe indications for enteral and parenteral feeding
10. Describe ventilator management

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list below:

# PROBLEM LIST

|  |  |
| --- | --- |
| **Cardiovascular**  Aortic dissection  Cardiac arrhythmias  Cardiac arrest  Cardiomyopathy  Hypertensive crisis/emergency  Myocardial infarction  Pericardial tamponade  Severe congestive heart failure  Shock syndromes  **Endocrine**  Adrenal insufficiency  Diabetic ketoacidosis  Hypoglycemia  Thyrotoxicosis and thyroid storm  **Environmental Injuries**  Burns  Hyperthermia  Hypothermia  **Gastrointestinal**  Gastrointestinal hemorrhage  Hepatic failure  Pancreatitis | **Genitourinary / Renal**  Acute renal failure  Fluid and electrolyte disorders  **Hematology / Oncology**  Deep venous thrombosis  DIC - Disseminated intravascular coagulation  Thrombocytopenia  Vitamin K deficiency  **Infectious Disease**  Nosocomial infection in the hospital setting  Sepsis/SIRS  FUO  **Neurologic**  Coma  Head injuries  Intracranial bleeding  Seizures in critical care patients    **Pulmonary**  Respiratory arrest  Adult respiratory distress syndrome  Inhalation lung injury  Life-threatening asthma and COPD  Pneumothorax  Pulmonary embolism  Pulmonary hypertension |

Develop a knowledge base of commonly encountered critical care problems.

II. PROFESSIONAL GROWTH OBJECTIVES

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the Rotation. The student will demonstrate Professional Growth by

1. Developing and maintaining good interpersonal relationships with patients as demonstrated by
   1. encouraging discussion of problems and/or questions
   2. recognizing verbal and non-verbal clues
   3. offering support and reassurance
   4. listening attentively
   5. draping appropriates, offering explanations and displaying a professional demeanor during examinations and procedures
2. Seeking and maintaining competence by
   1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
   2. completing Rotation in accordance with assigned schedule, with punctuality
   3. adhering to the Rotation objectives as set forth
3. Demonstrating professionalism by
   1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
   2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
   3. eliciting and demonstrating receptivity to constructive feedback
   4. forming and maintaining positive relationships with patients, peers, staff and supervisors
   5. maintaining a calm and reasoned manner in stressful and/or emergency situations
   6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record
   7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
   8. displaying a high level of motivation and interest
   9. dressing and grooming appropriately
   10. adhering to the AAPA Code of Ethics

# III. COURSE REQUIREMENTS

1. Completion of assigned Rotation as scheduled.

2. Passing grade as outlined below.

3. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

4. At the completion of this rotation, the student will be required to turn in proof of (3) Category I CME hours of instruction. (All CME activities MUST be AAPA/AMA-approved Category I hours) Two of these three hours will consist of CME topics, usually in the area of medicine in which the student was rotating that month, and will be assigned by the Clinical Team. The remaining CME hour may be completed in an area of the student’s choosing. **THIS ASSIGNMENT SHOULD BE DONE DURING THE MONTH AND IS DUE ON CLINICAL DAY.**

**IV. STUDENT EVALUATION**

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies) …………………….… **80%**

Preceptor evaluation of student performance, based on professional competencies ……… **20%**

Faculty site visit report ……………………….…………………………………………… Pass/Fail

Required 3-hour CME assignment………………………………………………………. Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. **Refer to pages 67-70 for policies regarding student progress.**

**INTERNAL MEDICINE**

**Required Texts**: \*Harrison's Principles of Internal Medicine

\*Current Medical Diagnosis and Treatment

The Internal Medicine Rotation provides the student with access to adult patients in an inpatient setting. The Instructional Objectives below pertain to the evaluation and management of patients in the hospital setting. Testing and evaluation for this Rotation will be based on the knowledge, skills and abilities related to inpatient medicine.

# I. INSTRUCTIONAL OBJECTIVES

Upon completion of this Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the problem list. The student will be evaluated by the following criteria: written examination, patient write-ups, andpreceptor evaluations**. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.** Pertaining to the Problem List below, the student will

1. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis
2. Elicit and record a complete admission history and problemfocused history, appropriate for the patient’s age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include

1. appropriate use of questions

2. listening to the patient

3. an organized approach to eliciting the patient’s history

4. interpreting normal and abnormal historical data

1. Perform and record a complete and focused physical examination, appropriate for the patient’s age to include the following
   1. an organized head-to-toe approach
   2. using proper technique, including modifications of technique appropriate for the patient’s mobility
   3. selecting the sections of the physical exam pertinent to the patient’s complaint
   4. interpreting normal and abnormal findings in the context of the patient’s history
2. Read and interpret patients’ medical records, as to past medical problems, clinical presentation, laboratory and diagnostic data, therapeutic interventions and socioeconomic information pertinent to factors that affect medical care.
3. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of
   1. the most likely diagnoses, based on history and physical exam data
   2. the most common diagnoses
   3. the most severe and/or life-threatening diagnoses
4. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
   1. risks and benefits
   2. sensitivity and specificity
   3. cost effectiveness
   4. obtaining informed consent
5. Develop, record and implement, as pertinent, a pharmacologic management plan,

including fluid replacement, blood products and parenteral nutrition, to include

* 1. rationale for utilizing each drug, including mechanism of action
  2. indications, contraindications and adverse reactions
  3. potential drug-drug interactions
  4. cost-effectiveness
  5. documented patient education regarding side effects and adherence issues

1. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate
   1. behavioral and psychosocial interventions
   2. referrals to other health care providers in the inpatient setting

3. utilization of family resources

1. Provide and record pertinent patient education and discharge planningregarding disease prevention, health maintenance and follow-up carewhich is clearly explained to the patient and checked for understanding, to include
   1. nutrition
   2. physical activity/exercise
   3. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
   4. warning signs/symptoms of complications
   5. discharge treatment plan – pharmacologic and non-pharmacologic
   6. plan for outpatient follow-up care, to include, but not be limited to, primary health care providers, family and community resources
2. Provide patient counseling to include
   1. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
   2. consideration of patient’s health beliefs and practices, religious/spiritual beliefs and lifestyle choices
   3. family issues
   4. occupational and leisure issues
   5. anticipatory guidance appropriate to patient’s age
3. Monitor patients’ progress over the course of the hospitalization, to include
   1. reassessment of subjective and objective data
   2. reconsideration of differential diagnosis, as needed
   3. modification of management plan
4. Chart progress notes following the SOAP format to include
   1. subjective data
   2. objective data
   3. assessment
   4. plan
5. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner. Participate in teaching rounds and other Rotation teaching activities.

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list below:

# PROBLEM LIST

|  |  |  |
| --- | --- | --- |
| **General**  Shock syndromes  **Cardiovascular**  Acute bacterial endocarditis  Acute coronary syndrome  Acute myocardial infarction  Angina Pectoris  Aortic aneurysm  Aortic dissection  Aortic stenosis/insufficiency  Arterial embolism/dissection  Atherosclerotic coronary  artery disease  Cardiac arrhythmias  Cardiac Tamponade  Cardiomyopathies  Chronic/Acute arterial occlusion  Congestive heart failure  Cor Pulmonale  Hypertensive crisis  Hypertensive vascular disease  Hypotension  Infective endocarditis  Ischemic Heart Disease  Myocardial infarction  Pericardial disease  Pericardial tamponade  Peripheral arterial disease Peripheral vascular disease  Phlebitis/Thrombophlebitis  Valvular heart disease  Venous thrombosis  Varicose Veins  **Endocrine**  Acromegaly/gigantism  Diabetes insipidus  Diabetic ketoacidosis  Diabetes mellitus  Diseases of the adrenal glands  Diseases of the thyroid  Disorders of lipid metabolism  Dwarfism  Hyperparathyroidism  Hypoglycemia  Obesity  Panhypopituitarism  Pheochromocytoma  SIADH  **Environmental Injuries**  Burns  Hyperthermia  Hypothermia | **Gastrointestinal**  Acute Cholecystitis/ Cholelithiasis  Acute and chronic liver disease  Anorectal abscess/fistula  Appendicitis  Cirrhosis  Colorectal cancer  Constipation  Diverticular Disease  Esophagitis  Esophageal Motor Disorders  Esophageal Strictures  Esophageal Varices  Gastritis  GERD  GI hemorrhage  Hepatic failure  Inflammatory bowel disease  Intestinal malabsorption syndromes  Intestinal obstruction  Ischemic bowel disease  Irritable bowel disease  Mallory-Weiss tears  Mesenteric Ischemia Neoplastic Disease   * Esophagus * Stomach * Liver * Pancreas * Small Intestine/Colon * Rectum   Pancreatitis  Peptic ulcer disease  Viral Hepatitis  **Genitourinary / Renal**  Acute renal insufficiency/failure  Bladder cancer  Chronic renal failure  Cystitis/Pyelonephritis  Fluid and electrolyte disorders  Glomerulonephritis  Nephrolithiasis  Nephrotic syndrome  Neoplastic Diseases   * Bladder Carcinoma * Prostate Carcinoma * Renal Cell Carcinoma * Testicular Carcinoma   Polycystic kidney disease | **Hematology / Oncology**  Acute and chronic leukemias  Anemias   * Aplastic Anemia * Vitamin B12 Deficiency * Folate Deficiency * Iron Deficiency * G6PD Deficiency * Hemolytic Anemia * Sickle Cell Anemia * Thalassemia   Coagulation Disorders   * Disseminated intravascular coagulation * Factor VIII disorders * Factor IX disorders * Factor XI disorders * Thrombocytopenia * Idiopathic thrombocytopenic purpura * Thrombotic thrombocytopenic purpura * Von Willebrand’s disease   Malignancies   * Acute/Chronic Lymphocytic Leukemia * Acute/Chronic Myelogenous Leukemia * Lymphoma * Multiple Myeloma   **Infectious Disease**  Acute Rheumatic Fever  Bacterial Disease   * Botulism * Cholera * Diphteria * Salmonellosis * Shigellosis * Tetanus   Fever of unknown origin  Fungal Diseases   * Candidiasis * Cryptococcosis * Histoplasmosis * Pneumocystis   Mycobacterial Disease   * Tuberculosis * Atrypical Mycobacterial disease   Nosocomial infection in the hospital setting |

|  |  |  |
| --- | --- | --- |
| **Infectious Disease (continued)**  Parasitic Disease   * Amebiasis * Malaria * Toxoplasmosis   Spirochetal Disease   * Lyme boreliosis * Lyme disease * Rocky Mountain Spotted Fever   Viral Disease (infections)   * Cytomegalovirus * Epstein-Barr * Herpes Simplex * HIV * Rabies * Varicella Zoster | **Musculoskeletal / Rheumatologic**  Gout and other crystal arthopathies  Infectious (septic) arthritis  Osteoarthritis  Rheumatoid arthritis  Sarcoidosis  SLE  **Neurologic**  Alzheimer’s disease  Cerebrovascular disease (Stroke)  Coma  Cranial nerve disorders  Encephalitis  Head injuries  Huntington’s disease  Intracranial bleeding  Meningitis  Multiple sclerosis  Parkinson’s disease  Peripheral neuropathies  Seizure disorders | **Pulmonary**  Acute bronchitis  Acute respiratory distress  Environmental lung disease  Foreign Body Aspiration  Influenza  Inhalation lung injury  Interstitial lung disease  Lung cancer  Obstructive Pulmonary Diseases   * Asthma * Bronchiectasis * Chronic Bronchitis * COPD * Cystic Fibrosis * Emphysema   Pertussis  Pleural Effusion  Pneumothorax  Pulmonary embolism  Pneumonia  Pulmonary embolism  Pulmonary hypertension  Restrictive Pulmonary Disease  Tuberculosis |

II. PROFESSIONAL GROWTH OBJECTIVES

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the Rotation. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by

1. encouraging discussion of problems and/or questions

2. recognizing verbal and non-verbal clues

3. offering support and reassurance

4. listening attentively through the use of active listening

5. demonstrates respect for a patient’s privacy and modesty during examinations and procedures

B. Seeking and maintaining competence by

1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)

2. completing Rotation in accordance with assigned schedule, with punctuality

3. adhering to the Rotation objectives as set forth

C. Demonstrating professionalism by

1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills

2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee

3. eliciting and demonstrating receptivity to constructive feedback

4. forming and maintaining positive relationships with patients, peers, staff and supervisors

5. maintaining a calm and reasoned manner in stressful and/or emergency situations

6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record

7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors

8. utilizing self refection

9. displaying a high level of motivation and interest

10. dressing and grooming appropriately

11. adhering to the AAPA Code of Ethics

# III. COURSE REQUIREMENTS

1. Completion of assigned Rotation as scheduled.

2. Passing grade as outlined below.

3. Passing grade on patient write-up

4. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

# IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)……… **45%**

Written Examination …………………………….………………………………… **45%**

Professionalism evaluation from Preceptor …………………………………… **10%**

Patient Write-ups ………………………………………………………………..… Pass/Fail

Faculty site visit report ……………………….…………………………………… Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. **Refer to pages 67-70 for policies regarding student progress.**

# INTERNAL MEDICINE SELECTIVE

**Required Texts**: \*Harrison's Principles of Internal Medicine

\*Primary Care Medicine; Goroll & Mulley

The Instructional Objectives below pertain to the evaluation and management of the elderly patient. Regardless of the specialty selected for the Internal Medicine Selective rotation, testing and evaluation for this rotation will be based on the knowledge, skills and abilities related to the elderly patient.

# I. INSTRUCTIONAL OBJECTIVES

Upon completion of the this Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the problem list. The student will be evaluated by the following criteria: written examination, andpreceptor evaluations**. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.** Pertaining to the Problem List below, the student will

1. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis
2. Elicit and record a complete history andfocused history, appropriate for the patient’s age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include

1. appropriate use of questions

2. listening to the patient

3. an organized approach to eliciting the patient’s history

4. interpreting normal and abnormal historical data

1. Perform and record a complete and focused physical examination, appropriate for the patient’s age to include the following
   1. an organized head-to-toe approach
   2. using proper technique, including modifications of technique appropriate for the patient’s mobility
   3. selecting the sections of the physical exam pertinent to the patient’s complaint
   4. interpreting normal and abnormal findings in the context of the patient’s history
2. Read and interpret patients’ medical records, as to past medical problems, clinical presentation, laboratory and diagnostic data, therapeutic interventions and socioeconomic information pertinent to factors that affect medical care.
3. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of
   1. the most likely diagnoses, based on history and physical exam data
   2. the most common diagnoses
   3. the most severe and/or life-threatening diagnoses
4. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
   1. risks and benefits
   2. sensitivity and specificity
   3. cost effectiveness
   4. obtaining informed consent
5. Develop, record and implement, as pertinent, a pharmacologic management plan.
   1. rationale for utilizing each drug, including mechanism of action
   2. indications, contraindications and adverse reactions
   3. potential drug-drug interactions
   4. cost-effectiveness
   5. documented patient education regarding side effects and adherence issues
6. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate
   1. behavioral and psychosocial interventions
   2. referrals to other health care providers in the inpatient setting

3. utilization of family resources

4. end of life care

1. Provide and record pertinent patient education regarding disease prevention, health maintenance which is clearly explained to the patient and checked for understanding, to include
   1. nutrition
   2. physical activity/exercise
   3. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
   4. warning signs/symptoms of complications
   5. discharge treatment plan – pharmacologic and non-pharmacologic
   6. plan for outpatient follow-up care, to include, but not be limited to, primary health care providers, family and community resources
2. Provide patient counseling to include
   1. adjustment to states of health and disease as related to ADLs, death and dying
   2. consideration of patient’s health beliefs and practices, religious/spiritual beliefs and lifestyle choices
   3. family issues
   4. anticipatory guidance appropriate to patient’s age
   5. elder abuse and/or neglect
3. Monitor patients’ health to include
   1. metal health
   2. polypharmacy
   3. ADLs and IADLs
4. Chart progress notes following the SOAP format to include
   1. subjective data
   2. objective data
   3. assessment
   4. plan
5. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner. Participate in teaching rounds and other Rotation teaching activities.

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list below:

**PROBLEM LIST**

|  |  |  |
| --- | --- | --- |
| **Cardiovascular**  Aortic disease  Heart failure  Hypertension  Orthostasis/Postural hypotension  Peripheral vascular disease  Stroke  **Dermatologic**  Actinic keratosis  Herpes zoster  Pressure sores  Rosacea  Seborrheic keratoses  Skin cancers  **Endocrine**  Type 2 Diabetes  Gout/Pseudogout  Graves’ Disease  Hyper-Hypoparathyroidism  Hyper-Hypothyroidism  **Gastrointestinal**  Anorectal disease  Constipation  Diverticular disease  Gall bladder disease  Fecal Incontinence | **Genitourinary / Renal/ Reproductive**  BPH (Benign Prostatic Hypertrophy)  Erectile dysfunction  Urinary Incontinence  Menopause  Prostate cancer  Urinary tract infections  **HEENT**  Amarosis Fugax  Cataracts  Dental abscess  Diabetic retinopathy  Ectropion and entropion  Glaucoma  Hearing impairment  Macular degeneration  Meniere’s Disease  Oral candidiasis  Oral carcinoma  Retinal detachment  Retinal vascular occlusion  Vertigo  Xerostomia  **Hematology / Oncology**  Basal cell, squamous cell carcinomas  B12 & folate deficiency  Chronic lymphocytic leukemia  Colorectal cancer  Lymphoma  Melanoma  Multiple myeloma | **Infectious Disease**  Influenza  Pneumonias  **Musculoskeletal / Rheumatologic**  Avascular necrosis  Dysmobility and immobility  Temporal arteritis  Osteoarthritis  Osteoporosis  Polyarteritis nodosa  Polymyalgia rheumatica  Rheumatoid arthritis  Spinal stenosis  Falls/Prevention  **Neurologic / Psychiatric / Behavioral**  Alcoholism/Substance abuse  Alzheimer’s disease  Confusion, dementia, and delirium  Depression  Essential Tremor  Parkinson’s disease and other movement disorders  TIA/Stroke/CVA  **Pulmonary**  COPD  Cor pulmonale |

II. PROFESSIONAL GROWTH OBJECTIVES

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the Rotation. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by

1. encouraging discussion of problems and/or questions

2. recognizing verbal and non-verbal clues

3. offering support and reassurance

4. listening attentively

5. draping appropriates, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by

1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)

2. completing Rotation in accordance with assigned schedule, with punctuality

3. adhering to the Rotation objectives as set forth

C. Demonstrating professionalism by

1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills

2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee

3. eliciting and demonstrating receptivity to constructive feedback

4. forming and maintaining positive relationships with patients, peers, staff and supervisors

5. maintaining a calm and reasoned manner in stressful and/or emergency situations

6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record

7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors

8. displaying a high level of motivation and interest

9. dressing and grooming appropriately

10. adhering to the AAPA Code of Ethics

# III. COURSE REQUIREMENTS

1. Completion of assigned Rotation as scheduled.

2. Passing grade as outlined below.

3. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

# IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)……… **45%**

Written Examination …………………………….………………………………… **45%**

Professionalism evaluation from Preceptor …………………………………… **10%**

Faculty site visit report ……………………….…………………………………… Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. **Refer to pages 67-70 for policies regarding student progress.**

**OBSTETRICS and GYNECOLOGY**

**Required Texts**: \*Obstetrics and Gynecology; Beckmann, Ling, Smith, et al. (eds.)

The Obstetrics and Gynecology Rotation provides the student with experiences in women's healthcare. Specifically, the areas of family planning, pre-, intra- and post-partum care, and routine gynecologic care will be covered. Students identify the effects that sexual activity, child-bearing and menopause have on the medical, emotional and social well being of a patient. Please note that we are seeking experiences and training in women's health - you should not expect to directly participate in delivery procedures - although this may be part of some students' rotations, and will depend on the policies and needs of the individual site.

**I. INSTRUCTIONAL OBJECTIVES**

Upon completion of the Obstetrics and Gynecology Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. The student will be evaluated by the following criteria: written examination, patient write-ups and preceptor evaluations**. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.**  Pertaining to the Problem List below, the student will

1. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis
2. Elicit and record a complete andfocused history, appropriate for the patient’s age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
   1. appropriate use of questions
   2. listening to the patient
   3. an organized approach to eliciting the patient’s history
   4. interpreting normal and abnormal historical data
   5. emphasis on the menstrual cycle, sexual history, gynecologic history, and contraceptive history
3. Perform and record a complete and focused physical examination, appropriate for the patient’s age, to include the following
   * 1. an organized head-to-toe approach
     2. using proper technique
     3. selecting the sections of the physical exam pertinent to the patient’s complaint
     4. interpreting normal and abnormal findings in the context of the patient’s history
     5. emphasis on speculum examination, bimanual examination, breast exam and abdominal exam
4. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of
   * 1. the most likely diagnoses, based on history and physical exam data
     2. the most common entities
     3. the most severe and/or life-threatening entities
5. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study
   * 1. risks and benefits
     2. sensitivity and specificity
     3. cost effectiveness
     4. obtaining informed consent
6. Collect adequate cervico-vaginal cytologic specimens for PAP smears and microscopic inspections
7. Identify the recommended guidelines for frequency of PAP smears and mammograms
8. Describe the indications for colposcopic cervical examination following an abnormal PAP smear
9. Develop, record and implement, as pertinent, a pharmacologic management plan to include
   * 1. rationale for utilizing each drug, including mechanism of action
     2. indications, contraindications and adverse reactions
     3. potential drug-drug interactions
     4. cost-effectiveness
     5. documented patient education regarding side effects and adherence issues
10. Discuss the methods of contraception and family planning, including their relative advantages, disadvantages, effectiveness, side effects and pharmacotherapeutics
11. Assist the gynecologist, as directed, during surgical procedures
12. Discuss the physiologic changes during menopause and identify the indications and contraindications for hormone replacement therapy
13. Recognize the occurrence of common breast masses and identify the appropriate work-up and treatment
14. List the physiologic changes and signs of pregnancy
15. Describe the criteria and resources available for termination of pregnancy
16. Describe routine prenatal care, including the role of electronic fetal monitoring, ultrasound and the biophysical profile to determine fetal well-being. Identify the indications for non-stress and oxytocin challenge testing.
17. Identify medical problems that may result in complications during pregnancy, including diabetes, anemia, thyroid disorders, cardiovascular problems and vaginal bleeding
18. List the three stages of labor. Identify the reasons for delivery once the amniotic sac has ruptured. Use the fern test to determine the presence of amniotic fluid.
19. Assist the obstetrician, as directed, during cesarean sections and vaginal deliveries. Identify techniques for clearance of the infant’s airway and respiratory stimulation at the time of delivery.
20. Identify the indications for a hysterosalpingogram
21. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate
    * 1. behavioral and psychosocial interventions
      2. referrals to other health care providers
      3. referrals to community resources
      4. utilization of family resources
      5. plans for follow-up care
22. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include
    * 1. nutrition
      2. accident and violence prevention (eg seat belts, helmets, screening for domestic violence)
      3. physical activity/exercise
      4. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
      5. warning signs/symptoms of diseases
      6. plan for age appropriate screening and periodic health assessment
23. Provide patient counseling to include
    * 1. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
      2. consideration of patient’s health beliefs and practices, religious/spiritual beliefs and lifestyle choices
      3. family issue
      4. occupational and leisure issues
      5. anticipatory guidance appropriate to patient’s age
24. Monitor patients’ progress over time, to include
    * 1. reassessment of subjective and objective data
      2. reconsideration of differential diagnosis, as needed
      3. modification of management plan, based on patient’s health status and adherence issues
25. Chart progress notes following the SOAP format to include
    * 1. subjective data
      2. objective data
      3. assessment
      4. plan
26. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list below:

# PROBLEM LIST

|  |  |  |
| --- | --- | --- |
| **Infectious Disease**  Cervicitis  Metritis  Pelvic inflammatory disease  Sexually transmitted disease  Toxic shock syndrome  Vaginitis  Urinary Tract Infections, including pyelonephritis  **Menstrual Cycle Entities and Disorders**  Abnormal uterine / vaginal bleeding  Amenorrhea  Contraceptives  Dysmenorrhea  Endometriosis / Adenomyosis  Menopause  Polycystic ovary disease  Premenstrual syndrome    **Pregnancy**  Abnormal fetal presentations  Abortion  Abruptio placentae | **Pregnancy (continued)**  Diagnosis of pregnancy / multiple gestation  Postpartum hemorrhage  Pregnancy-induced hypertension  Premature rupture of membranes  Pre-term pregnancy  Puerperal (postpartum) infection  Rh incompatibility  Trauma during pregnancy  Dystocia  Ectopic pregnancy  Female infertility  Fetal distress  Gestational diabetes  Hemorrhage during pregnancy  Molar pregnancy  Placenta previa | **Sexual Dysfunction**  Dyspareunia  Vaginismus    **Other**  Adenexal torsion  Bartholian gland infection  Cervical cancer  Cervical dysplasia  Cystocele  Endometrial cancer  Fibrocystic breast disease  Gestational trophoblastic disease  Incompetent cervix  Leiomyoma  Mastitis / breast abscess  Ovarian cancer  Ovarian cysts  Pelvic support disorders  Rectocele  Tubo-ovarian abscess  Uterine prolapse  Vulvar and vaginal cancer |

### II. PROFESSIONAL GROWTH OBJECTIVES

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the rotation. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by

1. encouraging discussion of problems and/or questions

2. recognizing verbal and non-verbal clues

3. offering support and reassurance

4. listening attentively

5. draping appropriates, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by

1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)

2. completing the rotation in accordance with assigned schedule, with punctuality

3. adhering to the rotation objectives as set forth

C. Demonstrating professionalism by

1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills

2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee

3. eliciting and demonstrating receptivity to constructive feedback

4. forming and maintaining positive relationships with patients, peers, staff and supervisors

5. maintaining a calm and reasoned manner in stressful and/or emergency situations

6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record

7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors

8. displaying a high level of motivation and interest

9. dressing and grooming appropriately

10. adhering to the AAPA Code of Ethics

# III. COURSE REQUIREMENTS

1. Completion of assigned Rotation as scheduled.

2. Passing grade as outlined below.

3. Passing grade on patient write-up

4. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

# IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)……… **45%**

Written Examination …………………………….………………………………… **45%**

Professionalism evaluation from Preceptor …………………………………… **10%**

Patient Write-ups ………………………………………………………………..… Pass/Fail

Faculty site visit report ……………………….…………………………………… Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. **Refer to pages 67-70 for policies regarding student progress.**

**PEDIATRIC MEDICINE**

**Required Texts**: \*Nelson Textbook of Pediatrics

The Pediatric Medicine Rotation provides the student with the opportunity to assess medical problems that require ambulatory management of children. On this rotation students will be expected to gain practical clinical experience managing routine childhood illnesses and health maintenance. Students learn to recognize the influence of family dynamics on the course of children’s development, illness and well-being.

**I.** **INSTRUCTIONAL OBJECTIVES**

Upon completion of the Pediatric Medicine Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. The student will be evaluated by the following criteria: written examination, patient write-ups and preceptor evaluations**. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.**  Pertaining to the Problem List below, the student will

A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis

B. Elicit and record a complete andfocused history, appropriate for the patient’s age, including Chief Complaint and HPI with pertinent Review of Systems, and Family History, and

Past Medical History to include

* + 1. prenatal and perinatal history
    2. feeding history
    3. growth and development milestones
    4. previous serious illness
    5. routine childhood illness
    6. hospitalization and surgery
    7. injuries
    8. immunization status
    9. allergies
    10. medications and vitamins

Social History to include (depending on age of child)

1. socioeconomic status

1. day care
2. hobbies, extracurricular activities
3. sleeping habits
4. diet
5. safety issues
6. pets
7. drug, alcohol and tobacco use

The student will gather historical information including

1. appropriate use of questions

2. listening to the parent/caretaker and patient

3. an organized approach to eliciting the patient’s history

4. interpreting normal and abnormal historical data

C. Perform and record a complete and focused physical examination, appropriate for the patient’s age, including the newborn examination, to include the following:

vital signs skin HEENT

neck breasts chest / lungs

cardiovascular system abdomen genito-urinary system musculoskeletal system rectal neurological system

general mental status

The physical exam will include

1. an organized head-to-toe approach

2. using proper technique

3. selecting the sections of the physical exam pertinent to the patient’s age and complaint

4. interpreting normal and abnormal findings in the context of the patient’s age and history

D. Perform the Denver Developmental Screening Test and explain how it is employed to recognize abnormalities of growth and development. Recognize normal developmental milestones.

E. Perform the Apgar assessment in the neonatal period at 1 minute and 5 minutes. Describe the Apgar score prognostic value for an infant’s overall status.

F. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of

1. the most likely diagnoses, based on age, history and physical exam data

2. the most common entities

3. the most severe and/or life-threatening entities

G. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study

1. risks and benefits

2. sensitivity and specificity

3. cost effectiveness

4. obtaining informed consent

H. Recognize the indications for tympanometry and audiometry evaluation of hearing and how to interpret result

I. Develop, record and implement, as pertinent, a pharmacologic management plan to include

* 1. rationale for utilizing each drug, including mechanism of action
  2. indications, contraindications and adverse reactions
  3. potential drug-drug interactions
  4. cost-effectiveness
  5. documented patient education regarding side effects and adherence issues

J. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate

1. behavioral and psychosocial interventions

1. referrals to other health care providers
2. referrals to community resources
3. utilization of family resources
4. plans for follow-up care

K. Discuss with parent/guardian the advantages and disadvantages of breast and bottle feeding, and the optimal schedule for each method

L. Assess the child’s immunization status and provide guidance for the risks and benefits associated with immunizations

M. List the signs of child abuse and the procedure for reporting incidents to the appropriate child abuse authorities

1. Initiate contact with the poison control center in the event of ingestion or contact exposure and describe how to execute the treatment plan as directed
2. Evaluate the presences of foreign bodies in the stomach, intestines and airway
3. Provide and record pertinent anticipatory guidance regarding disease prevention and health maintenance, which is clearly explained to the parent/guardian and patient (as appropriate to the patient’s age) and checked for understanding, to include
   1. nutrition
   2. accident and violence prevention (e.g., seat belts, helmets, screening for domestic violence)
   3. plan for age appropriate screening and periodic health assessment
4. Provide patient counseling to include
   1. impact of family dynamics on the patient’s health
   2. consideration of patient and family’s health beliefs and practices, religious/spiritual beliefs and lifestyle choices
5. Monitor patients’ progress over time, to include
   1. reassessment of subjective and objective data
   2. reconsideration of differential diagnosis, as needed
   3. modification of management plan, based on patient’s health status and adherence issues
6. Chart progress notes following the SOAP format to include
   1. subjective data
   2. objective data
   3. assessment
   4. plan
7. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner
8. Discuss the telephone management of common pediatric problems - fever, vomiting, diarrhea, and accidental poisonings.
9. Discuss the approach to evaluating infants presenting with failure to thrive.
10. Outline the differential diagnosis for children presenting with delayed development or mental retardation.
11. Discuss the differential diagnosis of jaundice in the newborn.

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list below:

# PROBLEM LIST

|  |  |  |
| --- | --- | --- |
| **Cardiovascular**  Congenital heart disease  - ASD  - PDA  - VSD  - Coarctation of the aorta  - Endocardial cushion defect  - Tetralogy of Fallot  - Transposition of the great arteries  Benign/Innocent murmurs  Infectious endocarditis  Rheumatic heart disease    **Dermatologic**  Acne  Adverse reactions to food  Atopic dermatitis  Diaper rashes (fungal & bacterial)  Eczema  Impetigo  Pityriasis rosea  Scabies  **Endocrine**  Dwarfism  Gynecomastia  Diabetes mellitus  Phenylketonuria  **Gastrointestinal**  Acute appendicitis  Acute diarrhea  Intussusception  Pyloric stenosis  Viral hepatitis  **Genetic / Developmental**  Cystic fibrosis  Down’s syndrome  **Genitourinary / Renal**  Cryptorchidism  Hematuria  Paraphimosis / phimosis  Glomerulonephritis  Proteinuria  Scrotal masses  Testicular torsion  UTI's  Vesicoureteral reflux | **HEENT**  Acute epiglottis  Allergic rhinitis  Conjunctivitis  Disorders of the eye movement and alignment  Disorders of the lacrimal system  Epistaxis  Hearing loss in childhood  Intranasal foreign body  Nasal polyps  Otitis externa  Otitis media  Peritonsillar abscess  Pharyngitis  Vision disorders in childhood  **Hematology / Oncology**  Acute leukemia  Anemias  - Anemia of chronic disease  - Aplastic anemia (pancytopenia)  - Hemolytic anemia  - Iron deficiency  Disorders of hemostasis   * Factor VIII deficiency * Factor IX deficiency   - ITP  - von Willebrand’s disease  Ewing’s sarcoma  Hodgkin’s disease  Medulloblastoma  Osteosarcoma  Sickle cell disease  Thalassemia  Wilms’ tumor  **Infectious Disease**  Candida  Enteroviruses  Epstein-Barr virus  Erythema infectiosum  Group A streptococcus  Herpes simplex virus  HIV/AIDS  Influenza  Measles  Meningitis  Mumps  Mycoplasma infections  Reye’s Syndrome  Roseola  Rubella  Tuberculosis  Varicella-zoster virus | **Musculoskeletal / Rheumatologic**  Common fractures in childhood  Hip dysplasia  Idiopathic scoliosis  Juvenile rheumatoid arthritis  Legg-Calve-Perthes disease  Metatarsus adductus  Osgood-Schlatter disease  Osteochondritis dissecans  Osteogenesis imperfecta  Osteomyelitis  Slipped capital femoral epiphysis  Tibial torsion  **Neurologic**  Cerebral palsy  Duchenne muscular dystrophy  Headaches in childhood  Neurofibromatosis  Seizures in childhood  **Pulmonary**  Acute bronchitis  Asthma  Bacterial tracheitis  Bronchiolitis  Foreign body in lower respiratory tract  Laryngotracheobronchitis (croup)  Pneumonia  **Psychological**  Anxiety disorder  Attention deficit hyperactivity disorder  Autistic disorder  Disruptive behavioral disorders  Enuresis  Mood disorders  Sleep disorders in childhood |

# II. PROFESSIONAL GROWTH OBJECTIVES

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the rotation. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by

1. encouraging discussion of problems and/or questions

2. recognizing verbal and non-verbal clues

3. offering support and reassurance

4. listening attentively

5. draping appropriates, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by

1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)

2. completing rotation in accordance with assigned schedule, with punctuality

3. adhering to the rotation objectives as set forth

C. Demonstrating professionalism by

1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills

2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee

3. eliciting and demonstrating receptivity to constructive feedback

4. forming and maintaining positive relationships with patients, peers, staff and supervisors

5. maintaining a calm and reasoned manner in stressful and/or emergency situations

6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record

7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors

8. displaying a high level of motivation and interest

9. dressing and grooming appropriately

10. adhering to the AAPA Code of Ethics

# III. COURSE REQUIREMENTS

1. Completion of assigned Rotation as scheduled.

2. Passing grade as outlined below.

3. Passing grade on patient write-up

4. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

# IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)……… **45%**

Written Examination …………………………….………………………………… **45%**

Professionalism evaluation from Preceptor …………………………………… **10%**

Patient Write-ups ………………………………………………………………..… Pass/Fail

Faculty site visit report ……………………….…………………………………… Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. **Refer to pages 67-70 for policies regarding student progress.**

**PRIMARY CARE I and II**

**Required Texts**: \*Harrison's Principles of Internal Medicine.

\*Current Medical Diagnosis and Treatment

The Primary Care Rotations provide the student with access to patients of all ages in an outpatient setting, with supervision by a physician(s) who specialize in Primary Care. The Instructional Objectives below pertain to the evaluation and management of ambulatory patients. Although the student may follow hospitalized patients with the supervising physician, testing and evaluation for this rotation will be based on the knowledge, skills and abilities related to ambulatory practice.

**I**. **INSTRUCTIONAL OBJECTIVES**

Upon completion of the Primary Care Rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. The student will be evaluated by the following criteria: written examination, patient write-ups and preceptor evaluations**. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.**  Pertaining to the Problem List below, the student will

A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis

B. Elicit and record a complete andfocused history, appropriate for the patient’s age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include

1. appropriate use of questions

2. listening to the patient

3. an organized approach to eliciting the patient’s history

4. interpreting normal and abnormal historical data

C. Perform and record a complete and focused physical examination, appropriate for the patient’s age, to include the following

* 1. an organized head-to-toe approach
  2. using proper technique
  3. selecting the sections of the physical exam pertinent to the patient’s complaint
  4. interpreting normal and abnormal findings in the context of the patient’s history

D. Develop and record a differential diagnosis, based on the patient’s complaint, to include a consideration of

* 1. the most likely diagnoses, based on history and physical exam data
  2. the most common entities
  3. the most severe and/or life-threatening entities

E. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study

* 1. risks and benefits
  2. sensitivity and specificity
  3. cost effectiveness
  4. obtaining informed consent

F. Develop, record and implement, as pertinent, a pharmacologic management plan to include

1. rationale for utilizing each drug, including mechanism of action

2. indications, contraindications and adverse reactions

3. potential drug-drug interactions

4. cost-effectiveness

5. documented patient education regarding side effects and adherence issues

G. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate

1. behavioral and psychosocial interventions

2. referrals to other health care providers

3. referrals to community resources

4. utilization of family resources

5. plans for follow-up care

H. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include

* 1. nutrition
  2. accident and violence prevention (eg. seat belts, helmets, screening for domestic violence)
  3. physical activity/exercise
  4. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
  5. warning signs/symptoms of diseases
  6. plan for age appropriate screening and periodic health assessment

I. Provide patient counseling to include

* 1. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
  2. consideration of patient’s health beliefs and practices, religious/spiritual beliefs and lifestyle choices
  3. family issues
  4. occupational and leisure issues
  5. anticipatory guidance appropriate to patient’s age

J. Monitor patients’ progress over time, to include

* 1. reassessment of subjective and objective data
  2. reconsideration of differential diagnosis, as needed
  3. modification of management plan, based on patient’s health status and adherence issues

K. Chart progress notes following the SOAP format to include

* 1. subjective data
  2. objective data
  3. assessment
  4. plan

L. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner

M. Outline dietary and exercise recommendations for patients being treated for

1. obesity

2. hypertension

3. atherosclerotic heart disease

4. diabetes mellitus

* 1. dyslipidemia

N. Describe the primary care approach to the evaluation and management of patients presenting with:

1. fatigue and weight loss

2. dysuria, hematuria, proteinuria, penile discharge, scrotal pain, and scrotal mass

3. anorexia, abdominal pain, diarrhea, vomiting, indigestion, dysphagia, constipation

4. minor musculoskeletal injuries

5. dyspnea, wheezing, and cough

O. Discuss the indications for the use of the Pneumovax, Influenza, Hepatitis B, Zostavax and tetanus immunizations

P. Perform the following:

* + 1. venipuncture and intradermal/intramuscular injections
    2. Stool guiacs, throat cultures, PPD testing, spirometry, debridement of simple wounds, and cerumin removal.
    3. pelvic exams, pap smears, and diagnostic tests to evaluate infection
    4. simple laboratory testing in the office (finger stick blood sugars, CBC, hematocrits, sed rates, urinalysis)
    5. splinting and casting
    6. telephone triage

Q. Interpret the following

1. 12 lead EKGs and rhythm strips

2. basic diagnostic radiographs of the chest and extremities

R. Recognize covert psychological illnesses such as depression, which may not be the primary presenting complaint.

S. Outline appropriate health maintenance / preventative service schedules for a patient given their age, gender and other relevant risk factors.

The student will demonstrate the knowledge and skills described above pertaining to the following diagnoses in the problem list below:

|  |  |  |
| --- | --- | --- |
| **Cardiovascular**  Hypertension  Congestive heart failure  Peripheral vascular disease  Varicose veins  Venous insufficiency  Coronary artery disease  Valvular disease  Abdominal aortic aneurysm  **Dermatologic**  Tinea versicolor Tinea corporis/pedis  Acne vulgaris Rosacea Folliculitis  Seborrheic keratosis Actinic keratosis  Lice  **Gastrointestinal**  Colorectal cancer  Gastroesophageal reflux disease Peptic ulcer disease  Acute/chronic cholecystitis  Acute/chronic pancreatitis  Constipation Diverticular disease Inflammatory bowel disease  Irritable bowel syndrome  Anal fissure  Fecal impaction Hemorrhoids  Pilonidal disease  Lactose intolerance  **Genitourinary / Renal**  Benign prostatic hyperplasia Erectile dysfunction Incontinence Nephro/urolithiasis  Cystitis Epididymitis Prostatitis  Pyelonephritis  Urethritis  Testicular carcinoma  Bladder carcinoma  Acute/chronic renal failure  Amenorrhea Dysmenorrhea Premenstrual syndrome  **HEENT**  Blepharitis Cataract Chalazion Conjunctivitis Glaucoma Hordeolum Macular degeneration  Acute/chronic otitis media Cerumen impaction Otitis externa  Cholesteatoma  Vertigo  Meniere disease  Mastoiditis Sinusitis | **Dermatologic (continued)**  Scabies  Basal cell carcinoma Melanoma Squamous cell carcinoma  Onycomycosis  Condyloma acuminatum  Herpes simplex Molluscum contagiosum  Zoster  Verrucae  Cellulitis Erysipelas Impetigo  Decubitus ulcers Hidradenitis suppurativa  Melasma Urticaria  **HEENT (continued)**  Allergic rhinitis  Acute pharyngitis Aphthous ulcers Laryngitis Oral candidiasis Oral herpes simplex Oral leukoplakia  **Hematology**  Anemias, including: Vitamin B12, folate, and iron deficiency  Sickle cell anemia  Thallesemia  Coagulation disorders  Disorders of homeostasis  **Infectious Disease**  Candidiasis  Chlamydia Diphtheria Gonococcal infections  Tetanus  Lyme disease  Rocky Mountain spotted fever Syphilis  Epstein-Barr virus infections Influenza Herpes simplex  Endocarditis  **Musculoskeletal / Rheumatologic**  Rotator cuff disorders  Boxer's Fx Colles' Fx Gamekeeper's thumb de Quervain's tenosynovitis Epicondylitis  Low back pain Spinal stenosis  Septic arthritis  Osteoarthritis Osteoporosis  Fibromyalgia Gout  Sprains & Strains | **Endocrine**  Diabetes mellitus  Hyper- and Hypothyroidism Thyroiditis  Cushing's syndrome Corticoadrenal insufficiency  Hypercholesterolemia Hypertriglyceridemia  **Oncology**  Colorectal cancer  Acute and chronic leukemias  Lymphomas  Multiple myeloma  Prostate cancer  Breast cancer  **Neurologic**  Alzheimer's Disease  Bell's palsy  Guillain-Barre syndrome Myasthenia gravis  Cluster headache Migraine Tension headache  Meningitis  Essential tremor Huntington's disease Parkinson's disease  Multiple Sclerosis  Cerebral aneurysm Stroke Transient ischemic attack  Syncope and Pre-syncope  **Pulmonary**  Acute bronchitis  Pneumonias  COPD Asthma  Obstructive sleep apnea |

**II. PROFESSIONAL GROWTH OBJECTIVES**

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the clerkship. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by

1. encouraging discussion of problems and/or questions

2. recognizing verbal and non-verbal clues

3. offering support and reassurance

4. listening attentively

5. draping appropriates, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by

1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)

2. completing clerkship in accordance with assigned schedule, with punctuality

3. adhering to the clerkship objectives as set forth

C. Demonstrating professionalism by

1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills

2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee

3. eliciting and demonstrating receptivity to constructive feedback

4. forming and maintaining positive relationships with patients, peers, staff and supervisors

5. maintaining a calm and reasoned manner in stressful and/or emergency situations

6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record

7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors

8. displaying a high level of motivation and interest

9. dressing and grooming appropriately

10. adhering to the AAPA Code of Ethics

# III. COURSE REQUIREMENTS

1. Completion of assigned Rotation as scheduled.

2. Passing grade as outlined below.

3. Passing grade on patient write-up

4. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

# IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)……… **45%**

Written Examination …………………………….………………………………… **45%**

Professionalism evaluation from Preceptor …………………………………… **10%**

Patient Write-ups (1st Primary Care rotation only)…………………………..… Pass/Fail

Faculty site visit report ……………………….…………………………………… Pass/Fail

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. **Refer to pages 67-70 for policies regarding student progress.**

**PSYCHIATRY / BEHAVIORAL MEDICINE**

**Required Text: Kaplan and Saddock’s Synopsis of Psychiatry** – Behavioral Sciences/Clinical Psychiatry. Saddock, B.J. and Saddock, V.A., 10th Edition. 2007. Lippincott Williams & Wilkins. ISBN-13: 9780781773270

The Psychiatry rotation provides the student with clinical experience in the varied presentations of mental illness. The Instructional Objectives below pertain to the evaluation and management of acute and non-acute psychiatric patients. Testing and evaluation of this rotation will be based on the knowledge, skills and abilities related to psychiatric medicine.

# I. INSTRUCTIONAL OBJECTIVES

Upon completion of the Psychiatry rotation, based on reading and supervised clinical practice, the student will demonstrate knowledge and competence pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. The student will be evaluated by the following criteria: written examination, patient write-ups, andpreceptor evaluation**. The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to psychiatric intervention and management.**  Pertaining to the Problem List below, the student will:

A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, prognosis and complications pertinent to each diagnosis

B. Elicit and record a complete and focused history to include chief complaint, HPI, past

medical history, family history and social history, with particular focus on

1. psychosocial history
2. substance use/abuse history
3. assessment of suicide/homicide risk
4. history of violence and abuse
5. prior psychiatric history and treatment
6. appropriate use of questions
7. listening to the patient
8. demonstrating a non-judgmental attitude to the patient
9. an organized approach to eliciting the patient’s history
10. interpreting normal and abnormal historical data

C. Perform and record a complete and focused physical examination, appropriate for the

patient’s age, to include the following

1. complete mental status exam

1. using proper technique, including modifications of technique appropriate for the patient’s mobility and mental status
2. selecting the sections of the physical exam pertinent to the patient’s chief complaint
3. interpreting normal and abnormal findings in the context of the patient’s history

D. Develop and record a diagnosis, based on the DSM-IV criteria and format

E. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study

* 1. risks and benefits
  2. sensitivity and specificity
  3. cost effectiveness
  4. obtaining informed consent

F. Utilize standardized instruments, as indicated, such as Beck Depression Inventory

G. Assess a patient’s suicide potential, identify appropriate intervention and demonstrate knowledge of the involuntary commitment process

H. Identify symptoms and signs of child abuse, elder abuse and sexual abuse

I. Develop, record and implement, as pertinent, a pharmacologic management plan to include

1. rationale for utilizing each drug, including mechanism of action, indications, contraindications and adverse reactions

1. potential drug-drug interactions
2. cost-effectiveness
3. documented patient education regarding side effects and adherence issues

J. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate

* + 1. behavioral, psychosocial interventions, including individual and group therapy
    2. referrals to other health care providers
    3. referrals to community resources
    4. utilization of family resources
    5. plans for follow-up care

K. Monitor patients’ progress over time, to include

1. reassessment of subjective and objective data

2. reconsideration of differential diagnosis, as needed

3. modification of management plan, based on patient’s health status and adherence issues

L. Chart progress notes following the SOAP format to include

1. subjective data

2. objective data

3. assessment

4. plan

M. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner

# PROBLEM LIST

|  |  |  |
| --- | --- | --- |
| **Anxiety Disorders**  Generalized anxiety disorder  Panic disorder  Phobias  Post-traumatic stress disorder  **Behavior/Emotional Disorders**  Child/Elder Abuse and neglect  Anorexia nervosa  Conversion disorder  Dissociative disorders  Factitious disorders  Malingering  Uncomplicated bereavement  **Other**  Suicide | **Mood Disorders**  Adjustment disorder  Bipolar disorder  Dysthymic disorder  Major depression  **Neuroleptic Malignant Syndrome**  **Personality Disorders**  Antisocial  Avoidant  Borderline  Histrionic  Narcissistic  Obsessive-compulsive disorder  Paranoid  Schizoid  Schizotypal | **Psychoses**  Delusional disorder  Schizoaffective disorder  Schizophrenia  **Sexual Disorders**  **Somatoform Disorders**  Body Dysmorphic  Conversion  Hypochondrias  Pain  Somatization  **Substance Use Disorders**  Alcohol  Amphetamines  Cannabis  Cocaine  Opioids  Tobacco |

Assign the appropriate axis/axes to a person with a psychiatric/behavioral disorder.

II. PROFESSIONAL GROWTH OBJECTIVES

The student’s attitudes and behavior that contribute to Professional Growth will be monitored by core PA faculty and clinical preceptors throughout the clerkship. The student will demonstrate Professional Growth by

A. Developing and maintaining good interpersonal relationships with patients as demonstrated by

1. encouraging discussion of problems and/or questions

1. recognizing verbal and non-verbal clues
2. offering support and reassurance
3. listening attentively
4. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures

B. Seeking and maintaining competence by

1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
2. completing clerkship in accordance with assigned schedule, with punctuality
3. adhering to the clerkship objectives as set forth

C. Demonstrating professionalism by

1. recognizing one’s limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
3. eliciting and demonstrating receptivity to constructive feedback
4. forming and maintaining positive relationships with patients, peers, staff and supervisors
5. maintaining a calm and reasoned manner in stressful and/or emergency situations
6. showing respect for patients and maintaining appropriate confidentiality of the patient’s record
7. demonstrating awareness and sensitivity to patients’ cultural beliefs and behaviors
8. displaying a high level of motivation and interest
9. dressing and grooming appropriately

10. adhering to the AAPA Code of Ethics

# III. COURSE REQUIREMENTS

1. Completion of assigned clerkship as scheduled.
2. Passing grade as outlined below.
3. Students must log all patient encounters at the clinical site on the patient logging system and complete both a site and self evaluation.

# IV. STUDENT EVALUATION

Preceptor evaluation of student performance, based on clinical competencies (assessment competencies, analytic competencies, and diagnostic competencies)……… **45%**

Written Examination …………………………….………………………………… **45%**

Professionalism evaluation from Preceptor …………………………………… **10%**

If a student earns a grade below a 70% on any component, the student may be required to repeat the rotation. Repeating the rotation will extend the length of time required for completion of the clinical year. **Refer to pages 67-70 for policies regarding student progress.**

\*This book can be found through the HSC Library website

**CLINICAL YEAR TEXTBOOKS**

All of the required texts are available online or have been previously required by the School of PA Studies. Each student may find additional books that suit his/her individual learning style, or texts that rotation sites recommend.

**ONLINE CLINICAL INFORMATION RESOURCES**

1. The University of Florida Health Sciences Library has links to a wide range of medical journals and free on-line textbooks ([**http://www.library.health.ufl.edu/**](http://www.library.health.ufl.edu/)).
2. **UpToDate** is an online resource that provides information on the diagnosis and management of a large number of diseases ([**http://www.uptodate.com/**](http://www.uptodate.com/)). As its name suggests, this information is reviewed and updated on a regular basis.

3. Access to the above sites requires a computer with a UFL.EDU IP address on campus, or via your GatorLink account. You can also access these sites from off-campus using EasyProxy and VPN software – both of which are available to UF students from the Health Science Center web page. Some databases available through the Health Science Center Library may be restricted to on campus access only.

**COMPUTER REQUIREMENTS FOR COLLEGE OF MEDICINE STUDENTS**

1. The following is the official UF policy (modified) on the student computer requirements:

Access to and on-going use of a computer is required for all students to complete their degree programs successfully. The University of Florida expects each student, as well as each student new to the university, to acquire computer hardware and software appropriate to his or her degree program. Competency in the basic use of a computer is a requirement. Class assignments may require use of a computer, academic advising and registration can be done by computer, and official university correspondence is sent via e-mail. While the university offers limited access to computers through its computer labs, most students will be expected to purchase or lease a computer that is capable of dial-up or network connection to the Internet, graphical access to the World Wide Web, and productivity functions such as word processing and spreadsheet calculation.

2. The School of Physician Assistant Studies requires students to have laptops for classroom use and recommends a computer no older than 2-3 years. The College of Medicine does not endorse a specific operating system or computer brand. This requirement focuses on function and current open standards. Students should have a current, fully-patched operating system. The following list of capabilities is recommended at a minimum:

**HARDWARE:**

Processor: Intel Core 2 Duo or AMD Turion 64 X2 minimum 1.8 GHz. Recommend 2.1 GHz or higher.

Memory: 1.5 GB minimum. Recommend 3-4 GB.

Hard Drive: 100 GB 5400 RPM minimum. Recommend 160 GB 5400 RPM or 7200 RPM.

Graphics: Intel GMA 3100 minimum. Recommend discrete ATI or Nvidia graphics.

Monitor: 1280 x 800 pixels minimum.

Optical Drive: DVD-ROM/CD-RW Combo Drive minimum. Recommend DVD+-R.

Wireless: 802.11g minimum. Recommend 802.11n.

**SOFTWARE:**

Malware protection

Current, fully-patched operating system

Anti-viral software installed and up to date (essential for all Microsoft operating systems)

Anti-spyware software installed and up to date (essential for all Microsoft operating systems)

Modern, standards-compliant web browser

Explorer, Firefox, Mozilla, and Netscape are good choices

The three major streaming media players/plug-ins

Real, Quicktime and Windows Media

Standards-based email client

Must be capable of accessing campus Gatorlink email

Standard “run time” environment for Java programs

Software to read/write Microsoft Word, Excel, Powerpoint formats

Microsoft Office (version 2003 or later)

Ability to read PDF files (PDF writing recommended)

Apple computer products are not supported by the College of Medicine IT department.

**CLINICAL YEAR TESTING AND EVALUATION**

**A. UF School of PA Studies Grade Scale**

1. The following grading system will generally be used for converting percentage grades into letter grades during the clinical year:

A = 90 – 100%

B+ = 86 – 89%

B = 80 – 85%

C+ = 76 – 79%

C = 70 – 75 %

D+ = 66 – 69%

D = 60 – 65%

E = ≤ 59%

In the case where the grade is determined to be a fraction, averages will be

rounded up to the next highest number when the fraction is 0.50 or greater.

**B. End-of-Rotation Multiple Choice Examinations**

1. At the end of each rotation, students will complete an end-of-rotation multiple-choice examination tied to the objectives developed for each rotation (see individual rotation objectives above). **The IM Selective examination will consist primarily of geriatrics topics.**

2. The multiple choice examination will count as 45% of your overall rotation grade. For the elective rotation, the overall rotation grade will be based on the Student Clinical Performance Evaluation and Professionalism Evaluation awarded by your preceptor.

**C. Student Clinical Performance Evaluations**

1. Each month clinical preceptors will evaluate a student’s performance based on the preceptors’ day-to-day observation of the student’s clinical work on rotation. Specific evaluation criteria to be considered include:

* Proficiency in obtaining a clinical database
* Clinical problem-solving skills
* Ability to formulate a rational management plan
* Proficiency in performing clinical procedures
* Clinical knowledge base
* Professional attitudes and behaviors

2. Clinical preceptor evaluations may be completed by licensed physicians, licensed physician assistants, or licensed nurse practitioners that have worked with students for a reasonable time of supervision. Preceptors normally must work with the student for at least 5 days during the month to qualify as an evaluator, except in Emergency Medicine. **Nurses, interns, first year residents, allied health professionals, or other PA students are NOT acceptable evaluators.**

3. In many rotations, the student will be observed by several providers, who may not be the actual preceptor. In order to give the preceptor the best possible input with which to evaluate the student’s performance, these providers should be given a “Contributing Evaluator Input to Supervising Preceptor” form. This brief form is to be completed, preferably reviewed with the student, and then the contributing evaluator should submit it directly to the preceptor – not to the student.

4. At the end of each rotation, ensure that the preceptor has received the TYPHON Student Clinical Performance Evaluation online.

5. The evaluation is normally completed online in TYPHON, but in exceptional cases, such as Internet access failures, the preceptor may FAX or scan and email the **‘Contingency Student Performance Evaluation Form**” directly to UF SPAS (352-265-7996 or peggy.cissna@medicine.ufl.edu). It is NEVER given directly to the student.

6. Students are responsible for ensuring that the Student Clinical Performance Evaluation is submitted to the School of PA Studies in a timely manner. It is up to you to communicate with your preceptor appropriately and effectively to get this accomplished.

7. The School of PA Studies will not change a clinical preceptor evaluation grade or negotiate evaluation scores with students or clinical preceptors.

8. Clinical year students are expected to assume responsibility for their education while on rotation. Part of this responsibility includes frequently seeking performance feedback from clinical preceptors throughout the rotation so there are no “surprises” at the end of the month. At a minimum, students should sit down with their preceptor midway through each rotation, review their progress, and plan strategies for correcting any identified deficiencies. THE END OF ROTATION IS NOT AN APPROPRIATE TIME FOR YOU TO FIND OUT THAT YOU HAVE NOT PERFORMED SATISFACTORILY!

9. Each student should review the Description of Evaluation Competencies found in this Manual to ensure they understand how they are to be evaluated.

10. The clinical performance evaluation will count as 45% of your overall rotation grade. The scores awarded by your preceptors in each competency area will be averaged and converted to a percent-score used for calculating the overall rotation grade.

11. The student will also receive a separate evaluation from the preceptor on professionalism. Ethics and professional behavior are the foundations of medicine and form an essential component of all clinicians’ interactions with their patients and colleagues. The professionalism evaluation will count as 10% of your overall rotation grade. The scores awarded by your preceptor in each area will be averaged and converted to a percentage score used for calculating the overall rotation grade.

12. Each student must pass each component of their rotation (preceptor’s evaluation, professionalism evaluation, and examination) by the equivalent of 70% to pass the month’s rotation. A grade of less than 70% on any component, regardless of the overall average, will result in an incomplete for the rotation and will remain as such until successful completion of a remediation plan as outlined below.

a. The first time a student fails one or more components of a rotation, at minimum, a remediation plan will be developed by the Professional Standards and Promotions Committee.

b. Failure of one or more components of a second rotation, at a minimum, will result in probation, additional remediation as determined by the PSPC, and the assignment of an elective that will strengthen the student’s area of weakness..

c. Failure of one or more components of a third rotation may result in dismissal.

13. Grades on the Student Clinical Performance Evaluation and the Professionalism Evaluation are given using a 100-point grading scale, with 70% as the minimum passing score.

**D. Other Clinical Year Evaluation Instruments**

**PACKRAT**

This is fundamentally a self-evaluation tool for both the student and the School. Performance that is lower than 1.5 standard deviations from the class mean may require clinical year adjustments to ensure an adequate educational experience.

**Summative Evaluation**

The Physician Assistant Student, in their second year of training, will be required to satisfactorily complete a comprehensive summative evaluation within the last four months of their training. The summative evaluation will consist of multiple components including but not limited to the following

* Written Summative Examination, consisting of at least 100 multiple choice type questions, reflecting the NCCPA blueprint.
  + A minimum score of 70 percent or greater will be required to satisfactorily complete this item
* OSCE, consisting of 4 standardized patient cases
  + The student must pass (with a 70 percent or greater) all major components of the OSCE to satisfactorily complete this item. Major components include: overall score, overall history score, overall physical exam score and individual case scores
* Professionalism
  + The professionalism evaluation will be based on a collective sum of the following
    - Faculty interactions during advisee group meetings, and classroom activities
    - Site visits
    - Review of preceptor comments/evaluation
    - Professionalism OSCE, if included
* Failure to satisfactorily meet professionalism standards may result in a meeting before the Professional Standards and Promotion Committee.

The Physician Assistant Student will be expected to successfully complete all components of the summative evaluation.

* If a student that fails one component of the comprehensive summative evaluation he/she will be required to remediate that component
* If a student fails more than one component of the comprehensive summative evaluation, he/she may be required to meet with the Professional Standards and Promotions Committee at which point a remediation policy will be determined. The Professional Standards and Promotions Committee reserves the right to enforce any and all actions that the committee deems appropriate for a given case up to and including deceleration and/or dismissal from the School of PA Studies.
* In addition to the summative examination, OSCEs, and professionalism components of the summative evaluation, consideration will be given to the student’s performance on patient write-ups and oral presentations.

**E. Testing Procedures**

1. End-of-rotation exams and other clinical year evaluation exercises are scheduled well in advance. Due to the fact that students are typically spread out across the State, and with end-of-semester grade reporting deadlines imposed on us by the University, postponing or making up exams will be very difficult to accomplish. Students must be on time for all scheduled end-of-rotation testing.

a. In the event of illness or personal emergency on the day of an examination, contact the Clinical Coordinator by phone. If you have not communicated directly with the Clinical Coordinator or the School Director, you have not been excused from the end-of-rotation exam. Other faculty and clerical staff cannot excuse you from your exams. Documentation of the reasons for an excused absence (as directed by the Clinical Coordinator) must be provided in all cases before exams will be rescheduled.

b. Rescheduling of missed exams is at the discretion of the Clinical Coordinator. If you are doing a rotation away from Gainesville, you may be required to take a day off and return to the UF Campus to make up a missed exam.

c. Unexcused absences from end-of-rotation exams may result in a failing grade for the rotation. As mentioned in previous sections, unexcused absences may result in a hearing before the Professional Standards and Promotions Committee.

2. The end-of-rotation exams for the months of July through October will be 90 minutes each. The remaining exams will be 60 minutes each.

a. Students must turn off cell phones and place all personal belongings in the storage bins within the computer testing center.

b. Once the exam has begun, the proctor will not answer any questions. Students should remain in their seats at all times until they have finished the examination. Students may be excused during the examination **one at a time** in order to use the rest room.

c. Keep in mind that all examinations conducted in the computer testing lab are subject to video monitoring. Do not communicate with other students during exams or do anything that could be construed as cheating.

3. Upon completing and submitting your exam, please leave the testing area.

**F. End-of-Rotation Exam Review Policy**

1. Students will be given the opportunity to review the items that they miss on the exam immediately following completion of the exam. The student will only be able to review items that were missed.

2. Exam reviews are often provided as a learning tool to help students identify clinical content areas where they have deficiencies. This information can be useful for planning and focusing self-directed study during the clinical year. The specific details of missed questions are not as important as identifying general knowledge weaknesses (e.g., consistently having difficulty with lab or treatment questions, or being weak in cardiology or neurology, etc.). **The exam reviews are not a forum to debate the structure, relevance, or format of questions - or to challenge the correct answer for a test item.**

**G. Questions Pertaining to Exam Questions**

In the event a student has a question or concern regarding an examination question, the student will address this issue with the Clinical Coordinator.

The student’s question or concern must address a specific issue regarding the examination question or assignment, such as having multiple correct answers, having no correct answers, etc. An explanation in support of the student’s argument should be made using supporting documents referring to specifics in the assigned readings. The Clinical Coordinator will consider the student’s challenge and will respond in writing (email is acceptable) within 5 business days after receiving the challenge as to their decision regarding the question being challenged.

**H. Student Evaluation of Rotation**

1. Students are required to complete an evaluation of each rotation, one for the SITE and one for the PRECEPTOR. Evaluation forms will be posted online on TYPHON approximately one week prior to the end of each rotation and must be completed before the final grade for the rotation will be released.
2. These evaluations of the preceptor and clinical site must be completed sometime between the last Monday and the Clinical Day for each rotation.

**I. Monitoring of Education During Clinical Year**

* 1. The monitoring of clinical sites and the training experiences during the month is accomplished by a variety of methods. Logging of certain patient information and procedures into databases are used to insure an adequate and robust clinical educational experience is obtained by each student and is a requirement of each student. All students must log the relevant and required clinical data for each patient seen. Information regarding student logging will be presented in the Summer A term.
  2. Site visits, both announced and unannounced, may occur during the month. During the site visit, a faculty member or other person designated by the PA program will visit a student in their clinical site and observe the student during the course of a patient encounter. The student will be evaluated on their performance, such as ability to gather an adequate history, perform a physical examination, presenting the patient to their preceptor, presenting a differential diagnosis, ordering and interpreting diagnostic testing, development of a management plan, or patient education. Feedback will be given each student and the site visit form will be placed in the student’s record.
  3. The first time a student does a rotation in Primary Care, Internal Medicine, General Surgery, Pediatrics, and OB/GYN (a total of five rotations), the student will submit a written H&P including assessment and plan to their preceptor before the end of the month’s rotation. This may be a separate written document or a copy of a chart entry but should not be a SOAP note or other abbreviated H&P. Patient identifiers must be removed in accordance with HIPAA regulations prior to submission to the SPAS. This will be reviewed by a faculty member and a copy will be filed in the student’s records.
  4. For each clinical day, each student will prepare a case presentation of a patient that they saw during the previous month. Selected students will be called upon to present their case during the meeting with their faculty advisor and colleagues. This case should be a different patient than the patient write-up discussed in #3 above. This presentation may be of an unusual presentation, an unusual disease or disorder, or a patient where the student learned a valuable lesson. The presentation will take the form of a standard oral case presentation, with a brief discussion at the end, including feedback from colleagues and advisor. This will be graded on a pass-fail basis by each student’s faculty advisor.
  5. At the completion of each Elective rotation and the Intensive Care Medicine rotation, the student will be required to turn in proof of completion of (3) Category I CME hours of instruction. (All CME activities MUST be AAPA/AMA-approved Category I hours) Two of these three hours will consist of CME topics, usually in the area of medicine in which the student was rotating that month, and will be assigned by the Clinical Team. The remaining CME hour may be completed in an area of the student’s choosing. **THIS ASSIGNMENT SHOULD BE DONE DURING THE MONTH AND IS DUE ON CLINICAL DAY.**

**J. Additional Requirements**

In order to take advantage of educational opportunities as they present themselves throughout the course of the clinical year curriculum, there may be additional experiences req*uired of all students, such as extra classroom sessions, on-line course modules*, remedial coursework, quizzes, etc.

**University of Florida**

**School of Physician Assistant Studies**

**ADMINISTRATIVE POLICIES AND PROCEDURES OF THE CLINICAL YEAR**

**INSTRUCTIONAL ROLES**

While it is recognized that many students may already possess skills/expertise in a given area taught in the academic year and may at the request and supervision of the course instructor help classmates to learn a given skill, at no time will students replace faculty/course instructors. Likewise, in the clinical year students may not be used to substitute for regular clinical or administrative staff.

**PROFESSIONAL DEMEANOR AND STUDENT DRESS CODE**

A. While you are on clinical rotation, patients and other health professionals will judge your professionalism by the your grooming and dress, your communication style, your conflict resolution skills, and your work ethic (showing up on time prepared and ready to work). The community of physician assistants and physician assistant employers in the State of Florida is relatively small. Impressions that you make on clinical rotation may influence future employment opportunities and professional licensure. You should all strive to project a positive image of the PA profession and the University of Florida.

B. The School of Physician Assistant Studies expects all students to be professional in their dealings with patients, colleagues, faculty, and staff and to exhibit caring and compassionate attitudes. These and other qualities will be evaluated in the Professionalism Evaluation form by each preceptor during your clinical year rotations. Professional behavior is defined as behavior appropriate to the circumstances. Professional behavior reflects on a student’s qualification and potential to become a competent clinician. **Attitudes or behaviors inconsistent with compassionate care; refusal by, or inability of, the student to participate constructively in learning or patient care; derogatory attitudes or inappropriate behaviors directed at patients, peers, faculty, preceptors, or staff; misuse of written or electronic patient records (i.e. accession of patient information without valid reason); substance abuse; failure to disclose pertinent information on a criminal background check; or other unprofessional conduct can be grounds for dismissal. Dismissal from the School of Physician Assistant Studies for unprofessional behavior may, subsequently, jeopardize the student’s eligibility for admission to any other college in the university.**

Examples of standards for professional behavior include, but not limited to the following: accepting personal responsibility for the care of one’s patients; demonstrating appropriate truthfulness and honesty with colleagues; communicating an attitude of caring (empathy) in the course of health care delivery; recognizes personal beliefs, prejudices, and limitations; demonstrates respect for patients, families, members of the health care team, and colleagues; demonstrates initiative in patient care and a consistently good work ethic; and respects patient confidentiality at all times in verbal and written communication with others. Inadequate communication and/or failure to respond to communication initiated by the SPAS is also considered unprofessional, and may result in a substantial reduction in professionalism grade on any given rotation.

The conferring of the degree Master of Physician Assistant Studies certifies that the student is not only competent to undertake the career as a physician assistant but possesses the personal traits essential to the profession as judged by the faculty, preceptors, peers, and colleagues.

C. Students who are not in adherence with the professional standards set forth by the School will have a hearing of the Professional Standards and Promotions Committee. If the Committee determines that unprofessional behavior was demonstrated by a student, the following steps may be taken: Depending on the severity of the behavior, the student may be warned in writing that the behavior is unacceptable and that if the behavior is continued, it may lead to their dismissal from school. Such a letter will provide examples about what is or what is not acceptable, and may encourage the student to seek professional help from an appropriate resource. The letter may state that counseling, therapy, and anger management sessions may be considered as options. **Some types of behavior may be so egregious as to justify immediate dismissal of a student. Such behavior might include criminal acts or substance abuse.**

If there is a second documented case of unprofessional behavior, the student must appear before the Professional Standards and Promotions Committee and address why he/she should not be dismissed from school.

Appeals of any decisions of the Professional Standards and Promotions Committee must be made in writing to the Associate Dean/Director of the School of Physician Assistant Studies within two (2) business days of receiving official notification of the decision. The Associate Dean/Director will make a decision based on the facts and the written appeal within three (3) days of receiving the appeal. Official written notification will be made to the student of the decision of the appeal.

D. Appropriate dress for clinical rotations

1. A long white lab coat with a name tag identifying you as a University of Florida PA student is REQUIRED while on clinical rotation.

2. All clothing must be clean and appropriate to a professional working environment. Men should wear ties unless directed otherwise by clinical preceptors or when ties would be inappropriate (e.g., in an operating room).

3. Blue jeans, shorts, T-shirts, sandals, open-toed shoes, sneakers, and other casual dress are not appropriate to the clinical setting.

4. The University provides liability insurance for PA students ONLY if the student's nametag is worn. Students not in compliance will be pulled off rotation until they have their badge. Nametags may be purchased at the HSC Gator 1 Card office.

**Class (ROTATION) Registration in the Clinical Year**

A. The School of PA Studies completes registration for clinical students each semester during the clinical year.

B. Students are responsible for insuring that all fees are paid to the University by the appropriate deadlines. Failure to pay registration fees on time may result in the cancellation of registration by the University and assessment of a late fee.

C. Failure to notify both the University and School of PA Studies of address/name changes may result in cancellation of registration and assessment of a late fee by the University. Students may update their current or permanent address at [www.isis.ufl.edu](http://www.isis.ufl.edu). A UFID and PIN number will be required.

D. All required immunizations and proof of current health insurance must be complete and on file prior to registering for clinical rotations. Without these requirements students will not be able to start their clinical rotation.

E. If registration is cancelled due to non-payment of fees, students are **IMMEDIATELY** terminated from their rotation; the University malpractice insurance program covers only registered students.

**ACADEMIC STANDARDS**

Any course grade below a “C” (or a failure in a pass/fail course) in the clinical year of the School of PA Studies may be grounds for dismissal for academic reasons, subject to the decision of the School of PA Studies faculty Professional Standards and Promotions Committee. If a student earning a grade below a “C” is retained in the School, he/she will be placed on probation for the duration of his/her time in the School of PA Studies and will be required to complete any remedial work prescribed by the faculty; this may result in the student’s delayed graduation and could affect the selection of elective rotations in the clinical year.

**STUDENT ASSESSMENT PROCEDURES**

The School of PA Studies faculty, meeting as the Professional Standards and Promotions Committee, will evaluate issues of student compliance with School of PA Studies requirements, policies, and professionalism. The Committee will review the issue of concern and the circumstances surrounding it and may require the student to appear before the Committee.

The above mentioned committee will then decide on the appropriate action, which may include dismissal from the School of PA Studies.

**ACADEMIC HONESTY**

The University of Florida expects students to be honest in all of their university class work. Therefore, students are required to commit themselves to academic honesty by signing the following statement as part of the admissions process.

"I understand that the University of Florida expects its students to be honest in all of their academic work. I agree to adhere to this commitment to academic honesty, and understand that my failure to comply with this commitment may result in disciplinary action, up to and including expulsion from the University."

This statement serves to remind students of the obligations they assume as students at the University of Florida. Matters of pure violations of academic honesty are adjudicated pursuant to University regulation by the Health Science Center Student Conduct Committee.

**GRIEVANCE / APPEALS PROCEDURE in the CASE OF ACADEMIC HONESTY**

After a decision of the Professional Standards and Promotions Committee has been established, a student has the right to appeal.

1. The first (and, in most circumstances, only) appeal will be made in writing to the School of PA Studies Director within two working days of the student’s receipt of the aforementioned committee’s decision.

2. For matters involving a question of academic honesty, if the student and School of PA Studies Director do not agree on an outcome, the student can exercise his/her right to a hearing with the Health Science Center Student Conduct Committee. This will be conducted through Student Conduct and Conflict Resolution in the Dean of Students office. Please visit <http://www.dso.ufl.edu/sccr/honorcodes/conductcode.php> to view a copy of the violation and procedures that will be followed.

**PROMOTION AND GRADUATION**

A. Promotion from the academic to the clinical year and graduation from the School of PA Studies are based on the student’s mastery of essential competencies and readiness to assume a professional role, as well as his/her academic performance. While grades are important, the decisions for promotion and graduation are based on the composite picture of both academic performance and professional growth and development. If a student has failed to demonstrate an attitude of professionalism or if the Professional Standards and Promotions Committee does not believe the student is prepared to assume patient care responsibilities, a student may be dismissed from the School of PA Studies.

B. The following criteria will be used by the Professional Standards and Promotions Committee as the basis for promoting academic year PA students to the clinical year and for recommending clinical PA students for graduation from the School of PA Studies. Students who fail to meet all promotion criteria may be either dismissed from the School of PA Studies or required to remediate any deficiencies deemed necessary by the faculty committee.

* Maintain a grade of “C” or higher (or a “pass” in a pass/fail course).
* Achieve an acceptable score on any summative evaluation at the end of the clinical year.
* Demonstrate acceptable levels of maturity, integrity, and other attitudes and behaviors normally expected of health professionals as determined by professionalism evaluations and observations by faculty.

C. If a student has failed to demonstrate an attitude of professionalism, or if the Professional Standards and Promotions Committee believe a student is not prepared to assume patient care responsibilities as based on preceptor comments and evaluations, a student may be dismissed from the School of PA Studies at any time prior to promotion or graduation.

**Release of Information / Reference Letters**

A. Throughout the course of the clinical year, the School of PA Studies may have to release information about any student’s academic status to third parties (e.g., information relating to student loan verification, scholarship applications, rotation credentialing, licensure, etc.).

1. If you signed the universal release form at orientation, **then no further releases are usually required**.

2. If release of information is required, the student MUST fill out a release of information form prior to the School’s releasing any information.

3. The School of PA Studies will not release any information without the student’s signed consent in compliance with the Buckley Amendment. The form is available in the office and online at the clinical year website.

B. Reference letters and telephone employment recommendations by School of PA Studies faculty also require prior release from students. Remember to ask the individual first if he/she will be a reference for you.

**OUTSIDE EMPLOYMENT**

Outside employment, whether inside or outside the institution, is strongly discouraged during enrollment in the School of PA Studies. Physician assistant education is a full time endeavor. However, while School approval is not required for a student to start work, it is essential that the work must not interfere with the student’s education. If, in the judgment of the faculty, outside employment is diminishing the student’s ability to be an effective learner, the student will be required to reduce or eliminate his/her work.

**WITHDRAWAL**

Students withdrawing from the School of PA Studies must submit a withdrawal letter to both the School of PA Studies and the UF Registrar’s Office, as well as complete any paperwork needed by either office, and settle any university obligations. UF may refund some portion of the tuition. For details see The University Record (the UF catalog), the section on “Fees and Other Fiscal Information,” the “Enrollment and Student Fees,” “Refund of Fees” subsections within it. (Catalogs are available by year online at [www.reg.ufl.edu/catalog.html](http://www.reg.ufl.edu/catalog.html).)

**LEAVES OF ABSENCE**

Any request for an extended leave of absence (one month or more) must be submitted to the Associate Dean & Director, UF School of PA Studies as a written letter, including the reason and justification for the request. Requests for leave will be considered on a case-by-case basis. An extended absence may require repeating a portion of a year, one entire year, or both years, depending on the individual educational situation. A leave of absence greater than two months may require reapplication to the School of PA Studies.

**VISITING THE SCHOOL OF PA STUDIES OFFICES**

In order to maintain a professional atmosphere appointments must be made with a faculty or staff member. This will ensure that academic and personal affairs of each student are kept confidential while abiding by federal and state laws. When arriving for appointments, please let the front desk know whom you need to see and he/she will inform the proper person. Appointments can be made at the discretion of the faculty/staff member.

**IMMUNIZATIONS AND HEALTH HISTORY**

A. University of Florida regulations require that all new students complete both the Immunization and Health History with the Student Health Care Center (SHCC). Students failing to meet this requirement will NOT be permitted to register. All required immunizations must be kept current throughout enrollment in the School of PA Studies. Failure to meet these requirements may result in dismissal.

B. Allergy to formaldehyde (previous and subsequent to enrollment) must be verified by a physician. The student must give this information to the College of Medicine Americans with Disabilities (ADA) office in order for protective mask/cartridge charges to be paid. Otherwise, the student will be responsible for the cost.

C. **Hepatitis vaccination series** and **Tuberculin skin test** (e.g., PPD or equivalent) must be completed during the Summer A semester. Any student who has not completed this series will not be permitted to start clinical rotations.

**HEALTH AND DISABILITY INSURANCE**

As outlined in the orientation information, you must show proof of medical insurance prior to matriculation into the School of PA Studies. This must include both health and hospitalization and must be maintained throughout the duration of your matriculation in the School of PA Studies. Please read your policy carefully and note any exclusion for preexisting conditions, HIV infections, etc. Additionally, you are strongly encouraged to carry disability insurance to cover possible consequences in the event of a needle stick injury or other potential exposure to HIV infection. Currently, the College of Medicine does not have a group policy available. Student Health ([www.shcc.ufl.edu/insurance/ship.shtml](http://www.shcc.ufl.edu/insurance/ship.shtml)) offers coverage to students who are enrolled in a professional program and are taking at least 6 credit hours/semester. Since disability insurance carriers for students are limited, you are encouraged to explore this option through your own insurance carrier.

**CRIMINAL BACKGROUND CHECKS AND DRUG SCREENING**

A. For any felony convictions that occur between the time of submission of the CASPA application and matriculation into the School of PA Studies, the specific details, including date of charge(s), type of offense, and disposition of the case, must be reported to the School Director’s office immediately. After matriculation into the School of PA Studies, should you be convicted of any felonies at **any** time during your enrollment in the School, you must report the details (see specific details enumerated above) immediately to the School Director’s office. Failure to comply will be grounds for dismissal from the School of Physician Assistant Studies.

B. During the course of the clinical phase of the School of Physician Assistant Studies, students will be required to undergo one or more national criminal background checks, which may include finger printing. In addition, certain clinical sites that are regularly used by the School of PA Studies may require additional drug screening in order for students to have practice opportunities at those institutions.

C. A criminal background check that reveals criminal activity or a failure to pass drug screening may impede clinical training or status in the School of PA Studies. By accepting admission to the School, students agree to submit to national criminal background checks and drug screening, and also agree to pay expenses associated with screenings.

**NAME CHANGES**

Any PA student who changes his/her name while enrolled in the School of PA Studies (i.e., marriage, divorce) is responsible for filing the appropriate forms with the University of Florida requesting a name change. The School of PA Studies will not be responsible for requesting the student’s name change. Failure to complete this change may result in grade reports or a degree being withheld by the University of Florida until this process is complete.

**ADDRESS / PHONE CHANGES**

You may update your current and/or permanent address with UF online at [www.isis.ufl.edu](http://www.isis.ufl.edu). You will need your UFID number and PIN. In addition, you must notify the School of PA Studies office of any address or phone number change.

**FINANCIAL AID**

Students in the College of Medicine are now able to handle all of their financial aid affairs in the Health Science Center (Room M-128). Ms. Eileen Parris is the Coordinator of Student Financial Aid and can be reached at 273-7939 or at [eparris@ufl.edu](mailto:eparris@ufl.edu). She is available for appointments or can be seen on a walk-in basis for counseling, check disbursement, etc. She has a detailed website at [www.med.ufl.edu/oea/finaid](http://www.med.ufl.edu/oea/finaid).

**STUDENT COUNSELING AND DEVELOPMENT**

Students within the College of Medicine have the availability of confidential personal and academic counseling at the Health Science Center (Room M-135). The Program Director, Beverly L. Vidaurreta, Ph.D., can be reached at 352-273-8383, by pager at 352-413-6313, or by email at [dr.vidaurreta@gmail.com](mailto:dr.vidaurreta@gmail.com). Dr. Vidaurreta provides student counseling and student development workshops on topics such as effective study techniques, resume writing, stress management, etc.

**SEXUAL HARASSMENT**

It is the policy of UF that sexual harassment will not be tolerated at the university and should not be ignored. It is a violation of federal and state laws and university rules and policy. Sexual harassment is the inappropriate introduction of unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature, where sex would otherwise be irrelevant. See the UF Sexual Harassment web page at [www.aa.ufl.edu/aa/affact/harass](http://www.aa.ufl.edu/aa/affact/harass). If you believe you have been sexually harassed, report it at once to the School of PA Studies. In addition, confidential counseling is available from Beverly L. Vidaurreta, Ph.D., Program Director of the College of Medicine Office of Student Counseling and Development. Dr. Vidaurreta can be reached at 352-273-8383, by pager at 352-413-6313, or by email at [dr.vidaurreta@gmail.com](mailto:dr.vidaurreta@gmail.com).

**COMMUNICATING WITH THE SCHOOL OF PA STUDIES DURING THE CLINICAL YEAR**

**A. Student Status Changes**

Students must immediately inform the School of PA Studies of any personal or professional circumstance that affects their standing in the University, the status of the clinical rotation, or the School of PA Studies itself. Students are also responsible for notifying both the University and the School of PA Studies of any address or name changes.

**B. Email Policy**

**IT IS ESSENTIAL THAT YOU CHECK YOUR UF EMAIL EVERY DAY**. Student communication with the School of Physician Assistant Studies is routinely accomplished via email communications. This is especially true during the clinical year of education when many students are away from Gainesville. Students will be expected to check their University of Florida (e.g. “@ufl.edu”) email accounts every day for essential communications.  These may also be accessed via UF Exchange email at <http://www.mail.ufl.edu/>. Email responses are expected in a timely manner. In order to avoid problems with receiving important messages from the School due to exceeding your GatorLink email quota, delete old messages and clear your browser cache on a regular basis. You will be responsible for the inability of the School to deliver important email to you because of failure to manage your email account. Failure to do so reflects poorly on the student’s professional development.

When communicating with the School, it is SPAS policy that only University of Florida email accounts will be recognized for student communication. This is important because e-mails originating from third-party accounts/services, such as Yahoo, gmail, and others are frequently routed to quarantine folders. In these cases, the recipient may not be notified of the email until a later date when the quarantine folder contents are reviewed. University of Florida policy allows emails to be forwarded to on-campus or alternate e-mail addresses. If a student wishes to use such a service, please assure that when responding to emails the student’s GatorLink email account is displayed as the sender’s identification. If the sender’s identification does not reflect the student’s GatorLink account, it may be sent to a quarantine folder and not responded to within an appropriate timeframe. University

of Florida policies pertaining to email forwarding and computing resources, including security and privacy issues, can be found at:

<http://www.it.ufl.edu/policies/aupolicy.html> and

<http://www.it.ufl.edu/policies/forwarding.html>

**C. Social Networking Sites**

The School of Physician Assistant Studies subscribes to the policy pertaining to the use of social networking sites as adopted by the College of Medicine. This policy, reproduced below, can be found at:

<http://osa.med.ufl.edu/policies/use-of-social-networking-sites/>

The administration of the College of Medicine recognizes that social networking websites and applications, including but not limited to Facebook, MySpace, and Twitter, are an important and timely means of communication. However, students and residents who use these websites and other applications must be aware of the critical importance of privatizing their web sites so that only trustworthy “friends” have access to the websites/applications. They must also be aware that posting certain information is illegal. Violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability, and the punishment for violations may include fines and imprisonment. Offenders also may be subject to adverse academic actions that range from a letter of reprimand to probation to dismissal from school or resident training.

The following actions are strictly forbidden:

* In your professional role as a caregiver, you may not present the personal health information of other individuals. Removal of an individual’s name does not constitute proper de-identification of protected health information. Inclusion of data such as age, gender, race, diagnosis, date of evaluation, or type of treatment or the use of a highly specific medical photograph (such as a before/after photograph of a patient having surgery or a photograph of a patient from one of the medical outreach trips) may still allow the reader to recognize the identity of a specific individual.
* You may not report private (protected) academic information of another student or trainee. Such information might include, but is not limited to: course or clerkship grades, narrative evaluations, examination scores, or adverse academic actions.
* In posting information on social networking sites, you may not present yourself as an official representative or spokesperson for the University of Florida College of Medicine.
* You may not represent yourself as another person, real or fictitious, or otherwise attempt to obscure your identity as a means to circumvent the prohibitions listed above and below.
* You may not utilize websites and/or applications in a manner that interferes with your official work commitments. That is, do not tie up a hospital or clinic computer with personal business when others need access to the computer for patient-related matters. Moreover, do not delay completion of assigned clinical responsibilities in order to engage in social networking.

In addition to the absolute prohibitions listed above, the actions listed below are strongly discouraged. Violations of these suggested guidelines may be considered unprofessional behavior and may be the basis for disciplinary action.

* Display of vulgar language
* Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
* Presentation of personal photographs or photographs of others that may reasonably be interpreted as condoning irresponsible use of alcohol, substance abuse, or sexual promiscuity.
* Posting of potentially inflammatory or unflattering material on another individual’s website, e.g. on the “wall” of that individual’s Facebook site.

When using these social networking websites/applications, students and residents are strongly encouraged to use a personal e-mail address, rather than their ufl.edu address, as their primary means of identification. Individuals also should make every effort to present themselves in a mature, responsible, and professional manner. Discourse should always be civil and respectful.

Please be aware that no privatization measure is perfect and that undesignated persons may still gain access to your networking site. A site such as YouTube, of course, is completely open to the public. Future employers (residency or fellowship program directors, department chairs, or private practice partners) often review these network sites when considering potential candidates for employment.

Finally, although once-posted information can be removed from the original social networking site, exported information cannot be recovered. Any digital exposure can “live on” beyond its removal from the original website and continue to circulate in other venues. Therefore, think carefully before you post any information on a website or application. Always be modest, respectful, and professional in your actions.

**PROFESSIONAL STANDARDS**

A. Physician assistant students, like students in any professional program, are expected to maintain high standards of honesty and personal integrity. Academic achievement alone will not assure successful completion of the School of PA Studies. PA students must also demonstrate professionalism, maturity, integrity, and those attitudes and behaviors expected of all health professionals.

B. The School of PA Studies expects all PA students to be professional in their dealings with patients, colleagues, faculty, and staff and to exhibit caring and compassionate attitudes. Professional behavior is defined as behavior appropriate to the circumstance. Attitudes or behaviors inconsistent with compassionate care; refusal by or inability of the student to participate constructively in learning or patient care; derogatory attitudes or inappropriate behaviors directed at patient groups, peers, faculty, or staff will not be tolerated by the School of PA Studies. Also see section on Professional Demeanor and Student Dress Code (page 74).

C. No alcoholic beverages are to be consumed during working hours or while on call.

D. Students are reminded that use of illicit drugs is incompatible with the professional role of the physician assistant. Students who use illicit drugs during the clinical year risk dismissal from the School of PA Studies as well as legal consequences.

E. Clinical year students are representatives of the UF School of PA Studies as well as the physician assistant profession as a whole. This should be kept in mind during all interactions with patients, physicians, and other health care personnel during rotations.

F. Students are expected to conduct all personal business and social activities after assigned hours of the rotation and end-of-rotation days.

G. Male students will obtain a female chaperone for female breast and pelvic examinations. Female students are encouraged to obtain chaperones for GU examinations on males.

H. Employment during the clinical year is strongly discouraged. If a student chooses to moonlight, it MUST NOT interfere with academic work or clinical rotation schedules.

I. Sexual Harassment:

1. In addition to being a violation of state and federal laws, behavior involving unwanted sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature is incompatible with faculty, staff, and student status in the University of Florida School of PA Studies.

2. Dating individuals at your monthly rotation site (i.e., physicians, residents, support staff, etc.) is highly discouraged. This can be viewed as a form of sexual harassment.

3. Further information regarding sexual harassment policies is outlined in the sexual harassment policy section under the Administrative Policies and Procedures portion of this manual (see page 81).

4. Students should call the School of PA Studies immediately if they have felt as if they have been harassed while on clinical rotation.

J. Medical Records and Patient Confidentiality

1. During your training as a physician assistant student you will have occasion to review patients’ medical records and gather health information. All data gathered about a patient and his/her medical condition, including all items within a patient’s medical records or verbal communication from a patient, is privileged information. Students are not to discuss a patient’s medical record in any manner or situation that would reveal any information about that patient to any person not involved in the patient’s health care. Refrain from discussing your patients in public places, such as cafeterias and elevators, where your conversations may be overheard. Remind those who may be inappropriately discussing patient information, about patient confidentiality.

2. If you are asked to present information about a patient’s condition while on rotation or as part of a Clinical Day activity, all identifying information (name, address, date of birth, and ID numbers) should be deleted from the records that are copied or presented. A patient may be identified according to initials or a fictitious name. Never discuss patients in a dehumanizing or insensitive manner. Although you are required by the School of PA Studies to complete HIPAA training, some practices and most hospitals will require you to sign a confidentiality statement or complete additional training.

3. All entries that you make in patients’ records must be signed with your name followed by PA-S (physician assistant student). The clinical preceptor must countersign all entries/orders before the end of each day during rotation. NO student should EVER leave the rotation for the day without orders or documentation signed off. Additionally no patient should ever be discharged without a physician co-signature. Non-compliance with these requirements could result in liability issues for the student, the site, and the School of PA Studies. All signatures MUST be legible. Therefore, it is recommended that in addition to your signature, you should BLOCK print your name and title under it.

K. Students will adhere to ethical principles and use practical reasoning when treating patients. Refer to the Guidelines for Ethical Conduct for the Physician Assistant Profession Policy of the American Academy of Physician Assistants Adopted May 2000 below (see page 109).

L. No student should medically treat other PA students, friends, or family members while a student in the UF School of PA Studies.

**STUDENT HEALTH / RISK MANAGEMENT / UNIVERSAL PRECAUTIONS**

The College of Medicine School of Physician Assistant Studies has a solid, long-standing commitment to protect the health and well being of students, faculty, staff, patients, and the general public. Students in the School of Physician Assistant Studies are required to show proof of appropriate immunity, or documented immunization, prior to matriculation and prior to the onset of actual patient contact. Ultimately, each student is responsible for his/her health and safety in the clinical/educational setting. Therefore, it is the goal of the School of Physician Assistant Studies that all students learn appropriate policies and procedures to follow in the event that they are injured or potentially exposed to blood-borne pathogens or other communicable diseases. During the academic year of training, presentations are given on universal blood and body fluid precautions, infection control, and prevention of the spread of communicable disease. In addition, the Student Advocacy Committee monitors student health policies and procedures, in order to insure compliance with institutional and state health requirements.

**A.** **Health and Immunization Requirements.** All health and immunization requirements must be up to date and in the student’s file in the School of PA Studies office. If there is an incomplete file, the student must comply before being allowed to begin the clinical year. Hospitals may have additional immunization requirements prior to beginning rotations. The following are the requirements of the University of Florida and the College of Medicine School of Physician Assistant Studies:

1. A screening health history form provided by the Student Health Care Center (SHCC).

2. Proof of current health insurance. Certification of current health insurance is mandatory for each year of enrollment in the School of Physician Assistant Studies.

3. Proof of two immunizations against measles, mumps, and rubella (MMR), or laboratory evidence of a positive (immune) titer against each of the three infections. In the absence of proof of either immunization or immunity, students will be re-immunized by the SHCC.

4. Proof of a negative PPD skin test for tuberculosis (by Mantoux) within the past year, and if positive, proof of a chest x-ray negative for active disease.

5. Documentation of varicella (chickenpox). Either proof of positive (immune) varicella titer or two immunizations with varicella vaccine must be submitted. In the absence of proof of either immunization or immunity, students must be immunized; this can be done by the SHCC or your primary care physician.

6. Proof of the three-dose immunization against Hepatitis B, or completion of the three-dose immunization series prior to the completion of the first semester of the first year. Immunizations can be received at the SHCC. Proof of the completion of the Hepatitis B immunization series is required prior to patient contact.

7. In addition to the above required immunizations, up-to-date immunization against tetanus/diphtheria and a Hepatitis B titer are highly recommended. Some sites also require Hepatitis A vaccination.

**B. Health and Disability Insurance.** The School of Physician Assistant Studies requires all students to be covered by major medical insurance. It is not sufficient for the student to seek care through the Student Health Care Center, for the SHCC can offer only primary outpatient care. Insurance may be acquired through a family major medical policy, through a private insurance agency, or by purchasing the University of Florida Student Government Health Insurance Plan B. It is highly advisable that the insurance plan chosen, offer appropriate, comprehensive coverage throughout the State of Florida and not simply in Gainesville and Alachua County or at a distant city/county/state only. The student should check with his/her insurance company as to the coverage provided for accidental exposure. It is important for students to realize that medical expenses for care provided by Shands Hospitals and hospitals affiliated with the College of Medicine School of Physician Assistant Studies, including laboratory procedures and emergency care, are the responsibility of the student and not the College of Medicine School of Physician Assistant Studies or the University. Any injury or accidental exposure is NOT considered workmen’s compensation since the student is not an employee of the site.

The School of Physician Assistant Studies strongly advises all PA students to acquire disability insurance, to provide protection in the event of a long-term illness or injury.

**C.** **Policies for Potential Exposures to Blood-borne Pathogens and Communicable Diseases**.

1. Policies and procedures concerning blood-borne pathogen exposures and exposures to communicable diseases are addressed during the academic year of training.

2. It is the responsibility of the student to report sharp injuries, needle sticks, or other potential exposure to blood-borne pathogens via blood or body fluids immediately to the supervisor at the facility where the accident occurs. The student must also notify the School of PA Studies in the event of an exposure incident within 24 hours of the exposure (see **Report of Accidental Exposure form** on the Clinical Year website).

. In the event that the student contracts a communicable disease which potentially poses a risk to patients or co-workers (e.g., tuberculosis, varicella), steps will be taken to prevent dissemination in accordance with Student Health, Public Health, and/or CDC protocols. Certain communicable diseases may also be reported to county or state health authorities, as required by law.

3. **Potential Blood-borne Pathogen Exposures.** It is the goal of the UF Student Health Care Center to offer timely, state-of-the-art care for students who have experienced potential blood-borne pathogen exposures in the UF/Shands Health System. Time is frequently of the essence in managing blood-borne pathogen exposures. For example, some treatment regimens must be started within two hours of exposure to be maximally effective. In the event of a potential blood-borne pathogen exposure, students should immediately contact a medical provider at the Student Health Care Center at (352) 392-1161; after hours, call 1-866-477-6824. A member of the medical staff is available for phone consultation 24-hours a day. The SHCC medical provider will make recommendations for immediate evaluation and care as follows:

a. If the student is within a one-hour radius of Gainesville (including Shands at UF Hospital and Clinics, Shands at AGH, the Gainesville VA Hospital, or other nearby clinical sites), the student should receive his/her care at one of the following Student Health Care Center facilities:

* The Student Health @ Shands satellite clinic, (352) 392-0627, Room D2-52, located in the 2nd floor Dental Tower, open Monday through Friday 8:00 a.m. to 5:00 p.m., Fall & Spring semesters.
* The Student Health Care Center (SHCC) at the main Infirmary Building on Fletcher Drive, located next to the Florida Gym, (352) 392-1161. During Fall and Spring semesters, the SHCC is open Monday through Friday 8:00 a.m. to 4:30 p.m. It is closed on weekends and university holidays. During Summer semester and semester breaks, please call the SHCC for hours.

b. If the student is at an off-site rotation more than one-hour from Gainesville (including University Medical Center in Jacksonville and rotations in Orlando), the student should notify his/her rotation supervisor and the UF SHCC (352-392-1161), and then seek care at the Emergency Department or Employee Health Clinic at his/her hospital, or at a nearby hospital emergency center. Subsequently, the student should call to make an appointment at the SHCC @ Shands or the main SHCC @ the Infirmary Building for appropriate follow-up care.

c. After hours, the student should seek immediate care for potential blood-borne pathogen exposures at the Shands at UF Emergency Department, (352) 395-0050, or at the local Emergency Department for distant off-site rotations. Once again, the student should call to make an appointment at the SHCC @ Shands or the main SHCC @ the Infirmary Building for appropriate follow-up care.

In the event of any potential blood-borne pathogen exposure, the student should obtain the name of the source patient, medical record #, room number, and diagnosis. This information is necessary to assist the medical provider in determining the potential severity of the exposure. If initial care is provided outside the SHCC/Shands system, the student should inform the provider that UF physicians follow current CDC guidelines in determining the need for post-exposure HIV prophylaxis. If the provider has questions, he/she could call the SHCC at (352) 392-1161 or the Shands @ UF Emergency Department at (352) 395-0050. Appropriate first aid should be given for the injury and a tetanus booster when indicated.

If a student's health insurance has finally determined that it will not cover a medically appropriate course of prophylactic treatment for the student's potential exposure to HIV (which exposure occurred in the course of the student's college studies and activities), the College of Medicine may assist the student and pay for the treatment. A student may request the College of Medicine's assistance by discussing his/her situation with a representative of the Office of Student Affairs.

**D.** **Students Ill with Communicable Diseases.** By College of Medicine and Shands Hospital policy, students with communicable diseases or conditions may not be allowed patient contact. This restriction may be necessary to protect the health and safety of UF and Shands patients and staff. Persons with the following medical conditions will not be allowed patient contact without a medical clearance:

* Active chickenpox, measles, German measles, herpes zoster (shingles), hepatitis A, hepatitis B, hepatitis C, tuberculosis
* Oral herpes with draining lesions
* Group A streptococcal disease (i.e., strep throat) until 24 hours of treatment received
* Diarrhea lasting over three days or accompanied by fever or bloody stools
* Draining or infected skin lesions
* Conjunctivitis

If an ill student is unsure whether he/she should participate in patient care, the student should contact the SHCC clinical staff at (352) 392-1161, or the Student Health @ Shands satellite clinic at (352) 392-0627.

**E.** **Policies Regarding HIV/AIDS and Other Communicable Diseases.** It is the policy of the University of Florida to assess the needs of students or employees with HIV infection or other communicable diseases on a case-by-case basis. If any such infection occurs in a College of Medicine student, any recommendations made or actions taken by the College of Medicine or the Shands Hospitals will respect the confidentiality and welfare of the student, while also recognizing and responding to issues regarding the welfare of patients, the College of Medicine/ School of PA Studies, and the hospital. The College on a case-by-case basis will evaluate each student’s situation. With the permission of the affected student, the Director of the Student Health Care Center (a physician) will assist in the coordination of resources and services.

1. Currently, the UF College of Medicine and the Shands Hospital do not recommend the routine HIV testing of patients, students, or healthcare workers. However, it is certainly prudent for individual healthcare workers, including students, to be aware of their own individual HIV status so that they can take appropriate precautions and measures. With current advances in HIV/AIDS treatment, early intervention can be crucial to maintaining well-being and delaying complications of the illness. If future state or federal legislation were to change guidelines or requirements for HIV testing of healthcare workers or healthcare students, the College of Medicine and Shands Hospitals would comply as required.

2. In the event of a potential blood-borne pathogen exposure in a student, the medical provider will recommend HIV testing as a baseline and also follow-up intervals of 6 weeks, 3 months, and 6 months. When testing is medically advisable, it is subject to informed consent and results are treated confidentially.

3. The best protection is prevention and adherence to Standard Universal Precautions (see below).

**F.** **Standard Universal Precautions**. When providing patient care, regardless of the real or perceived communicable disease status of the patient, all students and staff should follow Standard Universal Precautions:

* Wash hands before and after patient contact, according to hospital policy, even if gloves are used.
* Wear gloves when exposure to blood, body fluids, excretions, or secretions is likely.
* Use gloves appropriately according to aseptic and/or sterile techniques, and change gloves between patients.
* Wear gowns/aprons when soiling of clothing with blood or body fluids is likely.
* Wear masks, face shields, and eye protection when aerosolization of blood or body fluids may occur.
* Dispose of sharps in designated rigid sharps containers. Never recap by hand.
* Dispose of waste saturated with blood or body fluids in designated red-bag trash containers.

**UNIVERSITY OF FLORIDA**

**SCHOOL OF PHYSICIAN ASSISTANT STUDIES**

**Competencies for the Physician Assistant Profession**

**Preamble**

In 2003, the National Commission on Certification of Physician Assistants (NCCPA) initiated an effort to define PA competencies in response to similar efforts being conducted within other health care professions and growing demand for accountability and assessment in clinical practice. The following year, representatives from three other national PA organizations, each bringing a unique perspective and valuable insights, joined NCCPA in that effort. Those organizations were the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA), the body that accredits PA educational programs; the Association of Physician Assistant Programs (APAP), the membership association for PA educators and program directors; and the American Academy of Physician Assistants (AAPA), the only national membership association representing all PAs.

The resultant document, *Competencies for the Physician Assistant Profession*, is a foundation from which each of those four organizations, other physician assistant organizations, and individual physician assistants themselves can chart a course for advancing the competencies of the PA profession.

**Introduction**

The purpose of this document is to communicate to the PA profession and the public a set of competencies that all physician assistants regardless of specialty or setting are expected to acquire and maintain throughout their careers. This document serves as a map for the individual PA, the physician-PA team, and organizations that are committed to promoting the development and maintenance of these professional competencies among physician assistants.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies1 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 and 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 setting.

1In 1999, the Accreditation Council for Graduate Medical Education (ACGME) endorsed a list of general competencies for medical residents. NCCPA’s Eligibility Committee, with substantial input from representatives of AAPA, APAP and ARC-PA, has modified the ACGME’s list for physician assistant practice, drawing from several other resources, including the work of Drs. Epstein and Hundert; research conducted by AAPA’s EVP/CEO, Dr. Steve Crane; and NCCPA’s own examination content blueprint.

**UNIVERSITY OF FLORIDA**

**SCHOOL OF PHYSICIAN ASSISTANT STUDIES**

**PHYSICIAN ASSISTANT COMPETENCIES**

The PA profession defines the specific knowledge, skills, and attitudes required and provides educational experiences as needed in order for physician assistants to acquire and demonstrate these competencies.

**Medical knowledge**

Medical knowledge includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion, and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Physician assistants are expected to:

* Understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
* Identify signs and symptoms of medical conditions
* Select and interpret appropriate diagnostic or lab studies
* Manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions, and adverse reactions of pharmacologic agents and other relevant treatment modalities
* Identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
* Identify appropriate interventions for prevention of conditions
* Identify the appropriate methods to detect conditions in an asymptomatic individual
* Differentiate between the normal and the abnormal in anatomy, physiology, laboratory findings, and other diagnostic data
* Appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
* Provide appropriate care to patients with chronic conditions.

**Interpersonal & communication skills**

Interpersonal and communication skills encompass verbal, nonverbal, and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients’ families, physicians, professional associates, and the health care system. Physician assistants are expected to:

* Create and sustain a therapeutic and ethically sound relationship with patients
* Use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
* Appropriately adapt communication style and messages to the context of the individual patient interaction
* Work effectively with physician and other health care professionals as a member or leader of a health care team or other professional group
* Apply an understanding of human behavior
* Demonstrate emotional resilience and stability, adaptability, flexibility, and tolerance of ambiguity and anxiety
* Accurately and adequately document and record information regarding the care process for medical, legal, quality, and financial purposes.

**Patient care**

Patient care includes age appropriate assessment, evaluation, and management. Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient, and equitable for the treatment of health problems and the promotion of wellness. Physician assistants are expected to:

* Work effectively with physicians and other health care professionals to provide patient-centered care
* Demonstrate caring and respectful behaviors when interacting with patients and their families
* Gather essential and accurate information about their patients
* Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
* Develop and carry out patient management plans
* Counsel and educate patients and their families
* Competently perform medical and surgical procedures considered essential in the area of practice
* Provide health care services and education aimed at preventing health problems or maintaining health.

**Professionalism**

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one’s own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency, or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population, and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

* Understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
* Professional relationships with physician supervisors and other health care providers
* Respect, compassion, and integrity
* Responsiveness to the needs of patients and society
* Accountability to patients, society, and the profession
* Commitment to excellence and ongoing professional development
* Commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
* Sensitivity and responsiveness to patients’ culture, age, gender, and disabilities
* Self-reflection, critical curiosity, and initiative.

**Practice-based learning and improvement**

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature, and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate, and improve their patient care practices. Physician assistants are expected to:

* Analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
* Locate, appraise, and integrate evidence from scientific studies related to their patients’ health problems
* Obtain and apply information about their own population of patients and the larger population from which their patients are drawn
* Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
* Apply information technology to manage information, access online medical information, and support their own education
* Facilitate the learning of students and/or other health care professionals
* Recognize and appropriately address gender, cultural, cognitive, emotional, and other biases; gaps in medical knowledge; and physical limitations in themselves and others.

**Systems-based practice**

Systems-based practice encompasses the societal, organizational, and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. PAs should work to improve the larger health care system of which their practices are a part. Physician assistants are expected to:

* Use information technology to support patient care decisions and patient education
* Effectively interact with different types of medical practice and delivery systems
* Understand the funding sources and payment systems that provide coverage for patient care
* Practice cost-effective health care and resource allocation that does not compromise quality of care
* Advocate for quality patient care and assist patients in dealing with system complexities
* Partner with supervising physicians, health care managers, and other health care providers to assess, coordinate, and improve delivery of health care and patient outcomes
* Accept responsibility for promoting a safe environment for patient care and recognizing and correcting systems-based factors that negatively impact patient care
* Use information to support patient care decisions and patient education
* Apply medical information and clinical data systems to provide more effective, efficient patient care
* Utilize the systems responsible for the appropriate payment of services.

nccpa_logo_small *Exam Content Blueprint*

## Task Areas

The list of tasks below include knowledge and skill areas that were identified as important to physician assistant practice through an intensive practice analysis. Many of these knowledge areas and cognitive skills are covered on NCCPA's examinations.

Each question you encounter will address an [organ system (see next section)](http://www.nccpa.net/EX_samplediseases.aspx?r=) and a task area from the table at left.

|  |  |
| --- | --- |
| **Tasks** | **% of Exam Content** |
| [History Taking & Performing Physical Examinations](http://www.nccpa.net/EX_knowledge.aspx?printversion=yes#History Taking#History Taking) | 16 |
| [Using Laboratory & Diagnostic Studies](http://www.nccpa.net/EX_knowledge.aspx?printversion=yes#Using Laboratory#Using Laboratory) | 14 |
| [Formulating Most Likely Diagnosis](http://www.nccpa.net/EX_knowledge.aspx?printversion=yes#Formulating Most Likely Diagnosis#Formulating Most Likely Diagnosis) | 18 |
| [Health Maintenance](http://www.nccpa.net/EX_knowledge.aspx?printversion=yes#Health Maintenance#Health Maintenance) | 10 |
| [Clinical Intervention](http://www.nccpa.net/EX_knowledge.aspx?printversion=yes#Clinical Intervention#Clinical Intervention) | 14 |
| [Pharmaceutical Therapeutics](http://www.nccpa.net/EX_knowledge.aspx?printversion=yes#Clinical Therapeutics#Clinical Therapeutics) | 18 |
| [Applying Basic Science Concepts](http://www.nccpa.net/EX_knowledge.aspx?printversion=yes#Applying Scientific Concepts#Applying Scientific Concepts) | 10 |
|  | **Total: 100%** |
| **History Taking & Performing Physical Examinations** | | | | |
| **Knowledge of:**   * Pertinent historical information associated with selected medical conditions * Risk factors for development of selected medical conditions * Signs and symptoms of selected medical conditions * Physical examination techniques * Physical examination findings associated with selected medical conditions * Appropriate physical examination directed to selected medical conditions * Differential diagnosis associated with presenting symptoms or physical findings   **Cognitive skills in:**   * Conducting comprehensive and focused interviews * Identifying pertinent historical information * Performing comprehensive and focused physical examinations * Associating current complaint with presented history * Identifying pertinent physical examination information | | | | |
| **Using Laboratory & Diagnostic Studies** | | | | |
| **Knowledge of:**   * Indications for initial and subsequent diagnostic or laboratory studies * Cost effectiveness of diagnostic studies or procedures * Relevance of common screening tests for selected medical conditions * Normal and abnormal diagnostic ranges * Risks associated with diagnostic studies or procedures * Appropriate patient education related to laboratory or diagnostic studies   **Cognitive skills in:**   * Using diagnostic equipment safely and appropriately * Selecting appropriate diagnostic or laboratory studies * Collecting diagnostic or laboratory specimens * Interpreting diagnostic or laboratory studies results | | | | |
| **Formulating Most Likely Diagnosis** | | | | |
| **Knowledge of:**   * Significance of history as it relates to differential diagnosis * Significance of physical findings as they relate to diagnosis * Significance of diagnostic and laboratory studies as they relate to diagnosis   **Cognitive skills in:**   * Correlating normal and abnormal diagnostic data * Formulating differential diagnosis * Selecting the most likely diagnosis in light of presented data | | | | |
| **Health Maintenance** | | | |
| **Knowledge of:**   * Epidemiology of selected medical conditions * Early detection and prevention of selected medical conditions * Relative value of common screening tests * Appropriate patient education regarding preventable conditions or lifestyle modifications * Healthy lifestyles * Prevention of communicable diseases * Immunization schedules and recommendations for infants, children, adults and foreign travelers * Risks and benefits of immunization * Human growth and development * Human sexuality * Occupational and environmental exposure * Impact of stress on health * Psychological manifestations of illness and injury * Effects of aging and changing family roles on health maintenance and disease prevention * Signs of abuse and neglect * Barriers to care   **Cognitive Skills in:**   * Using counseling and patient education techniques * Communicating effectively with patients to enhance health maintenance * Adapting health maintenance to the patient’s context * Using informational databases | | | |
| **Clinical Intervention** | | | |
| **Knowledge of :**   * Management and treatment of selected medical conditions * Indications, contraindications, complications, risks, benefits and techniques for selected procedures * Standard precautions and special isolation conditions * Sterile technique * Follow-up and monitoring of therapeutic regimens * Conditions that constitute medical emergencies * Indications for admission to or discharge from hospitals or other facilities * Discharge planning * Available community resources * Appropriate community resources * Appropriate patient education * Roles of other health professionals * End-of-life issues * Risks and benefits of alternative medicine   **Cognitive skills in:**   * Formulating and implementing treatment plans * Recognizing and initiating treatment for life-threatening emergencies * Demonstrating technical expertise related to performing specific procedures * Communicating effectively * Using counseling techniques * Facilitating patient adherence and active participation in treatment * Interacting effectively in multidisciplinary teams | | | |
| **Pharmaceutical Therapeutics** | | | |
| **Knowledge of:**   * Mechanism of action * Indications for use * Contraindications * Side effects * Adverse reactions * Follow-up and monitoring of pharmacologic regimens * Risks for drug interactions * Clinical presentation of drug interactions * Treatment of drug interactions * Drug toxicity * Methods to reduce medication errors * Cross reactivity of similar medications * Recognition and treatment of allergic reactions   **Cognitive skills in:**   * Selecting appropriate pharmacologic therapy for selected medical conditions * Monitoring pharmacologic regimens and adjusting as appropriate * Evaluating and reporting adverse drug reactions | | | |
| **Applying Basic Science Concepts** | | | |
| **Knowledge of:**   * Human anatomy and physiology * Underlying pathophysiology * Microbiology and biochemistry   **Cognitive skills in:**   * Recognizing normal and abnormal anatomy and physiology * Relating pathophysiologic principles to specific disease processes * Correlating abnormal physical examination findings to a given disease process * Correlating abnormal results of diagnostic tests to a given disease process | | | |

## nccpa_logo_small *Exam Content Blueprint*

## Organ Systems

The table below illustrates the approximate percentage of exam questions you'll encounter. Other content dimensions cross-sect these categories. For example, up to 20 percent of the questions on any exam may be related to surgery, and up to two percent may cover legal or ethical issues.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organ System** | **% of Exam Content** |  | Although not an exhaustive listing, each organ system listed below provides a sample of the diseases, disorders and medical assessments you may encounter during the exam. These lists can provide a foundation for your exam preparation and serve as your blueprint to the exam content.   Each question you encounter will address an organ system and a physician assistant practice task area (see previous section). |
| [**Cardiovascular**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Cardiovascular#Cardiovascular) | 16 |
| [**Pulmonary**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Pulmonary System#Pulmonary System) | 12 |
| [**Endocrine**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Endocrine System#Endocrine System) | 6 |
| [**EENT**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Eyes, Ears, Nose &Throat#Eyes, Ears, Nose &Throat) **(Eyes, Ears, Nose and Throat)** | 9 |
| [**Gastrointestinal /Nutritional**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Gastrointestinal%20System/Nutrition#Gastrointestinal%20System/Nutrition) | 10 |
| [**Genitourinary**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Genitourinary System#Genitourinary System) | 6 |
| [**Musculoskeletal**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Musculoskeletal System#Musculoskeletal System) | 10 |
| [**Reproductive**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Reproductive System#Reproductive System) | 8 |
| [**Neurologic System**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Neurologic System#Neurologic System) | 6 |
| [**Psychiatry/Behavioral**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Psychiatry/Behavioral Science#Psychiatry/Behavioral Science) | 6 |
| [**Dermatologic**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Dermatologic System#Dermatologic System) | 5 |
| [**Hematologic**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Hematologic System#Hematologic System) | 3 |
| [**Infectious Diseases**](http://www.nccpa.net/EX_samplediseases.aspx?r=pance#Infectious Diseases#Infectious Diseases) | 3 |
|  | **Total: 100%** |
|  |  |

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| --- | --- | --- | --- | --- | --- |
| **Cardiovascular System** | | | | | |
| **Cardiomyopathy** Dilated Hypertrophic Restrictive **Conduction Disorders** Atrial fibrillation/flutter Atrioventricular block Bundle branch blockParoxysmal supraventricular tachycardia  Premature beats Sick sinus syndrome  Ventricular tachycardia Ventricular fibrillation Torsades de pointes  **Congenital Heart Disease** Atrial septal defect Coarctation of aorta Patent ductus arteriosus Tetralogy of Fallot Ventricular septal defect **Heart Failure** | **Hypertension** Essential Secondary Hypertensive emergencies **Hypotension** Cardiogenic shock Orthostatic hypotension  **Coronary Heart Disease** Acute myocardial infarction • Non-ST segment elevation • ST segment  Angina pectoris • Stable • Unstable • Prinzmetal variant **Vascular Disease** Aortic aneurysm/dissection Arterial embolism/thrombosis Giant cell arteritis Peripheral arterial disease Phlebitis/thrombophlebitis Varicose veins Venous insufficiency Venous thrombosis | | **Valvular Disease** Aortic stenosis Aortic regurgitation  Mitral stenosis Mitral regurgitation Mitral valve prolapse Tricuspid stenosis Tricuspid regurgitation Pulmonary stenosis Pulmonary regurgitation  **Other Forms of Heart Disease** Acute and subacute bacterial endocarditis Acute pericarditis Cardiac tamponade Pericardial effusion | | |
| **Pulmonary System** | | | | | |
| **Infectious Disorders** Acute bronchitis Acute bronchiolitis Acute epiglottitis Croup Influenza Pertussis Pneumonias • Bacterial • Viral • Fungal • HIV-related Respiratory syncytial virus infection Tuberculosis | **Neoplastic Disease** Carcinoid tumors Lung cancer  Pulmonary nodules **Obstructive Pulmonary Disease** Asthma Bronchiectasis Chronic bronchitis Cystic fibrosis Emphysema **Pleural Diseases** Pleural effusion Pneumothorax | | | **Pulmonary Circulation** Cor pulmonale  Pulmonary embolism Pulmonary hypertension **Restrictive Pulmonary Disease** Idiopathic pulmonary fibrosis Pneumoconiosis Sarcoidosis **Other Pulmonary Disease** Acute respiratory distress syndrome Hyaline membrane disease Foreign body aspiration | |
| **Endocrine System** | | | | | | |
| **Diseases of the Thyroid Gland** Hyperparathyroidism Hypoparathyroidism Hyperthyroidism Hypothyroidism Neoplastic disease Thyroiditis | | **Diseases of the Adrenal Glands** Corticoadrenal insufficiency Cushing syndrome Neoplastic disease  **Diseases of the Pituitary Gland** Acromegaly/gigantism Diabetes insipidus Dwarfism Neoplastic disease Pituitary adenoma | | | **Diabetes Mellitus** Type 1 Type 2 **Lipid Disorders** Hypercholesterolemia Hypertriglyceridemia | |
| **EENT (Eyes, Ears, Nose and Throat)** | | | | | | |
| **Eye Disorders** Blepharitis Blowout fracture Cataract Chalazion Conjunctivitis Corneal abrasion Corneal ulcer  Dacryoadenitis Ectropion Entropion Foreign body Glaucoma Hordeolum Hyphema Macular degeneration Nystagmus Optic neuritis  Orbital cellulitis Papilledema  Pterygium Retinal detachment Retinal vascular occlusion RetinopathyStrabismus | | **Ear Disorders** Acute/chronic otitis media Acoustic neuroma  Barotrauma Cholesteatoma Dysfunction of eustachian tube Foreign body  Hearing impairment Hematoma of external ear  Labyrinthitis Mastoiditis Meniere disease  Otitis externa Tinnitus  Tympanic membrane perforation Vertigo | | | **Nose/Sinus Disorders** Acute/chronic sinusitis Allergic rhinitis Epistaxis Foreign body  Nasal polyps **Mouth/Throat Disorders** Acute pharyngitisAphthous ulcers Diseases of the teeth/gums  Epiglottitis Laryngitis Oral candidiasis Oral herpes simplex Oral leukoplakia Peritonsillar abscess Parotitis Sialadenitis **Benign and malignant neoplasms** | |

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| **Gastrointestinal System/Nutrition** | | | |
| **Esophagus** Esophagitis Motility disorders Mallory-Weiss tear Neoplasms Strictures Varices **Stomach** Gastroesophageal reflux disease Gastritis Neoplasms Peptic ulcer disease Pyloric stenosis **Gallbladder** Acute/chronic cholecystitis Cholangitis Cholelithiasis **Liver** Acute/chronic hepatitis Cirrhosis Neoplasms | **Pancreas** Acute/chronic pancreatitis Neoplasms **Small Intestine/Colon** Appendicitis Celiac disease  Constipation Diverticular disease Inflammatory bowel disease Intussusception Irritable bowel syndrome Ischemic bowel disease Lactose intolerance  Neoplasms Obstruction Polyps  Toxic megacolon | **Rectum** Anal fissure Abscess/fistula Fecal impaction Hemorrhoids Neoplasms **Hernia Infectious and Non-infections Diarrhea Vitamin and Nutritional Deficiencies** **Metabolic Disorders** Phenylketonuria | |
| **Genitourinary System** | | | |
| **GU Tract Conditions** Benign prostatic hyperplasia Congenital abnormalities Cryptorchidism Erectile dysfunction Hydrocele/varicocele Incontinence Nephro/urolithiasis Paraphimosis/phimosis Testicular torsion | **Infectious/Inflammatory Conditions** Cystitis Epididymitis Orchitis Prostatitis Pyelonephritis Urethritis **Neoplastic Diseases** Bladder carcinoma Prostate carcinoma Renal cell carcinoma Testicular carcinoma Wilms tumor | | **Renal Diseases** Acute renal failure Chronic kidney disease  Glomerulonephritis Hydronephrosis  Nephrotic syndrome Polycystic kidney diseaseRenal vascular disease  **Fluid and Electrolyte Disorders** Hypervolemia Hypovolemia |

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| --- | --- | --- |
| **Reproductive System** | | |
| **Uterus** Dysfunctional uterine bleeding Endometrial cancer Endometriosis Leiomyoma Prolapse **Ovary** Cysts Neoplasms **Cervix** Carcinoma Cervicitis Dysplasia Incompetent **Vagina/Vulva** Cystocele Neoplasm Prolapse Rectocele Vaginitis | **Menstrual Disorders** Amenorrhea Dysmenorrhea Premenstrual syndrome **Menopause Breast** Abscess Carcinoma Fibroadenoma Fibrocystic disease Gynecomastia Galactorrhea  Mastitis **Pelvic Inflammatory Disease** **Contraceptive Methods Infertility Uncomplicated Pregnancy** Normal labor/delivery Prenatal diagnosis/care | **Complicated Pregnancy** Abortion Abruptio placentae Cesarean section  Dystocia Ectopic pregnancy Fetal distress Gestational diabetes Gestational trophoblastic disease Hypertension disorders in pregnancy Multiple gestation Placenta previa Postpartum hemorrhage Premature rupture of membranes Rh incompatibility |
| **Musculoskeletal System** | | | |
| **Disorders of the Shoulder** Fractures/dislocations Soft tissue injuries  **Disorders of the Forearm/Wrist/Hand** Fractures/dislocations Soft tissue injuries  **Disorders of the Back/Spine** Ankylosing spondylitis Back strain/sprain Cauda equina Herniated nucleus pulposus Kyphosis Low back pain Scoliosis  Spinal stenosis | | **Disorders of the Hip** Avascular necrosis Development dysplasia  Fractures/dislocations Slipped capital femoral epiphysis **Disorders of the Knee** Fractures/dislocations Osgood-Schlatter disease Soft tissue injuries **Disorders of the Ankle/Foot** Fractures/dislocations Soft tissue injuries  **Infectious Diseases** Acute/chronic osteomyelitis Septic arthritis **Neoplastic Disease** Bone cysts/tumors Ganglion cysts | **Osteoarthritis** **Osteoporosis Compartment Syndrome  Rheumatologic Conditions** Fibromyalgia Gout/pseudogout Juvenile rheumatoid arthritis Polyarteritis nodosa Polymyositis Polymyalgia rheumatica Reactive arthritis (Reiter syndrome) Rheumatoid arthritis Systemic lupus erythematosus  Systemic sclerosis (Scleroderma)  Sjögren syndrome |

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| **Neurologic System** | | | |
| **Diseases of Peripheral Nerves** Complex regional pain syndrome Peripheral neuropathies **Headaches** Cluster headacheMigraineTension headache **Infectious Disorders** EncephalitisMeningitis | | **Movement Disorders** Essential tremorHuntington disease Parkinson disease **Vascular Disorders** Cerebral aneurysm Intracranial hemorrhage  Stroke Transient ischemic attack | **Other Neurologic Disorders** Altered level of consciousness Cerebral palsy Concussion Dementias Delirium Guillain-Barré syndrome Multiple sclerosis Myasthenia gravis  Post-concussion syndrome Seizure disorders Status epilepticus Syncope Tourette disorder |
| **Psychiatry/Behavioral Science** | | | |
| **Anxiety Disorders** Generalized anxiety disorder Panic disorder  Phobias  Posttraumatic stress disorder **Attention-Deficit/Hyperactivity Disorder Autistic Disorder** **Eating Disorders** Anorexia nervosa Bulimia nervosa Obesity | **Mood Disorders** Adjustment Bipolar  Depressive Dysthymic **Personality Disorders** **Psychoses** Delusional disorder Schizophrenia | | **Somatoform Disorders** **Substance Use Disorders** Abuse Dependence Withdrawal **Other Behavior/Emotional Disorders** Acute reaction to stress Child/elder abuse Conduct disorders  Domestic violence Grief reaction Suicide |

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| --- | --- | --- | --- | --- |
| **Dermatologic System** | | | | |
| **Eczematous Eruptions** Dermatitis Dyshidrosis Lichen simplex chronicus **Papulosquamous Diseases** Drug eruptions Lichen planus Pityriasis rosea Psoriasis **Desquamation** Erythema multiforme Stevens-Johnson syndrome Toxic epidermal necrolysis **Vesicular Bullae** Bullous pemphigoid **Acneiform Lesions** Acne vulgaris Rosacea | | **Verrucous Lesions** Actinic keratosis Seborrheic keratosis  **Insects/Parasites** Lice Scabies Spider bites **Neoplasms** Basal cell carcinoma Kaposi sarcoma  Melanoma Squamous cell carcinoma **Hair and Nails** Alopecia Onychomycosis Paronychia **Viral Diseases** Condyloma acuminatum Exanthems Herpes simplex Molluscum contagiosum Varicella-zoster virus infections Verrucae | | **Bacterial Infections** CellulitisErysipelas Impetigo **Fungal Infections** CandidiasisDermatophyte infections **Other** Acanthosis nigricans Burns Hidradenitis suppurativa Lipomas/epithelial inclusion cysts Melasma Pilonidal disease Pressure ulcers  Urticaria Vitiligo |
| **Hematologic System** | | | | | |
| **Anemias** Anemia of chronic disease Aplastic anemia Folate deficiency G6PD deficiency Hemolytic anemia Iron deficiency  Sickle cell anemia ThalassemiaVitamin B12 deficiency | | **Coagulation Disorders** Clotting factor disorders Hypercoagulable states Thrombocytopenia  • Idiopathic thrombocytopenic purpura • Thrombotic thrombocytopenic purpura | | **Malignancies** Acute/chronic lymphocytic leukemia Acute/chronic myelogenous leukemia Lymphoma Multiple myeloma | |

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| --- | --- | --- |
| **Infectious Diseases** | | |
| **Fungal Disease** Candidiasis Cryptococcosis Histoplasmosis Pneumocystis **Bacterial Disease** Acute rheumatic feverBotulism Chlamydia Cholera Diphtheria Gonococcal infections Salmonellosis Shigellosis Tetanus | **Mycobacterial Disease** Atypical mycobacterial disease Tuberculosis  **Parasitic Disease** Helminth infestations Malaria Pinworms Toxoplasmosis **Spirochetal Disease** Lyme disease Rocky Mountain spotted fever Syphilis | **Viral Disease** Cytomegalovirus infections Epstein-Barr virus infections Erythema infectiosum Herpes simplex HIV infection Human papillomavirus infections Influenza Measles Mumps Rabies Roseola Rubella Varicella-zoster |

**Guidelines for Ethical Conduct for the Physician Assistant Profession**

**Policy of the American Academy of Physician Assistants**

**Adopted May 2000**

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**Introduction**

The physician assistant profession has revised its code of ethics several times since the profession began. Although the fundamental principles underlying the ethical care of patients have not changed, the societal framework in which those principles are applied has. Economic pressures of the health care system, social pressures of church and state, technological advances, and changing patient demographics continually transform the landscape in which PAs practice.

Previous codes of the profession were brief lists of tenets for PAs to live by in their professional lives. This document departs from that format by attempting to describe ways in which those tenets apply. Each situation is unique. Individual PAs must use their best judgment in a given situation while considering the preferences of the patient and the supervising physician, clinical information, ethical concepts, and legal obligations.

Four main bioethical principles broadly guided the development of these guidelines: autonomy, beneficence, nonmaleficence, and justice.

Autonomy, strictly speaking, means self-rule. Patients have the right to make autonomous decisions and choices, and physician assistants should respect these decisions and choices.

Beneficence means that PAs should act in the patient’s best interest. In certain cases, respecting the patient’s autonomy and acting in their best interests may be difficult to balance.

Nonmaleficence means to do no harm, to impose no unnecessary or unacceptable burden upon the patient.

Justice means that patients in similar circumstances should receive similar care. Justice also applies to norms for the fair distribution of resources, risks, and costs.

Physician assistants are expected to behave both legally and morally. They should know and understand the laws governing their practice. Likewise, they should understand the ethical responsibilities of being a health care professional. Legal requirements and ethical expectations will not always be in agreement. Generally speaking, the law describes minimum standards of acceptable behavior, and ethical principles delineate the highest moral standards of behavior.

When faced with an ethical dilemma, PAs may find the guidance they need in this document. If not, they may wish to seek guidance elsewhere \_ possibly from a supervising physician, a hospital ethics committee, an ethicist, trusted colleagues, or other AAPA policies. PAs should seek legal counsel when they are concerned about the potential legal consequences of their decisions.

The following sections discuss ethical conduct of PAs in their professional interactions with patients, physicians, colleagues, other health professionals, and the public. The "Statement of Values" within this document defines the fundamental values that the PA profession strives to uphold. These values provide the foundation upon which the guidelines rest. The guidelines were written with the understanding that no document can encompass all actual and potential ethical responsibilities, and PAs should not regard them as comprehensive.

**Statement of Values of the Physician Assistant Profession**

* Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
* Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
* Physician assistants recognize and promote the value of diversity.
* Physician assistants treat equally all persons who seek their care.
* Physician assistants hold in confidence the information shared in the course of practicing medicine.
* Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.
* Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
* Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.
* Physician assistants use their knowledge and experience to contribute to an improved community.
* Physician assistants respect their professional relationship with physicians.
* Physician assistants share and expand knowledge within the profession.

**The PA and Patient**

**PA Role and Responsibilities**

Physician assistant practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship.

The principal value of the physician assistant profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship. Physician assistants have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination

Physician assistants are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their health care. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient’s access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

Physician assistants should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient’s best interests.

**The PA and Diversity**

The physician assistant should respect the culture, values, beliefs, and expectations of the patient.

**Nondiscrimination**

Physician assistants should not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

**Initiation and Discontinuation of Care**

In the absence of a preexisting patient–PA relationship, the physician assistant is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

If the patient decides to terminate the relationship, they are entitled to access appropriate information contained within their medical record.

**Informed Consent**

Physician assistants have a duty to protect and foster an individual patient’s free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehendible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care. Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on ***Confidentiality***.)

When the person giving consent is a patient’s surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient’s best interests and personal preferences, if known. If the PA believes the surrogate’s choices do not reflect the patient’s wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

**Confidentiality**

Physician assistants should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

In cases of adolescent patients, family support is important but should be balanced with the patient’s need for confidentiality and the PA’s obligation to respect their emerging autonomy. Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PAs be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients. (See the section on *Informed Consent*.)

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

**The Patient and the Medical Record**

Physician assistants have an obligation to keep information in the patient’s medical record confidential. Information should be released only with the written permission of the patient or the patient’s legally authorized representative. Specific exceptions to this general rule may exist (e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, substance abuse). It is important that a PA be familiar with and understand the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

**Disclosure**

A physician assistant should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient’s interests and well being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

**Care of Family Members and Co-workers**

Treating oneself, co-workers, close friends, family members, or students whom the physician assistant supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one’s own child for a case of otitis media but it probably is not acceptable to treat one’s spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and colleagues and that providing “curbside” care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient’s care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

**Genetic Testing**

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests. Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided.

PAs should be sure that patients understand~~s~~ the potential consequences of undergoing genetic tests − from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, PAs should be particularly aware of the need for confidentiality concerning genetic test results.

**Reproductive Decision Making**

Patients have a right to access the full range of reproductive health care services, including fertility treatments, contraception, sterilization, and abortion. Physician assistants have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care.

When the PA's personal values conflict with providing full disclosure or providing certain services such as sterilization or abortion, the PA need not become involved in that aspect of the patient's care. By referring the patient to a qualified provider who is willing to discuss and facilitate all treatment options, the PA fulfills their ethical obligation to ensure the patient’s access to all legal options.

**End of Life**

Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

Physician Assistants should provide patients with the opportunity to plan for end of life care. Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

PAs should assure terminally-ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally-ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care should include assessment and management of psychological, social, and spiritual or religious needs.

While respecting patients’ wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions.

PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the health care institution.

**The PA and Individual Professionalism**

**Conflict of Interest**

Physician assistants should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the Royal College of Physicians, “Would I be willing to have this arrangement generally known?” or of the American College of Physicians, “What would the public or my patients think of this arrangement?”

**Professional Identity**

Physician assistants should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. Physician assistants should uphold the dignity of the PA profession and accept its ethical values.

**Competency**

Physician assistants should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

**Sexual Relationships**

It is unethical for physician assistants to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

Such relationships generally are unethical because of the PA’s position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

**Gender Discrimination and Sexual Harassment**

It is unethical for physician assistants to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

* Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
* Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
* Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

**The PA and Other** **Professionals**

**Team Practice**

Physician assistants should be committed to working collegially with other members of the health care team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

**Illegal and Unethical Conduct**

Physician assistants should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession. They should report illegal or unethical conduct by health care professionals to the appropriate authorities.

**Impairment**

Physician assistants have an ethical responsibility to protect patients and the public by identifying and assisting impaired colleagues. “Impaired” means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

**PA–Physician Relationship**

Supervision should include ongoing communication between the physician and the physician assistant regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

**Complementary and Alternative Medicine**

When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

**The PA and the Health Care System**

**Workplace Actions**

Physician assistants may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

**PAs as Educators**

All physician assistants have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their health care and wellness.

**PAs and Research**

The most important ethical principle in research is honesty. This includes assuring subjects’ informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

Physician assistants involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

Plagiarism is unethical. Incorporating the words of others, either verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

**PAs as Expert Witnesses**

The physician assistant expert witness should testify to what he or she believes to be the truth. The PA’s review of medical facts should be thorough, fair, and impartial.

The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

**The PA and Society**

**Lawfulness**

Physician assistants have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well being of the community.

**Executions**

Physician assistants, as health care professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.

**Access to Care / Resource Allocation**

Physician assistants have a responsibility to use health care resources in an appropriate and efficient manner so that all patients have access to needed health care. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient–PA encounter. PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

**Community Well Being**

Physician assistants should work for the health, well being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well being of the community in general and the individual patient. Conflict between an individual patient’s best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

**Conclusion**

The American Academy of Physician Assistants recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. Physician assistants wrote these guidelines for themselves and other physician assistants. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.

**UNIVERSITY OF FLORIDA SCHOOL OF PA STUDIES**

**CLINICAL ROTATION ABSENCE REQUEST FORM**

* Complete Parts 1 & 2 and fax to School of PA Studies at 352-265-7996 ***IN ADVANCE*** of the requested absence.
* The School of PA Studies will approve or deny the request and fax a completed copy of this form to both the student and preceptor.

# 1. To be completed by the student. Please print or type.

# Student’s Name: Date(s) of Requested Absence:

# 

# Total Number of Days Absent:

Reason for Requested Absence:

Student Signature:

Rotation Site: Name of Preceptor:

Medical Specialty: City:

# 2. Preceptor Recommendation:

**Approve** student’s request

**Deny** student’s request

Student will make up lost clinical rotation day(s) on the following dates and times:

Preceptor Name (please print or type)

Preceptor Signature Date

Phone Number: Fax Number:

# 3. School of PA Studies Decision:

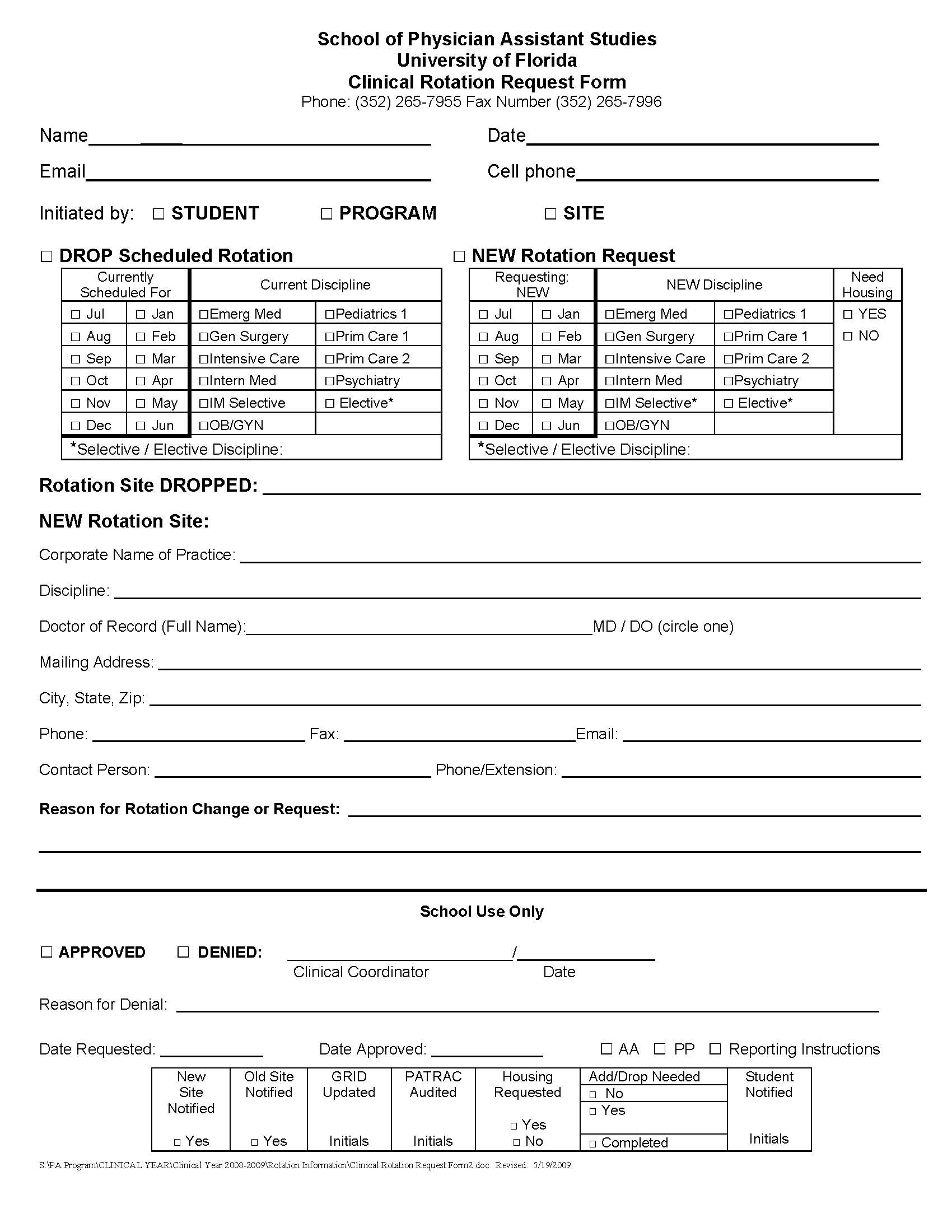
# 

# Absence request approved by School.

Conditions:

* Absence request not approved.

# Clinical Coordinator Signature Date



**Core Required Rotations**

**Internal Medicine Selective Rotations**

**Elective Only Rotations**

Note: Selective rotations can also be used for electives

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Core Rotations** | | **Internal Medicine Selectives** | |
| **PAS 5100** | **Internal Medicine I** | **PAS 5101L** | **Internal Medicine II** |
| **PAS 5125** | **Psychiatry** | **PAS 5110** | **Hem/Onc** |
| **PAS 5200** | **General Surgery I** | **PAS 5120** | **Neurology** |
| **PAS 5300** | **Pediatrics I** | **PAS 5150** | **Nephrology** |
| **PAS 5400** | **Primary Care I** | **PAS 5160** | **Gastro** |
| **PAS 5401L** | **Primary Care II** | **PAS 5170** | **Rheumatology** |
| **PAS 5500** | **OB/GYN** | **PAS 5180** | **Pulmonary** |
| **PAS 5600** | **Emergency Medicine I** | **PAS 5181L** | **Endocrinology** |
| **PAS 5701L** | **Intensive Care I** | **PAS 5182** | **Cardiology** |
|  |  | **PAS 5184** | **Infectious Disease** |
|  |  | **PAS 5185** | **Geriatrics** |

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| --- | --- |
| **Electives** | |
| **PAS 5102L** | **Internal Medicine III** |
| **PAS 5105** | **Rehab Medicine** |
| **PAS 5190** | **Dermatology** |
| **PAS 5201** | **General Surgery II** |
| **PAS 5210** | **Cardiovascular** |
| **PAS 5220** | **Plastic Surgery** |
| **PAS 5230** | **Trauma Surgery** |
| **PAS 5240** | **Orthopedic Surgery** |
| **PAS 5260** | **Neurosurgery** |
| **PAS 5270** | **Urology** |
| **PAS 5280** | **Otolaryngology** |
| **PAS 5301L** | **Pediatrics II** |
| **PAS 5302L** | **Pediatrics III** |
| **PAS 5402L** | **Primary Care III** |
| **PAS 5601L** | **Emergency Medicine II** |
| **PAS 5702L** | **Intensive Care II** |
| **PAS 5905L** | **Radiology** |
| **PAS 5940** | **Clinical Practicum** |



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| UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE – SCHOOL OF PHYSICIAN ASSISTANT STUDIES  **STUDENT CLINICAL PERFORMANCE EVALUATION**  **CONTINGENCY PRECEPTOR REPORTING FORM**  *This form is to be used* ***only*** *for remote facilities that lack internet access, or for unforeseen failures of internet systems.* |

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

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

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| https://www2.typhongroup.net/images/num1.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **MEDICAL INTERVIEW:** Conveys understanding and warmth to patient. Obtains pertinent data; Follows organized format; Obtains history in a reasonable amount of time:   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | | Comments required for(10) - (60) or (100): | | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num2.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **PHYSICAL EXAMINATION:** Follows organized format; Is respectful of patient's comfort and feelings; Performs appropriate and accurate physical examination; Uses observational skills to recognize subtle findings; Uses appropriate techniques and maneuvers for examination; Explains procedures to patient.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num3.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **ORAL CASE PRESENTATION:** Presents clear, concise, accurate, and complete statements of patient's problems; Includes all major active problems of patient.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num4.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **WRITTEN PATIENT RECORD:** Writes in a legible, accurate, and organized manner; uses electronic medical record accurately and appropriately; Uses SOAP or other classical format for write-ups.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num5.gif | |  | | --- | | **Regarding questions (1) - (4) on ASSESSMENT COMPETENCIES, please comment on skills needing further improvement or remediation:** | |
| https://www2.typhongroup.net/images/num6.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **MEDICAL KNOWLEDGE FOUNDATION:** Integrates basic and clinical sciences with clinical application; Demonstrates evidence of outside reading and study.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num7.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **PROBLEM SOLVING AND CRITICAL THINKING:** Synthesizes and analyzes clinical data correctly; Correlates clinical and laboratory data; Accurately determines major active problems; Distinguishes normal from abnormal findings; Proposes alternative assessment   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num8.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **DIFFERENTIAL DIAGNOSIS:** Formulates a differential diagnosis; Justifies selection of diagnosis based on information gathered and knowledge.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num9.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **QUALITY OF MANAGEMENT PLAN:** Designs effective program of care; Selects appropriate teaching methods for patient education; Selects appropriate consultation and referrals; Selects effective therapeutics modalities; Understands appropriate drug therapeutics; Implements plan consistently and appropriately; Arranges for follow-up; Carries out teaching methods of patient education; Monitors the effects and effectiveness of plan   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num10.gif | |  | | --- | | **Regarding questions (6) - (9) on ANALYTIC COMPETENCIES, please comment on skills needing further improvement or remediation:** | |
| https://www2.typhongroup.net/images/num11.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **APPROPRIATE ORDERING OF LAB TESTS and UTILIZATION OF RESULTS:** Orders appropriate tests that aid in the differential diagnosis; Uses tests discriminately, taking into account cost effectiveness and morbidity; Demonstrates a sound knowledge of laboratory tests; Incorporates results into the overall treatment plan of the patient   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | | |
| https://www2.typhongroup.net/images/num12.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **CLINICAL PROCEDURES:** Competently and safely performs technical tasks; Uses basic diagnostic instruments with skill and appropriate caution; Understands when a procedure is needed; Performs clinical procedures under appropriate supervision   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num13.gif | |  | | --- | | **Regarding questions (11) - (12) on DIAGNOSTIC COMPETENCIES, please comment on skills needing further improvement or remediation:** | |
| https://www2.typhongroup.net/images/num14.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **RELATING TO COLLEAGUES:** Works effectively with all health professionals; shows appropriate respect and empathy to peers, subordinates, and supervisors.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num15.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **RELATING TO PATIENTS:** Understands patients' rights; Communicates effectively with patients; Relates to patients as individuals, and shows appropriate empathy and respect; Exhibits sensitivity to cultural and ethnic diversity   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num16.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **PROFESSIONALISM:** Demonstrates ethical behavior and attitudes; Maintains professional relationship with patients; Maintains professional relationship with peers; Maintains professional relationship with supervisors. Understands the PA role.  Reliability *Assumes responsibility appropriately Attends duties regularly and punctually Completes work thoroughly Carries out tasks within realistic time limits*  Initiative *Demonstrates initiative in patient work-up*  Appearance *Dresses appropriately for professional role Maintains clean and neat appearance*  Attitude *Responds appropriately to supervision Accepts constructive criticism maturely Motivates and encourages others.*     |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num17.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **SELF-CONFIDENCE:** Fosters confidence in his/her competence among patients, peers and supervisors; Demonstrates adequate and appropriate confidence in his/her abilities   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | | |
| https://www2.typhongroup.net/images/num18.gif | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **INITIATIVE:** Demonstrates initiative in patient work-up and follows through on tasks; asks appropriate questions; uses self-study to fill in gaps in knowledge or skills.   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **(10) Dangerous** | **(20)** | **(30)** | **(40)** | **(50)** | **(60)** | **(70) Passing** | **(80)** | **(90)** | **(100) Exemplary** | |  |  |  |  |  |  |  |  |  |  | | Comments required for(10) - (60) or (100): | | | | | | | | | | |   (ANSWER REQUIRED) |
| https://www2.typhongroup.net/images/num19.gif | |  | | --- | | **OVERALL EVALUATION OF STUDENT:.** |   (ANSWER REQUIRED) |

Printed Preceptor Name:

(MD/DO/PA-C/ARNP)

Signature of Preceptor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Florida License Number

Please FAX or scan and email this form (without cover sheet) directly to:

FAX (352) 265-7996 or [peggy.cissna@medicine.ufl.edu](mailto:peggy.cissna@medicine.ufl.edu)

UF College of Medicine, School of Physician Assistant Studies

PO Box 100176

Gainesville, FL 32610-0176

Bottom of Form

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**College of Medicine** PO Box 100176

School of Physician Assistant Studies Gainesville, FL 32610-0176

352-265-7955

352-265-7996 Fax

Contributing Evaluator Input to Supervising Preceptor

\*\*Please ensure this form is given *directly* to supervising preceptor – not to student.

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

Supervising Preceptor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contributing Evaluator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MD/DO/PA/ARNP

Dates Observed: From / / to / / .

I. CLINICAL SKILLS

1. Understands the pathophysiology of disease DEFICIENT DEVELOPING COMPETENT
2. Takes an appropriate history DEFICIENT DEVELOPING COMPETENT
3. Performs an appropriate physical examination DEFICIENT DEVELOPING COMPETENT
4. Selects and interprets appropriate tests DEFICIENT DEVELOPING COMPETENT
5. Develops a reasonable differential diagnosis DEFICIENT DEVELOPING COMPETENT
6. Develops an appropriate treatment plan DEFICIENT DEVELOPING COMPETENT
7. Selects appropriate pharmacotheraputics DEFICIENT DEVELOPING COMPETENT
8. Makes appropriately complete/concise case presentation DEFICIENT DEVELOPING COMPETENT
9. Documents appropriately DEFICIENT DEVELOPING COMPETENT
10. Displays intellectual curiosity DEFICIENT DEVELOPING COMPETENT
11. Communicates with patients and colleagues DEFICIENT DEVELOPING COMPETENT

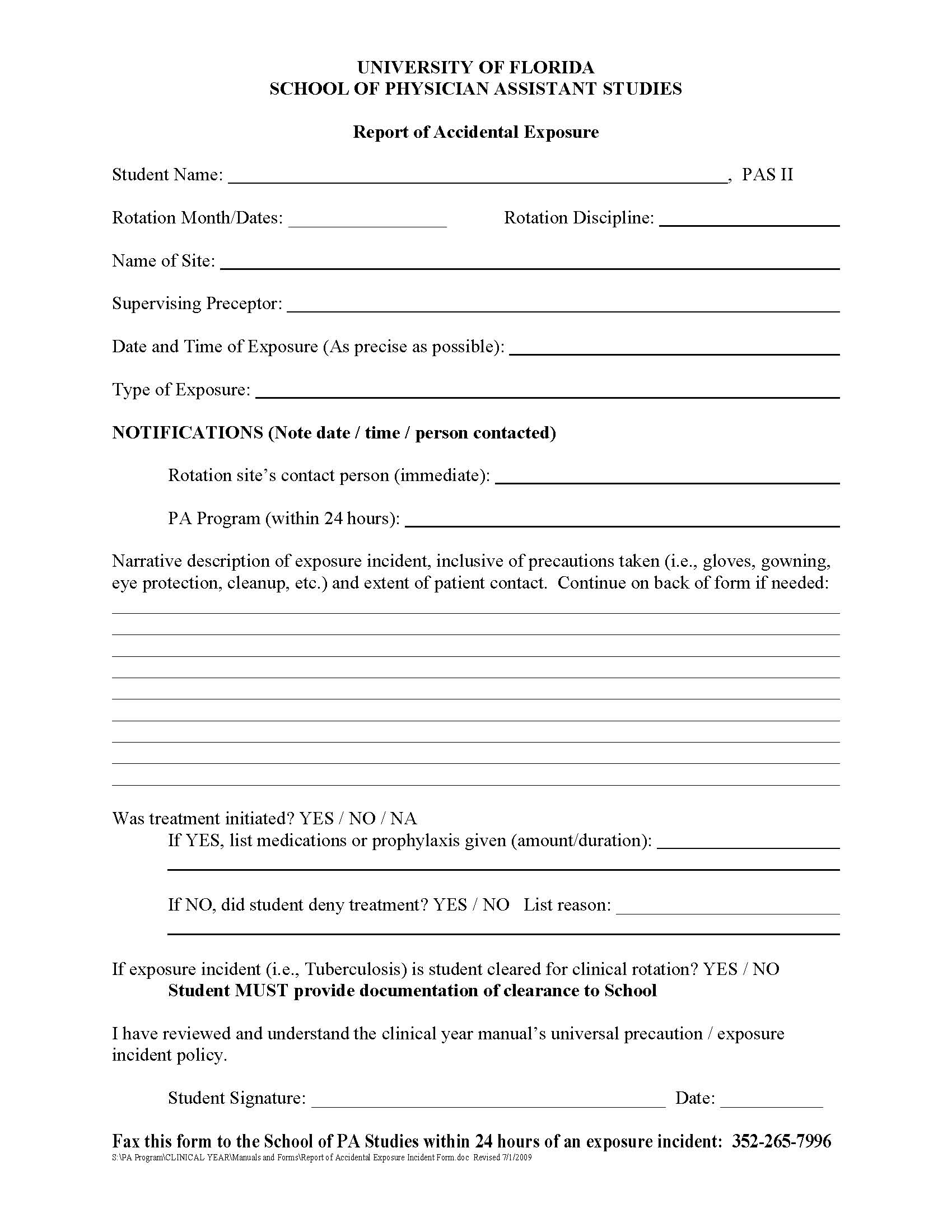
II. PROFESSIONAL STANDARDS

1. Relates well to colleagues DEFICIENT DEVELOPING COMPETENT
2. Relates well to patients DEFICIENT DEVELOPING COMPETENT
3. General Professionalism (reliability, punctuality, attitude) DEFICIENT DEVELOPING COMPETENT
4. Self-confidence DEFICIENT DEVELOPING COMPETENT
5. Understands the PA role DEFICIENT DEVELOPING COMPETENT

OVERALL EVALUATION & COMMENTS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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**REQUIRED SKILLS AND ACHIEVEMENTS**

**STUDENT:**   **ROTATION:**

INSTRUCTIONS: When you feel competent in the skill or have accomplished the assignment, have the observing faculty/resident/staff initial and date it. This form is given to you to carry with you. **You are required to complete an adequate number of all attainable activities. The information MUST also be recorded online.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROCEDURE** | **Initial** | **Date** | **PROCEDURE** | **Initial** | **Date** |
| 24 Hour Holter Monitor |  |  | Incision and Drainage of Abscess |  |  |
| ACLS |  |  | Intra-Articular/Intra-Bursal Injection |  |  |
| Arterial Puncture |  |  | Injection |  |  |
| Arterial Blood Gas Interpretation |  |  | Liver Biopsy |  |  |
| Arthrocentesis |  |  | Lumbar Puncture |  |  |
| Bag and Mask Ventilation |  |  | MRI/MRA Interpretation |  |  |
| Bladder Catheterization |  |  | NALS |  |  |
| Bone Marrow Biopsy |  |  | Nasogastric Tube Insertion |  |  |
| Bronchoscopy |  |  | Nerve Conduction Study |  |  |
| CPR/BLS |  |  | Outpatient Surgery |  |  |
| CT Interpretation |  |  | PALS |  |  |
| Cardiac Stress Testing |  |  | PPD/Other Skin Testing |  |  |
| Carotid Duplex Scanning |  |  | Pap Smear |  |  |
| Casting/Splinting Injured Extremity |  |  | Paracentesis |  |  |
| Central Venous Line Insertion |  |  | Partial/Complete Toenail Removal |  |  |
| Cerebral Angiography |  |  | Peak Flow Monitoring |  |  |
| Cesarean Delivery |  |  | Pelvic Examination |  |  |
| Circumcision |  |  | Peripheral IV Insertion |  |  |
| Colonoscopy |  |  | PICC Line |  |  |
| Cryotherapy of Skin Lesion |  |  | Pulmonary Function Testing |  |  |
| Drain Removal |  |  | Punch Biopsy |  |  |
| Drug Testing |  |  | Spontaneous Vaginal Delivery |  |  |
| ECG |  |  | Stool Hemocult Testing |  |  |
| EEG |  |  | Suture Placement |  |  |
| EGD |  |  | Suture Removal |  |  |
| EMG |  |  | Swan-Ganz |  |  |
| Endometrial Biopsy |  |  | Thoracocentesis |  |  |
| Endotracial Intubation |  |  | Tie Knots During Procedure |  |  |
| ERCP |  |  | Tracheal Intubation |  |  |
| Excision of Skin Lesion |  |  | Vaccinations |  |  |
| Fine Needle Biopsy Aspiration |  |  | Venipuncture |  |  |
| Foley Catheterization |  |  | Wart Removal |  |  |
| Gown and Scrub for Surgery |  |  | X-Ray Interpretation |  |  |