Mission Statement

The Physician Assistant Program provides a generalist foundation with a broad range of knowledge and skills to prepare competent PAs for practice in diverse medical settings.
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Welcome to the Towson University • CCBC Essex Physician Assistant Program

The clinical portion of the Physician Assistant Program begins in June of 2018 and extends through May of 2019. The Final Preceptorship begins June 3, 2019, continuing to July 26, 2019 for a total of 8 weeks.

The subject matter in PA education can be very sensitive and sometimes upsetting in nature. Students are reminded that the purpose of the educational sessions is to prepare students to provide physician supervised primary health care to all persons and in all environments without regard to the student's own personal beliefs and biases. The expectation is to practice compliant patient centered care in diverse environments and areas of study.

Due to the high standards of our program, our students are advised to remain prepared and focused throughout the entire curriculum. Because of the intensity of a graduate medical program and the nature of the profession, it is expected that students quickly become independent learners and learn to manage their time and responsibilities while effectively completing the workload. It is also the expectation and responsibility of each student to learn to problem solve, ask questions and handle others with maturity and respect.

The Core Rotations are listed below:

1. Family Practice
2. Internal Medicine
3. Pediatrics
4. Women's Health
5. Emergency Medicine
6. Surgery
7. Community Medicine
8. General Elective

All core rotations are approximately 5-1/2 weeks in duration. The sites and dates are scheduled by the Clinical Coordinator. The General Elective Rotation and Final Preceptorship may be chosen, with the Clinical Coordinator’s help, by students who are in good standing with the program.

Students cannot switch or change clinical assignments without permission from the Clinical Coordinator or Program Director.
What to Expect From Clinical Rotations

The core of a Physician Assistant's education are the clinical rotations, where students become adept at interacting with patients, didactic learning is applied, and new skills are practiced. After completing a few rotations, it will become apparent that there is no such thing as a typical rotation or a standard approach. Schedules and plans change and personality conflicts arise, therefore students must develop a high degree of flexibility and initiative to benefit fully from each rotation. It is to your benefit to learn as much about being a Physician Assistant in each rotation, including not only the medical knowledge obtained but also the relationships, interactions, and time management that each preceptor demonstrates. Your role is part of an interprofessional team for patient care.

Objectives

The PA program wants your clinical rotations to be both educational and interesting. You are expected to maintain professional conduct and demeanor at all times. Each rotation specialty has a directed set of objectives, which are met through observation and participation at the clinical site and by attending conferences and seminars with the preceptor. Students are responsible for independent reading and study for any topic area that cannot be covered on the clinical site. Students are referred to the PA Program required text list for independent reading and study, which is Access Medicine.

Description of Sites

The clinical practicum focuses on the assessment and overall management of patients presenting to the clinical site. Students participate in all aspects of patient care including taking a thorough history, performing a complete and a focused physical exam, developing differential diagnoses and implementing treatment plans in collaboration with the preceptor.

Students will be exposed to both outpatient and inpatient settings. Every clinical site is different with each preceptor having their own schedule which students are expected to adhere to. Each has its own inherent assets and liabilities. Clinical sites within the same specialty vary. Some sites are highly structured with a heavy patient load and limited student/preceptor conference time, while others may have a low patient turnover rate with a lot of time for one-on-one instruction from the preceptor. Due to these variations, it will be up to the student to glean the maximum from each rotation and to supplement what cannot be met clinically with readings based on the objectives for that rotation.

Preceptors

Only one preceptor listed on the evaluation form is responsible for monitoring the student’s performance during the rotation. The student may be placed with a single preceptor or part of a team. The lead preceptor will consult with clinicians who had the most contact with the student to determine the final grade.

The instruction style of the preceptor is, quite possibly, the most variable feature of the clinical rotation. Some preceptors have precious little time to spend with students one-on-one, and students are expected to become a part of the interpersonal team. Remember each preceptor comes with their own personality and expectations. Flexibility and maturity are essential as well as adapting to your varying surroundings.

Schedule
When the student was accepted into this program, it was emphasized that the demands of the program would require the student’s full attention during its 26 months. This means personal, financial or any other considerations, should have been as well organized as possible to allow the student to focus on the necessities of the program. With the numerous aspects of scheduling clinical rotations, it is not possible for the student to choose which clinical site to attend. Preferences may be accommodated where possible. The final decision on student placement rests with the Clinical Coordinator.

Students are strongly discouraged from seeking or continuing employment of any kind while enrolled in our program. However, if a PA student chooses to work during this time, it is their responsibility to ensure their employments does not interfere or conflict with any aspect of this program. This includes class attendance, clinical rotations (including distance of clinical sites) and/or academic progress. Program expectations, assignments, exams or any other student responsibility will not be changed or adjusted in any way to accommodate a student’s work environment.

**On-Site Faculty Evaluation**

Site visits serve several purposes. The preceptor can be kept abreast of program changes or schedule modifications. The site and preceptor are evaluated against program standards. Student performance is evaluated. Site visits are also intended to keep the student in touch with the program over the course of the rotation. A minimum of 2 site visits (with a goal of up to 4) will be conducted per student throughout the clinical year.

Assessment of the student’s performance during an on-site evaluation may include any or all of the following: review of chart entries, case presentation, and observation of interaction with staff and/or patients.

The student will be contacted by a faculty member to schedule a time for the On-Site Evaluation. The student must confirm this time with the preceptor and ensure the preceptor will be available as well.

**Student Responsibilities**

**Starting a New Rotation**

Students are advised to contact their preceptor 3 weeks in advance of their upcoming rotation (please see Preceptor Contact List.) When starting a new rotation, it is best to take a day to observe the style of patient care and learn the routine of that particular site and preceptor. Observe and ask questions. How are patient medical records and other data recorded? Who co-signs notes and orders? Who is in charge? How are patients followed in the system? Open communication with the preceptor will ensure a successful experience. Some rotations will have very specific requirements, while others may not be as structured or have a predictable routine. The clinical year requires students to demonstrate their ability to observe, communicate, and hone their clinical skills as well as their professionalism.
**Attitude**

The amount of knowledge and expertise gained from each rotation is largely determined by the student’s attitude and behavior. If a student chooses a passive role, the learning experience will be minimal. If, however, a *politely assertive stance* is taken, the opportunity for learning is limitless. Therefore, it is essential that students take initiative at each rotation. Preceptors and staff will evaluate how eagerly you approach tasks on rotation.

There are always things to learn from different people in different professions. This is especially true in the medical field, whether a student or a practicing professional. The student must make the preceptor and other colleagues aware of whom they are and that they are willing to learn from every situation. It is not only necessary, but also extremely beneficial to make every attempt to maintain an attitude of *mutual respect* for all colleagues and accept all they have to offer. It is also imperative that you sharpen your interpersonal skills to interact positively and competently with people of all social, cultural, religious, ethnic, and socioeconomic levels.

**Representation**

*It is imperative that students represent themselves accurately as Physician Assistant students while in the clinical setting, regardless of former title—RN, MD, PhD, PharmD, etc.*

Physician Assistant students must be clearly identified as such. At minimum, students must wear an identification badge at all times on site and introduce themselves to patients and hospital personnel as a Physician Assistant student. Students who work in a health care capacity must dress appropriately so as not to confuse or misrepresent their work role with their PA student status (i.e., the name badge and program emblem may not be worn unless the student is completing a program clinical assignment).

**Dress Code**

Dress Code for clinical rotations is business casual; tasteful and appropriate as deemed by the program (not too short or low cut, etc.) and/or the preceptor and site. Lab coats and clean, closed-toe shoes must be worn. Jewelry should not be oversized or excessive. *NO scrubs unless instructed by preceptor prior to reporting to the site. Avoid sandals, jeans, leggings, cargo shorts and t-shirts.*

Clinical supervisors, preceptors and faculty reserve the right to address any student who is inappropriately or unprofessionally dressed. Program standards must be met in the classroom as well as in rotations. If these expectations are not met, the student may be asked to leave their rotation and appropriate action will be taken.

**Attendance**

Students are required to attend the site during the hours assigned by the preceptor and meet the program’s required minimum hours. This may include evenings, nights, weekends, and some holidays. Promptness, readiness, and enthusiasm are reflected in each student’s final evaluation. Students are expected to stay on site until all assigned work has been completed and the student is dismissed by the preceptor.
Absences

Any absence from the clinical site, for any reason, without proper notification to the Preceptor via phone AND the Clinical Coordinator via email, or failure to complete a Student Absence or Leave Request Form before the end of the rotation will constitute an unexcused absence and result in failure of that rotation.

The Clinical Coordinator and the preceptor must be notified immediately, by both phone and email, when absences for personal emergencies arise. The Clinical Coordinator will not notify the clinical site of the absence for the student. Email or messages from another student will not suffice.

A student Absence Form must be signed by the preceptor and returned to the Clinical Coordinator no later than the first class day after the rotation ends (See Page 51). It is the student’s responsibility to arrange make-up time with the preceptor.

If the student is aware that a future absence will be necessary, a student Absence Form must be completed and given to the Clinical Coordinator for approval at least 4 weeks in advance (see Page 56.)

Religious Holidays

Absences will be approved, provided that the preceptor and Clinical Coordinator are notified in advance and clinical time is made up.

Illness

Any student who is ill and is likely to be contagious should not report to a clinical rotation in order to protect the preceptor, staff, and patients. As stated above, it is the student’s responsibility to notify the site and the Clinical Coordinator, by both email and phone immediately. The student will need to obtain a doctor’s note to turn in to the Clinical Coordinator, and the missed time must be made up. A Student Absence Form (Page 56) must be signed by the preceptor and returned to the Clinical Coordinator no later than the first class day after the rotation ends.

Inclement Weather Policy

Students are not required to attend the clinical site on days when CCBC Essex and/or Towson University is closed due to inclement weather. However, it is strongly recommended that the student attend the site if the commute can be made safely.

If the student is unable to report to the site due to inclement weather, the preceptor AND the Clinical Coordinator are to be notified immediately, by office phone and email, plus a Student Absence form must be returned to the Clinical Coordinator before the end of the rotation.

Professional Conduct

Exemplary professional conduct is expected of all Physician Assistant students at all times. With this as a fundamental principle, the PA Program will not tolerate violations of ethical or moral values, such as cheating, plagiarism or unprofessional conduct. The PA student role requires that students be reliable and competent, exercise sound judgment and act with a high degree of personal integrity at all times. When problems arise at the clinical site which cannot be addressed immediately by the preceptor, the Clinical Coordinator is to be notified of the incident.
Further information:

*American Academy of Physician Assistants (AAPA) Guidelines for Ethical conduct: [https://www.aapa.org](https://www.aapa.org)

**Unprofessional behavior includes, but is not limited to the following:**

- Disobedience of or inappropriate challenge of orders or assignments from faculty, administrators, preceptors or clinical supervising staff
- Disrespect for or insensitivity to a patient’s rights, privacy and privileges (i.e., HIPPA violation)
- Failure to acknowledge or accept corrections or criticism and/or hostile or belligerent responses or comments to the correction
- Failure to follow the site’s rules and regulations and chain of command
- Failure to communicate with clinical supervisors (MD, DO, PA, NP, etc.) to whom they have been assigned
- Assumption of sole responsibility of patient’s care without discussion with proper preceptors or other providers (i.e., pharmaceutical treatment, discharge, testing)
- Observation or performance of procedures not authorized by the clinical institution and/or preceptor
- Failure to demonstrate a respectful attitude to peers, instructors, or other members of the health care team
- Unreliable, undependable behavior at clinical site
- Leasing the clinical site until all work has been completed and/or the preceptor approves
- Failure to cooperate with preceptor, group or team efforts
- Failure to deliver care without regard to race, ethnicity, age, sex, creed, religion, socioeconomic status, sexual orientation, national origin, and/or nature of medical/health care problem(s)
- Uncontrolled or disruptive behavior on site or campus
- Reluctance to participate in standard medical procedures or failure to perform clinical procedures in an acceptable manner
- Failure to implement Universal Safety Precautions
- Physical, verbal, or sexual harassment of anyone (patients, instructors, peers or faculty)
- Performance of any duties (including class attendance) while under the influence of alcohol or illegal substances or while taking prescribed medications which can cause impairment of behavior, level of alertness or motor skills
- Any violation of academic integrity (plagiarism, copying another student’s work, sharing answers, using notes, phones or the internet during exams unless given specific permission) or violation of the program’s clinical polices or the School of Health Professions’ Code of Conduct
- Any other incident/behavior, not listed above, deemed inappropriate by the program

**Confidentiality**

- Patients’ rights to confidentiality and privacy must be adhered to at all times
- Posting anything on social media regarding classmates, faculty, preceptors, and academic or clinical sites is forbidden. This includes but not limited to Facebook, Twitter, Snapchat, Instagram, Periscope, and Yik Yak. Violation of this may result in dismissal from the program.
- Use of ANY electronic device is strictly prohibited during any clinical rotation unless given specific permission by the preceptor
- Video recording, taping and photographs are prohibited in clinical site rotations

*All of the above are violations of the standards and polices of this program and this profession per HIPAA guidelines. The level of professionalism will be evaluated throughout the program and specifically during the clinical year. Any violation is to be reported to the Clinical Coordinator and may be cause for dismissal.*
Problems

Invariably, problems arise during rotations. **It is up to the student to clarify with the preceptor at the outset of the rotation what the expectations are, eliminating unexpected surprises at the end of the rotation.** The mid-rotation evaluation is another tool used to measure progress. (See Page 53.)

Personality conflicts do occur and students may feel awkward if one arises, particularly with the person responsible for their grade. Maturity, sensitivity, intellectual ability and professionalism are necessary in any setting. Adaptability to mental physical and emotional stress is essential to your clinical experience and this profession. Always retain the highest level of integrity and compassion. Students will be expected to accept direction and criticism and respond or modify their behavior to our standards. It is crucial to identify difficulties as early as possible so as not to interfere with the student’s ability to learn or jeopardize a fair assessment of the student’s performance. **The student should contact the Clinical Coordinator, their Faculty Advisor or their Faculty Session Advisor as soon as a problem develops in an attempt to lessen, if not solve the difficulty. All efforts will be made to reach a conclusion that is mutually satisfactory to both the student and the preceptor.**

**Should a situation arise in which the student is requested to do something that he or she is uncomfortable doing, without direct supervision, the student must inform the preceptor and not perform the task until supervision is provided.** Due the unique nature and characteristics of healthcare educational programs, whenever a conflict arises, our PA program policies take precedence.

Standards of Conduct

- Respect, sensitivity, comfort and dignity to others regardless of age, gender, race, culture, religion, or disability
- Behavior (i.e., tact and self-control; appropriate boundaries, cooperation, flexibility)
- Professionalism in your manner, dress, grooming, speech, and social skills that is consistent with the program and this profession
- Students are expected to introduce themselves and state they are a student in the PA program
- Student ID badge (school badge or the facility) must be in view
- Students must wear short white lab coat with the Physician Assistant Program’s logo at all times (unless given permission otherwise, i.e., in OR)
- Stethoscope and pocket manual available at all times

The program expects all students to adhere to standards of professional conduct and patient safety. Students failing to do so, at any time, will be removed from the clinical site and are subject to program dismissal. **Behaviors which will lead to immediate dismissal, include, but are not limited to:**

- Performing at an unsafe level as assessed by the clinical staff or Program Faculty
- Unprofessional conduct
- Unsatisfactory on the End-of-Rotation Evaluation
- Failure to recognize one’s clinical limitations
- Falsification of medical information, plagiarism
- Misrepresentation of the student’s status
**Probation**

Program probation is the student’s notification that there is significant danger of program dismissal for academic or professional conduct reasons. It is imperative that students on probation comply with all recommendations made by the course instructor, advisor and/or the Program Director. Students must be in good standing with the requirements for CCBC and Towson University while on probation with the PA Program. Formal documentation of all program probations becomes part of the student’s permanent file. **Students on program probation (academic, clinical, or professional) forfeit the following privileges until returned to good standing:**

- Participation in out-of-state rotations
- Selection of primary care preceptorship
- Selection of elective rotation
- Participation on the Program’s Advisory Committee
- Participation as a class/program leader or representative
- Excused class or clinical absences to attend conferences/program extra-curricular activities.

**Academic and Clinical Dismissal**

The PA Program Director may dismiss students from the program in consultation with SPRC and other concerned parties if a student fails to meet the requirements for successful program completion. **Cause for academic dismissal includes, but is not limited to:**

- More than two “C” course grades for Towson University PA courses
- More than two “C” course grades for CCBC Essex PA courses
- GPA for either Towson or CCBC courses falls below the level where it is not mathematically possible to earn a final 3.0 GPA
- Serious breaches of academic or professional conduct that could have potentially endangered patient care or safety of patients, clinical personnel, instructors or fellow students
- Repeated “less serious violations”
- Failure to follow curriculum or any directives from the program or clinical faculty
- Recommendation by the core faculty that student performance or professional conduct indicates the student is unable to perform adequately and safely as a PA
- Failure of any Year I course or failure to meet the requirements to advance to Year II
- Failure of a Year II course or failure to meet the requirements for progression to the primary care preceptorship
- Receipt of three or more written warnings

**Remediation**

The goals of formal program remediation are:

- To assure that the student has mastered the requisite knowledge
- To reassess the students’ ability to perform at a satisfactory level and continue in the program
- Determining a plan of action
- Remedial exercises and/or tutoring
- Demonstrated mastery of the material through a predetermined testing method with a predetermined mastery level
Students who have performed poorly on a major test, assignment or examination whether practical or written may be allowed to remediate the particular section or skill. The offer to remediate is determined by the instructor or course coordinator in conjunction with the student. It is offered once during a particular course as the result of a failing performance (less than a “C” grade) on a single test or assignment.

Successful remediation as determined by the instructor and remediation plan results in a passing grade (70% or above) for the course or component and in student retention if all other program requirements are met. All remediation efforts remain documented in the student’s permanent file.

Deceleration

Students who are unsuccessful with remediation plans or who are performing at a substandard level in one or more areas of the didactic program (Year I courses and PAST 730/731) may be offered deceleration on the recommendation of the Student Progress Review Committee. Deceleration guidelines are not limited to:

- Deceleration in Year I requires that the student restarts the program with the next class: repeating any course where a “C” or lower was earned and auditing all courses for which grades of “A” or “B” were earned. Graduation is delayed until all course requirements are met.
- Deceleration in Year II requires that any course where a “C” or lower was earned is repeated with a minimum of a “B.” This may require suspension of participation in clinical courses until didactic course work is successfully completed. Graduation is delayed until all course requirements are met. Please see the Student Clinical Manual.
- Students granted a program leave of absence for medical purposes, military service, etc., may be decelerated if proper application is made through the SPRC. SPRC review and a recommendation for approval to the Program Director is required for PA Program sanctioned deceleration.

Academic Dismissal

The PA Program Director may dismiss students from the program in consultation with SPRC and other concerned parties if a student fails to meet the requirements for successful program completion. Cause for academic dismissal includes but is not limited to:

- More than two “C” course grades for Towson University PA courses
- More than two “C” course grades for CCBC Essex PA courses
- GPA for either Towson or CCBC courses falls below the level where it is not mathematically possible to earn a final 3.0 GPA
- Serious breaches of academic or professional conduct that could have potentially endangered patient care or safety of patients, clinical personnel, instructors or fellow students
- Repeated “less serious violations”
- Failure to follow curriculum or any directives from the program or clinical faculty
- Recommendation by the core faculty that student performance or professional conduct indicates the student is unable to perform adequately and safely as a PA
- Failure of any Year I course or failure to meet the requirements to advance to Year II
- Failure of a Year II course or failure to meet the requirements for progression to the primary care preceptorship
- Receipt of three or more written warnings
**Professional Conduct (Disciplinary) Dismissal**

Most often breaches in professional conduct result in failure of the course during which they occur. Cause for professional conduct dismissal occurring related to a course or outside of coursework includes but is not limited to:

- Serious breaches of classroom or professional conduct that could have potentially endangered patient care or safety of patients, clinical personnel, instructors or fellow students
- Repeated less serious violations
- Falsification of any program or clinical documents
- Failure to follow professional conduct directives from the program/clinical faculty
- Recommendation by the core faculty that student performance or professional conduct indicates the student is unable to perform adequately and safely as a PA
- Receipt of three or more professional conduct written warnings and breaches of professional conduct not listed here
- Discovery at any time over the course of the program of falsification, misrepresentation, or omission of any requested information on any application materials submitted to CASPA, the PA Program, CCBC, or Towson University
- Impairment due to substance abuse

**Professional Conduct (Disciplinary) Dismissal Procedures**

1. Disciplinary problems or breaches in professional conduct will initially be discussed between the Program Director, involved faculty member, and the student.

2. The Program Director will refer the issue to the appropriate committee or panel (e.g. SHP Honor Council, SPRC, etc.) The committee panel will hear complaints against the student and interview parties involved to make a final determination of disciplinary action based on PA Program Policies and Guidelines. The committee’s recommendations are forwarded to the Program Director. The Program Director will notify the student of the committee’s recommendations.

3. Should the student disagree with the decision of the Program Director/referred committees that grounds for dismissal are met or feel that program policy has been unfairly applied, she or he may take the matter to the School of Health Professions Appeals Committee. The appeal process must be initiated within five business days of notification of the action. Information and appeals forms are available from the secretary to the Dean of the School of Health Professions.

4. Violations of Towson University policy will be referred to the University disciplinary committee.

5. Honor code violations are referred to the SHP honor code panel. This will be discussed at the SHP orientation.

6. Violations of other CCBC policies may be referred to the Dean of School of Health Professions. This will be discussed at the SHP orientation.
**Rotation Requirements**

**Required Immunizations and Health Screenings**

All students must be up to date with MMR, Hepatitis B, Varicella, and Tetanus. **Flu immunization and TB testing (PPD) must have been done within 1 year prior to the first rotation’s start date.**

- Annual PPD and Flu shot

In some cases, Hepatitis C vaccine information may also be requested by the preceptor or clinical site.

Further information:

- Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC): [http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00050577.htm)

**Site-Specific Paperwork**

Many of our sites/ facilities and hospitals require their own documentation, learning modules and paperwork specific to that site. All paperwork provided needs to be completed and turned in before clinical rotation begins. Failure to comply will result in a delay in the start of your rotation schedule and may ultimately affect your graduation date. This paperwork may seem redundant but it is crucial to our professional and legal relationship with our preceptors/sites.

**Personal Health Insurance Coverage/ Liability Insurance/Drug Screenings**

Students are required to carry personal health care insurance while attending the program and must provide the program with verification of coverage before beginning the program. Allowing health insurance coverage to lapse at any time while in the program will result in immediate removal of the student from clinical site or classes and may ultimately result in program dismissal. Neither CCBC nor the PA program’s clinical affiliates provide health services to students beyond routine first-aid care. Some health care services are available from the Towson University Health Center. Students may go to the health care provider of their choice. This includes medical care for accidents or injuries which may occur on campus or at any of the college's affiliated institutions.

Proof of liability insurance, a background check and, a annual drug screening will also be necessary for some rotations. There is also a possibility of random on site drug screens which would be at the discretion of the site/preceptor and the procedures in place during that particular rotation. **Students are responsible for all medical/ documentation fees incurred while attending the PA Program.**
**Safety and Security**

Students, Faculty, and Clinical Faculty are responsible to ensure that appropriate security and personal safety measures are addressed in all locations where instruction occurs. It is everyone’s responsibility to read and observe policies on safety and security for each and every institution that you are assigned or enter. All sites used by the program are safe, but should any site practices be concerning to the student, the program should be notified immediately.

*Weapons of any kind are prohibited from being carried by our students. This includes firearms of any kind, knives of any size, chemical sprays or anything that could be identified as a weapon.*

**Injuries to Students on Clinical Site or Campus**

*Should a student be injured (needle stick, fall, etc.) on site, an Incident Report, completed by the student, needs to be filed with both the site and with the program. The program highly recommends that the injured student seek medical assessment immediately.*

All Physician Assistant students are required throughout the program, to have, carry, and maintain personal health insurance. Neither CCBC, Towson University nor Clinical Rotations are responsible for providing care for injuries sustained on campus or on rotation, beyond initial first aid treatment. The injuries of greatest concern (other than those which are life threatening) are those associated with blood borne pathogens, sustained by needle sticks and other sharps or through splashes of contaminated body fluids into open wounds or exposed mucosal membranes. The following are program requirements and protocols to assure that appropriate steps are taken to minimize any long term effect of such accidental injuries.

1. Students must review blood borne pathogen protocols prior to starting each clinical rotation and receive a certificate of completion for Learning Harbor.
2. Students must carry with them (perhaps on the backs of their ID cards) these protocols.
3. Students must carry their medical insurance cards or papers identifying their insurance providers and preferably the name of their personal physician.
4. When an injury occurs on clinical site, the office manager, preceptor, and or clinic supervisor needs to be notified IMMEDIATELY.
5. When injury occurs on clinical site, the students must initiate treatments protocols already in place at that facility.
6. Incidence reports are to be filed with the clinical site AND with the PA program. These should be reasonably detailed as indicated on the form.
7. Some institutions have protocols that are initiated on site, when this is the case, follow the clinical site protocol and then according to instructions provided by the on-site provider, care may be then transferred to your personal medical provider.
8. When there is no medical care provided or available at the clinical site the student must go immediately to the patient’s nearest medical provider or the EMERGENCY DEPARTMENT.
9. Once care has been initiated by a medical provider or ED, a report needs to be sent to the PA Program. This report does not have to state the type of care provided nor does it have to state the diagnosis. The PA Program requires documented proof that the injury has been evaluated by a medical provider and therapy initiated.
10. If the students has missed either clinical time or classroom time because of the injury, a third document must be provided to the Program which states that the students has been discharged from medical care and may safely return to the clinical site and classes.

11. Students must make up all the clinical time lost due to injury and treatment, however, every effort will be made by the program to assure that the clinical time lost will be made up in an efficient manner so as to allow the student to complete the program as close to on time as possible.

12. Students are responsible for the cost of this medical care, and they are required to seek appropriate care in a timely manner. If the injured student accepts medical care offered at the institution where the incident occurs, the student will be responsible for any charges or care that may be accessed. Once the student’s injury is acutely addressed, student’s must notify the Clinical Coordinator or Program Director by telephone or email of the incident as soon as possible, no later than 24 hours after the incident. The student must file an Incident Report (see Addendum) no later than the next business day.

**Drug Screen, Alcohol Testing, and Background Check**

Program clinical site may require routine drug and alcohol screening based upon student inappropriate behavior in the clinical setting. Students required by a clinical setting to undergo screening or testing who test positive for drugs or alcohol are subject to dismissal from the program. Expense of any drug or alcohol testing is the responsibility of the student. Dismissal from the Program will occur if the student refuses to comply with the required drug and alcohol testing. Towson University and CCBC substance abuse policies can be found in the Addendum.

**Standard Precautionary Procedures**

All standard precautions apply to labs, skills training and clinical experience as they protect the health care professional as well as, the patients.

**Standard Universal Health Care Practices include:**
- Hand hygeine; cough and respiratory hygeine
- Needle and bodily fluid safety practices
- Wearing protective equipment (i.e., gloves, masks, eyewear and gowns)
- Handling contaminated objects, equipment or surfaces

**In summary:**

1. Review blood borne pathogen protocols prior to each rotation
2. Contact the clinic head (follow the guidelines if they exist)
3. Initiate treatments immediately at your PMP or ED
4. Provide injury reports to clinical site and to PA Program
5. Provide treatment reports to PA program, if necessary
6. Provide discharge form to return to school to the program
Graduation Eligibility /Requirements

Students will not be able to progress or graduate until all the documentation and all the clinical requirements have been met to the satisfaction of the Clinical Coordinator. These will include preceptor evaluations, all program defined data loggings, successfully passing fall and spring OSCEs (Observed Student Clinical Exam) and completion of GAIT Training.

Students should be aware that the TU/CCBC PA Program can be accomplished within 26 months barring any type of adverse event prohibiting the advancement of the student in his or her educational progress. In the event that such an event was to occur, graduation of the student will be delayed by the amount of time (days, weeks, semesters, etc.) but not to exceed a total period of longer than 36 months from the start of the program. [An exception to this would be an interruption of the program for extended military service.]

- For clinical practicum courses, any professionalism issue brought to the attention of the clinical coordinator directly by e-mail, telecommunication, or in person will be considered cause for the student to repeat a given rotation immediately prior to the final practicum, in its entirety, delaying the graduation by a minimum of the length of rotation. The student, providing the preceptor has not failed the student on the final written preceptor evaluation, will receive a grade of C for the rotation (or course) and the ensuing repetition will have to payed for by the student with the grade replaced by the new grade.
  - The clinical coordinator will document the date and issues brought forth by the preceptor.
  - The clinical coordinator will investigate and document the claims of the incidents.
  - The clinical coordinator will determine whether another repeat rotation is in order.
  - The clinical coordinator will notify the student immediately of the decision to repeat the rotation with the associated delay in graduation.
  - If the Clinical Coordinator cannot determine the egregiousness of the complaint or need to repeat the rotation, the Clinical Excellence Committee will assist in adjudication.
  - The Clinical Coordinator has the sole authority to make this decision.

- For academic and technical courses, a student’s progress can be delayed as well as graduation, based on their ability to complete or remediate academic or technical or professional behaviors. Students are referred to the section on professionalism, remediation, and program success in the student handbook for details regarding successful progression.

Chart Entry Signature

All clinical documents and chart entries must be signed with the students’ full name followed by PA-SI (Year I) or PA-SII (Year II and Graduating students). Please include this on your SOAP notes and CM projects. Students who fail to identify themselves appropriately will be dismissed from the program.

Patient Encounter Logs

Students keep a record of each patient contact through the Typhon logging system. Typhon data should be logged for EVERY patient with whom the student has contact.

**All data logs must be completed/entered prior to your Final Preceptorship**
All Typhon encounters need to be completed by the end of the rotation.
If it is not, the student will receive an incomplete grade.
1. Patient Encounter Logs
   - In the Typhon log, all areas with red arrow are required information for *EVERY* clinical encounter.
   - Log encounters daily to prevent any mistakes (such as losing the patient information, forgetting about the patient, rushing at the end of the rotation).
   - **Program defined patient data requirements** and failure to meet the requirements can be cause a delay in graduation eligibility (see below):
     - **Clinical Life Span Experience Requirements**
       - **Infants** = 0-12 months (min. 10 cases)
       - **Children** = 1-12 yrs. old (min. 10 cases)
       - **Adolescents** = 12-18 yrs. old (min. 10 cases)
       - **Adults** = 19-65 yrs. old (min. 10 cases)
       - **Elders** = over 65 yrs. old (min. 10 cases)
     - **Women’s Health** = (min. 10 pre-natal cases)
     - **Pre-Op** = (min. 10 cases)
     - **Operative** = (min. 10 cases)
     - **Post-Op** = (min. 10 cases)
     - **Behavioral Medicine** = (min. 40 non-substance abuse cases)

2. Skills Log
   - Skills performed during a rotation and their frequencies are also maintained electronically through Typhon. This will be assessed through documentation of CPT codes.

3. Time Log
   - This should reflect the hours spent on site by the student and any absences during the rotation
   - In Typhon choose
     - **Other Logs and Reports**, then
     - **My Time Log**, then
     - **Add/Edit Daily Time Log**
     - Complete the entire log as it pertains to the clinical day. This should be completed daily
   - Record any conferences attended
     - **My Clinical Conference Log**

4. Print out the summary of the Patients Encountered, Skills and Time Logs. *The preceptor must sign off on all logs*

**Student Evaluation of the Clinical Rotation**

These evaluations, done at the end of each rotation, should include constructive criticism and offer suggestions for solutions for issues raised.

These forms are posted on Typhon (under **My Evaluations**) and should be completed at the end of your rotation by you. **An evaluation completed by hardcopy is given upon return to the campus and must be turned in with other materials no later than the second campus day following the end of rotation.** These evaluations are summarized for preceptors at the end of each clinical year.
**Rotation/Course Grade Computation**

*Students must pass all rotations. Failure of a rotation will require repeating the rotation, and therefore may delay graduation. Students may also face dismissal from the program depending on the circumstances surrounding the failure. Students are highly recommended to meet face-to-face with preceptors as often as necessary, but at a minimum twice (once for mid-rotation evaluation and once for end-of-rotation evaluation) during a rotation.*

**Preceptor Evaluation**

The Preceptor Evaluation constitutes the majority of the student grade for each rotation (60% max.) Preceptors complete a standard evaluation form, assesses whether or not the student’s performance was exceptional, satisfactory, needs improvement or was unsatisfactory. The evaluation also speaks to the professional conduct of the student while on site. Preceptors are encouraged to comment on the student's skills, areas where the student performed well, and provide constructive criticism for areas that may need improvement.

Preceptors will file the evaluation electronically through Typhon. Under extenuating circumstances, the preceptor may choose to complete the evaluation and return it to the program via fax or email.

*Students are responsible for seeing that the evaluations are submitted no later than the first class day after the end of the rotation.*

Links to the evaluations and site are emailed to all preceptors through the Typhon system during the rotation. It is the student’s responsibility to ensure that evaluations are submitted either electronically or via paper copy.

**Mid-Rotation Evaluations**

These evaluations are designed to assure that students get timely feedback from the clinical preceptor so deficiencies may be identified early by the program and can be corrected before the rotation’s end. The student has the responsibility to make an appointment with the preceptor to have the mid-rotation evaluation completed. These evaluations are submitted to the Clinical Coordinator by the 3rd Friday of every rotation. An evaluation from the preceptor must be submitted for each rotation, and more may be required for those having difficulty. The evaluations may be electronic (scanned), faxed and paper copies will be accepted.

**Post Rotation Examinations**

Each rotation will have a post-rotation examination based upon general medicine and the clinical rotation specialty just attended. Students must perform satisfactorily on all post-rotation exams. If a student fails a post-rotation exam (70% or less), there is a one-time opportunity to retest. The repeat test may be scheduled no earlier than 7 days (1 week) after the original test and its grade will be averaged with the previous exam grade. With the exception of the elective rotation examination, all other rotation examinations will be completed in Exam Master. There is no opportunity to review examination once completed.
**Clinical Seminars**

Students will meet the first day back on campus with an assigned faculty member per the senior schedule. **Requirements for the seminar include:**

1. Review of clinical database information (electronic patient logs, skills list, attendance)

2. Clinical write-up (SOAP notes). These are submitted electronically, once per rotation. The clinical write ups are due to the assigned faculty member no later than the 3rd Friday of each rotation. Family Medicine SOAP note will be focus on a psychiatric case and submitted to Susan Landry, Mental Health Director contact information page 50.)

3. Clinical case presentation and psychiatry seminar case discussion should include the following:
   a. Basis of diagnosis
   b. Review of diagnostic criterion
   c. Disease etiology
   d. Rationale for the plan chosen

4. If the faculty has any concerns after this session, the student may be required to give additional case presentations and/or clinical write-ups.

5. The clinical case presentation is a “mini grand rounds” session. All students will submit their case presentation, in the form of a clinical write-up, along with pertinent associated work (i.e., CT, Labs, ECGs, etc.). The faculty will prepare questions on the submitted cases.

6. All written work and case presentations must follow guidelines as emphasized in PAST 250.

7. The clinical database information must be complete and entered by the end of each week.

**Grading Policy**

Rotation grades are based on overall performance evaluated by the preceptor, SOAP notes, case presentations and the post-rotation examination. Course Grades are the average score of the rotations making up that course.

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Rotations</th>
<th>Preceptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAST 251</td>
<td>1&amp;2</td>
<td>CCBC</td>
</tr>
<tr>
<td>PAST 252</td>
<td>3</td>
<td>CCBC</td>
</tr>
<tr>
<td>PAST 653</td>
<td>4</td>
<td>Towson University</td>
</tr>
<tr>
<td>PAST 654</td>
<td>5&amp;6</td>
<td>Towson University</td>
</tr>
<tr>
<td>PAST 655</td>
<td>7&amp;8</td>
<td>Towson University</td>
</tr>
<tr>
<td>PAST 756</td>
<td>Final Preceptorship</td>
<td>Towson University</td>
</tr>
</tbody>
</table>
Rotations Grades

<table>
<thead>
<tr>
<th></th>
<th>Rotation 1</th>
<th>Rotation 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade</td>
<td>Score</td>
</tr>
<tr>
<td>Preceptor Evaluation</td>
<td>S</td>
<td>50</td>
</tr>
<tr>
<td>SOAP Note/Case Presentation</td>
<td>E</td>
<td>10</td>
</tr>
<tr>
<td>End of Rotation Exam</td>
<td>B (80%)</td>
<td>20</td>
</tr>
<tr>
<td>Rotation Grade</td>
<td></td>
<td>80</td>
</tr>
</tbody>
</table>

The average of Rotation 1 and 2 grades is: \( 80 + 80 = 160 / 2 = 80 \). According to the parameters listed below, 80 would make the course grade for PAST 251 a B

- Data Logging if not completed by the end of the rotation will result in an Incomplete.
- Clinical Site Visits are random and look at not only the student's performance, but also the preceptor's performance and the viability of the site itself.

<table>
<thead>
<tr>
<th>Course</th>
<th>Grades</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>90 - 100</td>
</tr>
<tr>
<td>B</td>
<td>80 - 89</td>
</tr>
<tr>
<td>C</td>
<td>70 - 79</td>
</tr>
<tr>
<td>Fail</td>
<td>&lt; 70</td>
</tr>
</tbody>
</table>

Any student who receives an overall grade below 80%, on any given clinical rotation will receive an “F” for the course grade regardless of average score for all rotations. A failure in any program course may result in dismissal from the program. A student who fails a single rotation, but has not previously failed any rotations and is otherwise in good standing with the program may be allowed to repeat the rotation – timing and scheduling at the discretion of the Clinical Coordinator. Whether the opportunity for repeating the rotation is granted or not, the student will receive an “F” grade for the course. Once the student repeats the rotation and receives a passing grade, a repeat course grade will be entered as a “B”. A student may not earn any higher than a “B” for courses where a rotation was failed.
Clinical Practicum Objectives

Description

The clinical practicum focuses on recognition and management of problems and preventable illnesses common to each specialty. Much emphasis is placed on collection and accurate recording of medical histories and physical findings. Students will complete the objectives for each rotation through supervised clinical practice, participation in planned seminars, independent reading and study, attendance at Grand Rounds and other lectures or presentations available at the clinical site.

At the conclusion of each rotation the student will:

1. Accurately perform and record a complete, interim and focused history and physical exam.
2. Develop differential diagnoses for each case.
3. Outline management of cases, collection of lab data, initial care plans, counseling and referrals.
4. Present case summaries to the preceptor emphasizing the significant medical and psychosocial aspects, significant negative and positive findings and problem lists.
5. With guidance from the institution’s medical team, perform Medication Reconciliation through a process of identifying the most accurate list of all medications a patient is taking. Perform Medication Reconciliation with guidance from the institution’s medical team. Reconciliation involves comparing the patient’s current list of medications to the physician’s admission, transfer, and/or discharge orders and includes the name of the medication, the dosage, plus frequency and route of which it is taken. Using this list, the student should be able to provide correct medications for patients anywhere within the health care system.
6. Implement management after discussion and approval by the preceptor.

Reading and Study

Students will utilize the program's recommended text books as the primary source for reading and independent study. It is also important that students explore other texts relating to the specialty as well as sources of reference recommended by individual clinical instructors and avail themselves of the current medical literature. Review of Bate’s Guide to Physical Examination and History Taking and Access Medicine (See Page 55) will provide direction for recording histories, physical exams, discharge summaries and presenting cases.

Goals

We recognize that students cannot master the specialty’s entire field in a 5-1/2 week rotation. The program’s philosophy is to place emphasis on collection and analyses of medical data using critical thinking skills in a systematic approach to presenting problems and complaints. Students are expected to gain mastery of a substantial fund of knowledge to function effectively with the wide spectrum of problems in the medical practice. Minimum objectives are listed for each subject to guide student learning and instructor facilitation of student learning. Referring to lecture outlines, objectives and reading assignments will provide the student with additional directions for learning. While only limited objectives are listed it is important that students take advantage of all learning opportunities that arise in the clinical setting.
Community Medicine

Objectives

At the conclusion of the rotation the student will:

1. Outline potential solutions to core issues for the community or special population.

2. Describe the special needs of patients served by this clinical site and obstacles meeting those needs to include genetics and Healthy People 2020 standards.

3. Demonstrate to the program faculty and preceptor, mastery of material related to the site’s particular specialty.

4. Outline cases; including collection of diagnostic data, initial care plans, counseling, case management, interdisciplinary, and referrals needs.

5. Give accurate and concise verbal case presentations with the special circumstance/need of the clinical site in mind.

6. With guidance from the institution’s medical team, perform Medication Reconciliation through a process of identifying the most accurate list of all medications a patient is taking. Reconciliation involves comparing the patient’s current list of medications to the physician’s admission, transfer, and/or discharge orders and includes the name of the medication, the dosage, plus frequency and route of which it is taken. Using this list, the student should be able to provide correct medications for patients anywhere within the health care system.

7. Implement management plans after discussion and approval by the preceptor.

8. Become increasingly competent with charting interim notes and/or focused history and physical examinations.

9. Special Requirement for Community Medicine
   In lieu of write-up and post rotation exam, students will:
   a. Complete a service project utilizing the plan-do-study-act model below which is mutually agreed upon with the sponsoring agency and the student and approved by the Clinical Coordinator or Faculty Advisor.

   b. Demonstrate an awareness of economic and social issues that influence the delivery of health care in the community

   c. Demonstrate an awareness of cultural influences that effect health beliefs and practices within the community

   d. Submit an outline, log, or paper discussing the service project, using the model below as your guide. Max. 1500 words, 12 fonts, Times New Roman, 1” margins.

   e. Present overview of project during the clinical seminar
### Setting Aims
Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

### Establishing Measures
Use quantitative measures to determine if a specific change actually leads to an improvement.

### Selecting Changes
All improvement requires making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement.

### Testing Changes
The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Develop a plan for improving quality at a process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do</td>
<td>Execute the plan, first on a small scale</td>
</tr>
<tr>
<td>Study</td>
<td>Evaluate feedback to confirm or to adjust the plan</td>
</tr>
<tr>
<td>Act</td>
<td>Make the plan permanent or study the adjustments</td>
</tr>
</tbody>
</table>

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**Emergency Medicine**

**Objectives**

At the conclusion of the rotation the student will:

1. Have been introduced to the principles of proper patient triage in a hospital emergency department.

2. Collect and record, with accuracy, a focused history and physical exam.

3. Accurately and concisely present case summaries in accordance with program and/or institutional guidelines.

4. Accurately develop a plan of investigation and order the appropriate laboratory and diagnostic tests for complaints presenting to the emergency department in a cost-effective manner and within applicable reimbursement guidelines and regulations.

5. Promote lifestyle changes through patient education for prevention of disease:
   - Diet
   - Weight Management
   - Exercise
   - Sun Exposure
   - Smoking Cessation
   - Safety Practices

6. With guidance from the institution’s medical team, perform Medication Reconciliation through a process of identifying the most accurate list of all medications a patient is taking. Reconciliation involves comparing the patient’s current list of medications to the physician’s admission, transfer, and/or discharge orders and includes the name of the medication, the dosage, plus frequency and route of which it is taken. Using this list, the student should be able to provide correct medications for patients anywhere within the health care system.

7. Demonstrate knowledge of symptoms, physical findings, diagnostic tests, and therapeutic intervention for management of acute/emergent situations, including, but not limited to:
   a. Diabetic emergencies
   b. Altered mental status
   c. Altered consciousness
   d. Seizures
   e. Psychiatric emergencies
   f. Cardiac rate and rhythm abnormalities
   g. EKG abnormalities
   h. Syncope
   i. Visual changes/Eye emergencies
   j. Substance abuse
   k. Poisoning
   l. Drug and alcohol toxicity
   m. Allergic disorders
   n. Bacterial/Viral and other infectious processes
   o. Common male and female genitourinary complaints
   p. Blood dyscrasias
   q. Respiratory distress/Respiratory arrest
   r. Chest pain
   s. Cardiac arrest
   t. Stroke/Other cerebral vascular events
   u. Alterations of blood pressure
   v. Fever and sepsis
   w. Headache
   x. Abdominal pain/Acute abdomen
   y. Foreign body
   z. Common pediatric emergencies
   aa. Dermatology emergencies
   bb. Orthopedic emergencies/Fractures, Sprains, Dislocations
8. Competently perform skills common to the practice of emergency medicine:
   a. Venipuncture
   b. Administration of oral, topical and parenteral medications
   c. Catheterization
   d. Suturing
   e. Burn dressing
   f. EKG recording and initial assessment
   g. Use of sterile technique
   h. Initial assessment of radiographs
   i. MRI and CT Scans
   j. Casting/Splinting

9. Recognize and initiate therapy, awaiting the arrival of a physician:
   a. Cardiac arrest or failure
   b. Respiratory arrest or failure
   c. Hypertensive crises
   d. Seizures
   e. Acute chest pain/myocardial infarction
   f. Acute endocrine imbalances
   g. Ingestion of poisonous/toxic substances
   h. Shock: Hypovolemic and Cardiogenic

10. Recognize the need and make appropriate referrals for management of medical problems that lay beyond the scope of emergency medicine.

11. Discuss the psychological effects of emergency room care on patients and their families and demonstrate the ability to counsel these individuals.

12. For each of the common psychological conditions listed, the student should be able to identify the differential diagnoses, the etiology/pathophysiology of, the course of the disease, presenting signs and symptoms, mental status exam, initial laboratory tests, imaging studies, and plan for initial management:
   a. Anxiety
   b. Bipolar Disorder
   c. Borderline Personality
   d. Conversion reaction
   e. Schizophrenia and Psychotic Disorders
   f. Eating Disorders
   g. Suicidal Ideation
   h. Substance related disorders
   i. Mood Disorders/Depression
   j. Psychiatric emergencies (Delirium)
   k. Sleep Disorders
   l. Geriatric Psychiatry (Abuse/Neglect)
**Family Medicine**

**Objectives**

At the conclusion of the rotation the student will:

1. Have been introduced to the principles of proper family medicine in private practice or clinic.
2. Collect and record, with accuracy, a focused history and physical exam.
3. Accurately and concisely present case summaries in accordance with program and/or institutional guidelines.
4. Accurately develop a plan of investigation and order the appropriate laboratory and diagnostic tests for complaints presenting to the family medicine office in a cost-effective manner and within applicable reimbursement, regulations and current published guidelines.
5. Promote age appropriate positive lifestyle changes through patient education for health maintenance and prevention of disease including:
   a. Diet
   b. Exercise
   c. Smoking Cessation
   d. Weight Management
   e. Sun Exposure
   f. Safety Practices
6. With guidance from the clinical team, perform medication reconciliation through a process of identifying the most accurate list of all medications a patient is taking (including prescribed, over the counter and herbal). Reconciliation involves comparing the patient’s current list of medications to the physician’s admission, transfer, and/or discharge orders and includes the name, the dosage, plus frequency and route of which it is taken. Using this list, the student should be able to provide correct medications for patients anywhere within the health care system.
7. Demonstrate knowledge of symptoms, physical findings, appropriate diagnostic tests, and therapeutic intervention for management of acute, chronic and emergent situations, including, but not limited to:
   a. Diabetes and other endocrine disorders
   b. Dementia
   c. Delirium
   d. Seizure disorder
   e. Psychiatric diagnoses
   f. Cardiac rate and rhythm abnormalities
   g. EKG abnormalities
   h. Dizziness/ syncope
   i. Paresthesia
   j. Substance abuse
   k. Allergic disorders
   l. Bacterial/ viral, other infectious processes
   m. Common male and female genitourinary complaints
   n. Common skin problems
   o. Allergic disorders
   p. Common gastrointestinal problems
   q. Disorders of the immune system
   r. Blood dyscrasias
   s. Respiratory distress/ respiratory arrest
   t. Chest pain
   u. Cardiac arrest
   v. Stroke/ other cerebral vascular events
   w. Alterations of blood pressure
   x. Fever and sepsis
   y. Headache
   z. Abdominal pain/ acute abdomen
   aa. Foreign body
   bb. Common pediatric complaints
   cc. Dermatology emergencies
   dd. Joint pain and limitation of motion (Orthopedic conditions)
   ee. Evaluation of Rheumatologic conditions
   ff. Hypertension
   gg. Visual changes/ common eye problems
   hh. Common pediatric problems
8. Appropriately screen, initiate preventive management and provide patient education for the following problems and possible sequelae:
   a. Diabetes
   b. Cardiovascular disease
   c. Trauma (injury; domestic violence)
   d. Sexually transmitted infectious diseases
   e. Childhood infectious diseases
   f. Pregnancy
   g. Colon/rectal cancer
   h. Breast cancer
   i. Testicular and prostate cancer
   j. Bone and joint disorders
   k. Alcohol/substance abuse
   l. Contraception/pregnancy prevention
   m. Obstructive Sleep Apnea
   n. Obesity
   o. Dyslipidemia
   p. Metabolic Syndrome
   q. Hepatitis
   r. Oral cancers
   s. Lung cancer
   t. Skin cancer
   u. Cervical cancer

9. Competently perform skills common to the family medicine practice:
   a. Venipuncture
   b. Administration of oral, topical, SQ and IM medications
   c. Intradermal skin testing (PPD)
   d. Suturing
   e. Splinting
   f. EKG recording and initial assessment
   g. Use of sterile technique
   h. Initial assessment of radiographs
   i. Urine dipstick/pregnancy testing
   j. Foreign body removal
   k. Wound care
   l. Cerumen removal
   m. Pelvic exam with pap smear and culture
   n. Guaiac
   o. Catheterization

10. Recognize the need and make appropriate referrals for management of medical problems beyond the scope of routine Family Medicine.
Psychiatry Requirements for Family Medicine Rotations

The program does not require that physician assistant students attend a separate psychiatry rotation. The program however is committed to assuring and documenting sufficient clinical experience in psychiatry. While clinicians are exposed to psychiatric problems in almost every setting, the family medicine rotation is where students will see and manage the largest percentage of behavioral problems. Therefore during the family medicine practicum a Psychiatry/Behavior Medicine Seminar is scheduled on the first day back on campus after the rotation ends.

Objectives

For each of the common psychiatric conditions listed, identify the differential diagnoses, etiology/pathophysiology, course of the disease, presenting signs and symptoms, mental status exam, initial laboratory tests and imaging studies, and plan for initial management:

- a. Anxiety
- b. Bipolar Disorder
- c. Borderline Personality
- d. Conversion reaction
- e. Schizophrenia and Psychotic Disorders
- f. Eating Disorders
- g. Suicidal Ideation
- h. Substance related disorders
- i. Mood Disorders/Depression
- j. Psychiatric emergencies (Delirium acute psychosis)
- k. Sleep Disorders
- l. Geriatric Psychiatry (Abuse/Neglect)
- m. Bullying
- n. OCD (Obsessive Compulsive Disorder)
- o. Behavioral disorders (Autism; Oppositional Defiant Disorder)
- p. ADD/ADHD

Students are required to submit cases for TWO (2) patients who present with a primary psychiatric condition (Mood Disorder, Anxiety Disorder, Substance-Use Disorder, etc.), or psychosocial problem (divorce, unemployment, etc.) REGARDLESS of the primary cause for the visit to the Family Medicine office. Students should plan to submit both write-ups no later than the 3rd Friday of their Family Medicine rotation. The format for the cases and the email address to which they are to be sent, are listed below.

Additionally, each student will make one (1) oral presentation of a case during the Psychiatric Seminar. The case used for the oral presentation SHOULD NOT be one of the written cases that have been submitted. Please use the written case presentation format as the template for your oral presentation. Finally, each week, the student is to submit to the Clinical Coordinator, via email, the following:

- Total number of cases with a primary psychiatric diagnoses seen in past week
- Total number of cases seen specifically for psychiatric diagnoses
- Total number of cases seen for psychosocial issues
- Total number of cases seen for medical treatment with primary psychiatric diagnoses
- Total number of cases seen for medical treatment with psychosocial issues (ex: anxiety; coping skills; insomnia; PTSD)
- List the specific psychiatric diagnoses seen in the past week and the number of cases of seen
- for each diagnosis
- Example:
  - a. Alcohol dependence 4
  - b. Major depression 3
  - c. Schizophrenia 1
Internal Medicine

Objectives

At the conclusion of the rotation the student will:

1. Have been introduced to the practice guidelines of Internal Medicine.

2. Obtain and document a complete history, focus and episodic encounter, progress notes and summative evaluations.

3. Give a concise verbal presentation of the history, physical examination, initial laboratory results, problems, probable disease mechanisms, plans for further assessment and management of an assigned patient in accordance with program guidelines for case presentations.

4. With guidance from the institution’s clinical team, perform Medication Reconciliation through a process of identifying the most accurate list of all medications a patient is taking (including prescribed, over the counter and herbal.) Reconciliation involves comparing the patient’s current list of medications to the physician’s admission, transfer, and/or discharge orders and includes the name of the medication, the dosage, plus frequency and route of which it is taken. Using this list, the student should be able to provide correct medications for patients anywhere within the health care system.

5. Promote age appropriate positive lifestyle changes through patient education for health maintenance and prevention of disease including:
   a. Diet
   b. Exercise
   c. Smoking Cessation
   d. Weight Management
   e. Sun Exposure
   f. Safety Practices

6. Competently manage patients with acute and chronic medical conditions:
   a. H & P
   b. Initial assessment
   c. Initial management plan
   d. Progress reports tailored to specific needs of the patient to include:
      o Special history taking requirements with attention to mental status issues/ function
      o Physical exam with special attention to patient disabilities/ functional status
      o Medication reconciliation
      o Management planning with particular attention to:
        ▪ Activities of daily living
        ▪ Patient safety
        ▪ Patient’s need for social services
        ▪ Family and other personal social history
        ▪ Coordination of care with other specialties (OT, PT, LCSW)
      o End-of-life issues
      o Discharge planning
7. For each of the common complaints/conditions listed, identify for each differential diagnoses, etiology/pathophysiology, course of the disease, presenting signs and symptoms, initial laboratory tests and imaging studies, and plan for initial management:
   a. Cough/ respiratory complaints
   b. Dysuria/other urinary complaints
   c. Musculoskeletal pain
   d. Chest pain
   e. Abdominal pain
   f. Anemia/ blood dyscrasias
   g. Hypertension
   h. Obstructive/restrictive airway disease
   i. HIV disease
   j. Congestive heart failure
   k. Liver disease
   l. Diabetes mellitus
   m. Dyslipidemias
   n. Substance abuse
   o. Mood disorders
   p. Common cancers
   q. Acute and chronic kidney injuries
   r. Pneumonia
   s. Headache
   t. Infectious Disease
   u. Acute coronary syndrome
   v. Venous thromboembolism and venous insufficiencies
   w. Fluid, electrolyte, and acid-base disorders
   x. Altered mental status
   y. Seizure Disorders
   z. Gastrointestinal complaints
   aa. CVA/ TIA
   bb. Cardiac dysrhythmias

8. Perform screening for and initiate preventive management and patient education for the following problems and possible sequelae:
   a. Diabetes, Type I and II; LADA
   b. Cardiovascular disease/ dyslipidemia
   c. Domestic violence/ abuse and neglect
   d. Sexually transmitted infectious diseases, HIV and other preventable infections
   e. Colon/ rectal cancer
   f. Breast cancer
   g. Gynecologic cancers
   h. Testicular and prostate cancer
   i. Skin cancers
   j. Musculoskeletal disorders
   k. Alcohol/ substance abuse
   l. Pulmonary conditions and TB
   m. Mood disorders/ psychiatric conditions
   n. Allergies
   o. Hepatides (Hep. C; NFALD)

9. Competently perform skills common to the internal medicine practice:
   a. Venipuncture/ABGs
   b. Administration of oral, topical and parenteral medications
   c. Intradermal skin testing
   d. IV catheterization and peripheral central lines
   e. EKG recording and initial assessment
   f. Use of sterile technique
   g. Initial assessment of radiographs
   h. Lumbar puncture
   i. Hemocult/ gastrocult
   j. Nasogastric tube insertion
   k. Endotracheal initiation
   l. Bladder catheterization

10. Make appropriate referrals for management of medical problems beyond the scope of routine medicine practice such as:
    a. Infectious disease
    b. Hematology
    c. Oncology
    d. Pulmonology
    e. Nephrology
    f. Urology
    g. Gynecology
    h. Neurology
    i. Gastroenterology
    j. Pharmacology
    k. Pain management
    l. Etc.
**Pediatric Medicine**

**Objectives**

At the conclusion of the rotation the student will:

1. Obtain and document a complete and episodic pediatric medical history and physical exam and patient progress, and record medical orders for signature of the clinical supervisor.

2. Obtain and document complete and appropriate newborn, well-baby, and well-child checks and developmental assessment and be able to document and chart the importance of the growth chart.

3. Give a concise verbal presentation of the history and physical examination, be able to document and chart the importance of the growth chart, initial laboratory results, problems, probable disease mechanisms, plans for further assessment and management of an assigned patient in accordance with program guidelines for case presentations.

4. With guidance from the institution’s medical team, perform Medication Reconciliation through a process of identifying the most accurate list of all medications a patient is taking. Reconciliation involves comparing the patient’s current list of medications to the physician’s admission, transfer, and/or discharge orders and includes the name of the medication, the dosage, plus frequency and route of which it is taken. Using this list, the student should be able to provide correct medications for patients anywhere within the health care system.

5. Develop and record an initial plan of investigation and order the appropriate laboratory and diagnostic tests for pediatric presenting complaints in a cost-effective manner and in accordance with current published guidelines.

6. For each of the common pediatric conditions listed, identify each item in the differential diagnosis in terms of etiology/pathophysiology, course of the disease, presenting signs and symptoms, initial laboratory tests and imaging studies, and plan for initial management:
   
   a. Fever
   b. Cough, wheeze
   c. Sore throat/pharyngeal inflammation
   d. Ear pain
   e. URI—viral and bacterial
   f. GI problems—abdominal pain, diarrhea, Hemocult positive stool, abdominal mass, tenderness hepatomegaly, splenomegaly
   g. Seizure
   h. GU problems—dysuria, frequency, hematuria, proteinuria, urinalysis abnormalities
   i. Headache
   j. Bruising/petechiae
   k. Poor vision/hearing loss
   l. Trauma—bites, burns, head injury, sprain/strain/fracture, unexplained injuries/child abuse and neglect
   m. Joint or limb pain—limp, joint swelling tenderness
   n. Heart murmur
   o. Allergic symptoms (i.e., GI, respiratory, dermatologic)
   p. Abnormal eye examination—strabismus
   q. Anemia, leukocytosis, thrombocytopenia
   r. Chest radiographic abnormalities— infiltrate, hyperaeration, atelectasis
   s. Rashes
7. Accurately and appropriately list key factors and identify importance, presentation, and/or management of the following issues:
   a. Immunization schedules
   b. Developmental disorders/behavior problems
   c. Growth and nutrition problems
   d. Prevention of illness and injury
   e. Physical and sexual child abuse
   f. Fluid and electrolyte management
   g. Issues unique to adolescence—sexual problems/concerns, risk taking behaviors
   h. Medical genetics and congenital malformation—prenatal diagnostics, effects of teratogenic agents
   i. Pediatric pharmacological therapeutics
   j. Poisoning prevention and treatment

8. Competently perform clinical skills common to the pediatric setting:
   a. Venipuncture
   b. Administration of oral, topical and parenteral medications (including immunizations)
   c. Intradermal skin testing
   d. Developmental screening
   e. Use of sterile techniques

9. Educate parents and pediatric patients, where appropriate, on normal child development, importance of immunizations, prevention of injuries, and recognition of medical emergencies, basic behavior modification techniques, and basic nutritional needs for children from birth through adolescence, sex education and prevention of unwanted pregnancy and sexually transmitted infections.

10. Make appropriate referrals for major medical, psychiatric, learning problems, and other problems beyond the scope of routine outpatient pediatrics.

11. Child/Adolescent Psychiatry Objectives:
    For each of the common medical conditions listed, identify each item in the differential diagnosis in terms of etiology/pathophysiology, course of the disease, presenting signs and symptoms, mental status exam, initial laboratory tests and imaging studies, and plan for initial management:
    a. Abuse and Neglect
    b. ADD and ADHD
    c. Conversion reaction
    d. Schizophrenia and Psychotic Disorders
    e. Eating Disorders
    f. Autism
    g. Suicidal Ideation/ risk
    h. Substance related disorders
    i. Mood Disorders/ depression
    j. Psychiatric emergencies
    k. Sleep Disorders
    l. Bipolar Disorder
Objectives

At the conclusion of the rotation the student will:

1. Identify differences in the approach to elective surgery vs. emergency medical surgery.

2. Accurately collect and record the appropriate history and physical examination for surgical admission and pre-admission testing including the development of a differential diagnosis, a plan of investigation and order the appropriate laboratory and diagnostic tests for patients presenting to the surgical setting.

3. Demonstrate appropriate operating room behavior whether observing or participating in a surgical procedure. This includes proper surgical scrubbing, gowning, gloving, sterile and aseptic techniques, surgical assisting and disposal of contaminated attire at the end of the procedure.

4. Identify the components of an operative report and discuss the importance of each component.

5. Assess post-surgical patient status and accurately record findings in post-operative progress notes. This includes ordering and interpreting appropriate labs, imaging studies assessing fluid, assessing and trending vital signs, and assessment of surgical wounds.

6. Efficiently and accurately present cases. With guidance from the institution’s medical team, perform Medication Reconciliation through a process of identifying the most accurate list of all medications a patient is taking. Reconciliation involves comparing the patient’s current list of medications to the physician’s admission, transfer, and/or discharge orders and includes the name of the medication, the dosage, plus frequency and route of which it is taken. Using this list, the student should be able to provide correct medications for patients anywhere within the health care system.

7. Give concise verbal presentations of patients admitting condition, operative procedure, and post-operative notes.

8. Competently perform clinical skills common for PAs in the surgical setting such as:
   a. Surgical gowning and gloving
   b. Sterile and aseptic technique
   c. Venipuncture
   d. Administration of oral topical and parenteral medications
   e. Nasogastric tube placement
   f. Wound dressing, changes and assessment
   g. Surgical Assisting
   h. Wound closure, sutures, staples and topical adhesives
   i. Collect arterial blood specimens
   j. EKG recording and initial assessment
   k. Bladder catheterization
   l. Interpretations of radiographs, MRI and CT scans
   m. Surgical drain removal

9. Identify, assess and recommend a course of action for management of surgical emergencies such as:
   a. Acute abdomen injuries
   b. Penetrating and blunt abdominal trauma
   c. Airway obstruction
   d. Traumatic head injury
   e. Eye, ear, nose and throat trauma
   f. Chest injury
   g. Urinary tract trauma
   h. Compound fracture/ compartment syndrome
10. Discuss the indications, contraindications and possible complications of common surgical procedures such as:
   a. Cholecystectomy
   b. Mastectomy
   c. Wound debridement and flap repair
   d. Upper and lower GI and endoscopic procedures
   e. Laparoscopy
   f. Bowel resection
   g. Joint replacements/ORIF, arthroplasties
   h. Appendectomy
   i. Arthroscopy
   j. Thoracotomy
   k. Laparotomy
   l. Hernia repair

11. Describe the indications, benefits, risks, monitoring needs, and potential complications for the following types of anesthesia and anesthetic agents in the operating room.
   a. General
   b. Local
   c. Regional
   d. Spinal
   e. Conscious sedation/ moderate sedation
   f. Intravenous induction agents
   g. Inhalation agents
   h. Paralytic agents
   i. Muscle relaxants
   j. Nerve blocks

12. Select and monitor appropriate agents for post-operative pain management agents such as:
   a. Psychological Interventions
   b. Systemic Opiates
   c. Cryoanalgesia
   d. Peripheral Neural Blocks
   e. Epidural/ spinal Anesthesia
   f. Nonsteroidal anti-inflammatory Drugs
   g. Patient-Controlled analgesia (PCA)

13. Discuss and suggest options for the management of patients with post-operative problems and complications such as:
   a. Infection
   b. Venous Stasis and circulatory complications
   c. Pulmonary complications/ failure to wean
   d. Renal Dysfunction/ AKI
   e. Bleeding/ anemia
   f. Hypothermia/ hyperthermia
   g. Cardiac/ respiratory arrest
   h. Bowel ileus
   i. Decubitus ulcer
   j. Compartment syndrome
   k. Electrolyte imbalance
   l. Fluid overload

14. Promote lifestyle changes through patient education for prevention of disease:
   a. Diet
   b. Exercise
   c. Smoking cessation
   d. Weight management
   e. Limitation of sun exposure
   f. Safety Practices
   g. Substance abuse
Women’s Health

Objectives

At the conclusion of the rotation the student will:

1. Perform and document, with accuracy, a complete gynecologic and obstetrical history and physical exam.

2. Perform and document with accuracy interim or episodic gynecologic and obstetrical history and physical examination.

3. Perform and document with accuracy complete and appropriate labor and delivery assessment.

4. Accurately and concisely present case summaries.

5. With guidance from the institution’s medical team, perform Medication Reconciliation through a process of identifying the most accurate list of all medications a patient is taking. Perform Medication Reconciliation with guidance from the institution’s medical team. Reconciliation involves comparing the patient’s current list of medications to the physician’s admission, transfer, and/or discharge orders and includes the name of the medication, the dosage, plus frequency and route of which it is taken. Using this list, the student should be able to provide correct medications for patients anywhere within the health care system.

6. Accurately develop a plan of investigation and order the appropriate laboratory and diagnostic tests for gynecologic and obstetric presenting complaints in a cost-effective manner and in accordance with appropriate reimbursement guidelines and regulations.

7. Assess and implement initial management for issues, problems and disorders common to the practice of gynecology:
   - a. Vulvovaginitis
   - b. Candida, Trichomoniasis, Bacterial Vaginosis, Chemical-allergic-foreign body vaginitis
   - c. Infertility
   - d. Urinary incontinence
   - e. Uterine myomas, endometriosis
   - f. Amenorrhea / dysfunctional uterine bleeding/ menstrual pain
   - g. Menstrual irregularities
   - h. Urinary complaints
   - i. Menopause
   - j. Hirsutism
   - k. Infertility
   - l. Urinary complaints
   - m. Menopause
   - n. Hirsutism
   - o. Infertility
   - p. Breast mass/ malignancies
   - q. Pelvic malignancies
   - r. Sexually transmitted diseases

8. Identify symptoms, physical findings, appropriate diagnostic tests, and necessary therapeutic intervention for management of acute and emergent gynecologic and obstetrical situations:
   - a. Pelvic Pain
   - b. Lower abdominal pain
   - c. Leg/ calf pain
   - d. Sexual abuse
   - e. Breast mass/ discharge
   - f. Severe vaginal bleeding
   - g. Dysuria/ hematuria
   - h. Dyspareunia
   - i. Domestic abuse
9. Provide family planning services, education, and management of complications:
   a. Family planning
   b. Progestin only agents: oral; injection; implants
   c. Intrauterine devices
   d. Male and female sterilization
   e. Oral contraceptives

10. Competently perform clinical skills common to the Women’s Health setting:
   a. Breast exam
   b. Use of sterile technique
   c. Uterine sizing
   d. Venipuncture assessment
   e. Administration of oral, topical SQ, IM and parenteral medications
   f. Wet prep/KOH prep
   g. Forms of contraception
   h. Testing stool for blood
   i. Pelvic exam
   j. Pelvimetry
   k. Pap smear and visual cervical
   l. Urinalysis
   m. Vaginal and cervical cultures
   n. Endometrial biopsy

11. Be able to discuss and propose management for obstetrical issues:
   a. Antepartum care
   b. Monitoring labor and delivery
   c. Fetal monitoring
   d. Fetal distress/ demise
   e. Prolonged pregnancy
   f. Substance abuse during pregnancy
   g. Antepartum bleeding
   h. Medical complications of pregnancy
   i. Identification of the high risk patient
   j. Premature labor
   k. Prenatal diagnosis and ultrasound

12. Educate patients and partners about:
   a. Normal menstrual function
   b. Pregnancy
   c. Labor and delivery
   d. Puerperium
   e. Lactation
   f. Sexually transmitted diseases
   g. Safe sexual practices
   h. Maintenance of normal weight/exercise
   i. Preventive measures such as self-breast exam, mammography
   j. Basic behavior modification Techniques
   k. Smoking cessation
   l. Basic nutritional needs for women from menarche through the post-menopausal years

13. Recognize the need and make appropriate referrals for major medical and psychiatric problems, and other problems beyond the scope of routine outpatient obstetrics and gynecology.
**Elective Rotation and Final Preceptorship**

**Choosing a Rotation Site**

**Students in good standing** with the program may have the privilege of selecting their own General Elective rotation and Final Preceptorship. Students on probation will have these rotations assigned by the Clinical Coordinator.

Locations may include affiliates with which the program already has an agreement or sites that the students identify on their own. Procedure for developing an individual site follows below:

**General Elective**

The General Elective rotation is not scheduled for either the first or second clinical rotation. Students may choose to place it in any of the six remaining rotations. Students are encouraged to select sites for the General Elective which can provide:

- Clinical experience of particular interest to the student
- Experience in a specialty which is not ordinarily offered by the Program
- The opportunity to strengthen experience already gained in one of the standard rotations
- Has the potential for employment as a graduate

**Final Preceptorship**

1. Students are expected to find their Final Preceptorship site with Physicians and Physician Assistants or organizations that are **not currently clinical affiliates of the program to prevent interferences with other clinical rotations**. Limited exceptions to this rule may be made on a case by case basis by the Clinical Coordinator, if the site isn’t currently being used.

Finding a preceptorship is done much the same way as finding a job. Students are recommended to find a placement which may lead to employment. Through networking and using contacts already established among faculty and clinical instructors, students should identify sites where they would like to complete this preceptorship. Sending a resume with a cover letter explaining the Final Preceptorship is an excellent introduction.

2. Primary care is provided by clinicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any sign, symptom, or health concern not limited by problem origin, organ system or diagnosis. The four essential characteristics which must be met in order to be considered a primary care site are:
   - Ambulatory care is provided
   - First line care is provided—patient point of access into the health care system
   - Comprehensive care is provided within the setting—specialized care coordinated by the primary provider
   - Longitudinal care is provided—the patient is managed over time even if additional consultants are needed

3. Sites considered, by the program, to include primary care are Family Medicine, Pediatrics, Women’s Health, Internal Medicine, Emergency Medicine/Urgent Care, Community Medicine and General Surgery.
4. The program’s goal is for the student to find a site, outside existing program sites, in a primary care setting that will round out the student’s clinical experience as a medical team member, which allows continuity of care, and/or has the potential for employment.

5. Students must complete the preceptorship at a single location. Attendance may not for any reason be split between two different sites.

6. Students may have a site which does not meet the above definition approved (by the Clinical Coordinator and the Program Director) for two situations only:
   - The site is located in a Health Resources Shortage Area or other designation underserved area or,
   - A position is open at the site for which the student is under serious consideration (must be verified in writing from the individual at the site responsible for hiring)

**Student Responsibilities when Choosing a Rotation Site**

1. Approval of the Clinical Coordinator must be received before the student contacts the potential preceptor.

2. Make initial contact with the potential preceptor to determine feasibility, appropriateness of facility and interest on the part of the preceptor.

3. Negotiate and define specific personal objectives with the preceptor and have the preceptor sign the *Letter of Intent* form. It is imperative that the student and preceptor reach an agreement about what is expected of each party in terms of clinical education during this rotation. If the site selected offers experience in one of the eight required rotations, the student may use the program’s objectives for the experience. However, it is to the student’s benefit to come to an understanding with the preceptor regarding personally identified learning needs.

4. After receiving Clinical Coordinator approval, students will write a cover letter which will be sent to prospective preceptors with a CV and the objectives for the rotation. Cover letter should contain:
   - Dates of the preceptorship
   - Objectives
   - Reason for selecting the site and how it will meet student’s personal goals
   - CV and past experience before and during the program that will be an asset to the practice
   - Statement that 40 hr./week is the minimum requirement

5. Program will provide letter of insurance, confirmation of student’s status in the program, and verification of vaccinations and health requirements.


   *A Letter of Intent is a contract between the preceptor and the student stating that the preceptor understands the requirements of the program and is willing to meet them.*

7. If the prospective preceptor or institution does not have an existing *Affiliation Agreement* with the College, the student is responsible for giving all pertinent information (name, title, institution, address, email, phone numbers, etc.) to the Clinical Coordinator so that the contracts can be properly prepared. The Clinical Coordinator will manage the *Affiliation Agreement*. Students may be responsible for hand delivering the contracts and returning them to the College if it becomes necessary.
8. All materials related to the planning of the General Elective and Final Preceptorship rotations must be submitted to the Clinical Coordinator by the following deadlines:
   a. For General Electives
      - 6 weeks prior to the start of the rotation in which the Elective is scheduled
   b. Final Preceptorship
      - December 31, 2018
      - Out of state Final Preceptorships will need to be requested. Pending program review.

9. The responsibility for submitting all appropriate documentation and requirements rests solely with the student. If all obligations are not met by the dates listed above, the student will receive an “F” grade for the rotation and will have to repeat it at the end of the clinical year, prior to the Final Preceptorship.

Contacting Other PA Programs for Sites

If the student requests a rotation out of the area, the Clinical Coordinator will initiate contact with the PA program in the requested destination. As the student, you will NOT initiate this communication. The initial contact to the other program’s Clinical Coordinator will be done by our own Clinical Coordinator. Once a dialog is established, you may then continue it as long as the Clinical Coordinator from both programs are “copied” on emails that pertain to site arrangements.

These contracts protect the institution and individual. Students will not be permitted on any clinical site without written authorization from the CC. Violation of this policy will result in course failure and dismissal from the program.

Policies and procedures for processing student grievances are located in the following locations: PA Program Student Policy, CCBC College Catalogue, School of Health Professions Honor Code, and the Towson Graduate Catalog.

Final Preceptorship Objectives

1. Present case summaries to the preceptor emphasizing significant medical and psychosocial aspects, significant negative and positive findings and problems lists.
2. Develop differential diagnoses and a problem list for each case.
3. Use the problem oriented medical record system.
4. Outline management of cases, including collection of lab data, initial care plans, counseling and referrals.
5. Implement management after discussion and approval by the preceptor.
6. Perform and record a complete, interim and/or focused history and physical examination.
7. Be familiar with, understand and perform clinical skills commonly performed by Physician Assistants
8. Identify abnormal findings on physical examination
9. Collect a complete, interim and/or focused history and physical examination
10. Recognize and/or initiate therapy, until the arrival of a physician, for the following, but not limited to, emergent conditions: Chest pain/Myocardial infarction, Respiratory distress, Endocrine emergencies, Seizures, Acute abdomen, Drug overdose

11. Understand hospital protocol, including roles of the attending physician, house staff physician, physician assistant, nurse, and paramedical staff

12. Recognize and implement management of patients with approval by the preceptor with the following, but not limited to conditions: Cardiac disease, Respiratory disease, Endocrine disease, Gastrointestinal illnesses, Genitourological illness, Neurological Conditions, Musculoskeletal Conditions, Geriatric Conditions

Out-of-State Rotation Request and Approval

Students may request out-of-state placement for only one rotation. Each request will be reviewed, individually, by the Clinical Coordinator.

Requirements

1. A minimum of two rotations must have been completed successfully before a student will be allowed to leave the state for rotations.

2. All rotations must have been completed successfully before a student will be allowed to leave the state for a rotation.

3. All students requesting out-of-state rotations must be in Good Standing

4. GPA > 3.0

5. No grades of “C” in any course.

6. No formal notification of behavioral problems

7. Adequate Program faculty available to evaluate the site and monitor the student’s performance

8. A completed request form must be submitted to the Clinical Coordinator along with the Letter of Intent, signed by the Preceptor who will be supervising the student.

Before approving the request, the Clinical coordinator will verify the interest of the Preceptor and the capability of the site to accommodate a student. If approved, the student must submit an agreement with the Program that includes, but not limited to, the following:

1. Dates of Rotation

2. Method of monitoring the student’s progress

3. Method of evaluating the site

4. Agreement to return to campus for all scheduled classes and activities or arrangement to submit assignments.

5. Any special requirements or assignments
Underserved Populations Community Medicine and Cross-Cultural Clinical Project

The Physician Assistant Program has made limited stipends available through the Division of Allied Health and Human Performance to fund student Community Medicine Rotations to underserved populations in the United States and internationally. The goal of the project is to promote PA student awareness of cross-cultural health issues, stimulate student interest in delivery of health care services to domestic and international health professional shortage areas and allow students to be of service to communities from which they receive clinical learning opportunities. Sites must be located in officially designated underserved areas.

Objectives

In addition to traditional student clinical/community medicine experience objectives of:

1. Practicing cost-effective medical care;
2. Performing and recording complete, interim and/or focused history and physical examination;
3. Giving accurate, concise verbal case presentations;
4. Determining differential diagnoses for each case presented and giving logical, orderly explanations for the diagnosis;
5. Outlining the management of cases, including collection of lab data, initial care plans, counseling and referrals; and
6. Implementing management after discussion and approval by the preceptor/clinical instructor.

Students approved to participate and receive college support will:

1. Complete a service project which is mutually agreed upon with the sponsoring agency and the student and approved by the programs project director;
2. Demonstrate an awareness of economic and social issues that influence the delivery of health care in the community;
3. Demonstrate an awareness of cultural influences that effect health beliefs and practices within the community; and
4. Submit an article (after approval by the project director) to a physician assistant journal and or the PAXI newsletter, which demonstrates completion of the previous four objectives.

Student Eligibility Requirements

1. All prior rotations must have been completed successfully.
2. Good Standing with a
   - GPA of ≥ 3.0
   - no “C” grades in any course
   - no formal notification of any problem behaviors.
3. Completion and approval of the project application.
4. Applications must be received no later than September 15, of the clinical year.
5. Also see program Out-of-State Rotation requirements and guidelines
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This schedule is to **confirm holidays/campus activities** of students from the Towson / CCBC Essex PA Class of 2019. If there are any changes, the Clinical Coordinator will contact you directly to confirm. Also, the student’s required documents including picture profile and letter of good standing will be sent 6-8 weeks in advance of each rotation.

**Transition Week June 4, 2018 through June 8, 2018**

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<th>Clinical Rotations</th>
<th>Student</th>
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<tr>
<td><strong>Rotation 1 (PAST 251)</strong></td>
<td>July 4th, 2018 Off</td>
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<td>On Campus July 19th &amp; 20th</td>
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<td><strong>Rotation 2 (PAST 251)</strong></td>
<td>On Campus Aug 30th &amp; 31st</td>
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<td><strong>Rotation 3 (PAST 252)</strong></td>
<td>Labor Day Sept 3rd Off</td>
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<td>On Campus Oct 11th &amp; 12th</td>
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<td><strong>Rotation 4 (PAST 252)</strong></td>
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<td>On Campus Nov 19th &amp; 20th</td>
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<td></td>
<td>Thanksgiving Nov 22nd Off</td>
</tr>
<tr>
<td><strong>Rotation 5 (PAST 253)</strong></td>
<td>Dec 25th, 2018 to Jan 1st, 2019 Off</td>
</tr>
<tr>
<td></td>
<td>On Campus Jan 10th &amp; 11th</td>
</tr>
<tr>
<td><strong>Rotation 6 (PAST 253)</strong></td>
<td>On Campus Feb 21st &amp; 22nd</td>
</tr>
<tr>
<td><strong>Rotation 7 (PAST 254)</strong></td>
<td>CCBC Spring Break 4/13/19 to 4/22/19</td>
</tr>
<tr>
<td></td>
<td>TU Spring Break 3/17/19 to 3/24/19</td>
</tr>
<tr>
<td></td>
<td>On Campus April 4th &amp; 5th</td>
</tr>
<tr>
<td><strong>Rotation 8 (PAST 254)</strong></td>
<td>On Campus May 22nd, 23rd &amp; 24th</td>
</tr>
<tr>
<td></td>
<td>Memorial Day May 27th Off</td>
</tr>
<tr>
<td><strong>Final Preceptorship (PAST 255/ PAST 756)</strong></td>
<td>July 4th, 2019 Off</td>
</tr>
<tr>
<td><strong>Graduation</strong></td>
<td>August 5, 2019</td>
</tr>
<tr>
<td></td>
<td>Towson University</td>
</tr>
</tbody>
</table>
EVALUATION AND GRADING
Evaluation is based on the degree of achievement of each of the learning objectives and the general amount and quality of change and growth. How well the student took advantage of learning opportunities, attitudes toward learning and developing, the quality and content of the supervisory meetings, motivation and development of professional attitude are criteria that will be included.

The final grade, however, may or may not parallel the evaluation comments. It is theoretically possible to have an excellent evaluation but only a S grade if, for example, the student made extraordinary progress but started from a below par position. The final performance may only be minimally competent and passing, while the evaluation reflects the enormous change and progress that was made. The reverse could also be true. The grade, in other words, ties into professional standards, while the evaluation is individualized.

The preceptor grade is a recommended grade. The Clinical Coordinator will review the preceptor recommendation and comments as well as the faculty evaluation, the student’s performance in faculty sessions, and the student’s overall professional behavior before assigning the final clinical grade.

SUGGESTIONS FOR PREPARING THE FINAL STUDENT EVALUATION

- Set a date, time and meeting place for review of the evaluation with the student.
- Remind yourself and your student that it is the work and learning that are being evaluated, not the person.
- Consider whether or not this particular evaluation should include additional staff members, and if so, inform your student of this with an explanation.
- Involve the student in discussion and interaction as much as possible.
- Be as detailed and specific as possible, backing up your evaluative comments with illustrations.
Check type of observation and appropriate description for each of the following skill categories.

**HISTORY TAKING SKILLS**

<table>
<thead>
<tr>
<th>Type of Observation:</th>
<th>Direct Observation</th>
<th>Indirect Observation</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ History is incomplete; fails to include pertinent information.</td>
<td>☐ History is generally complete &amp; accurate, but occasionally important information has been omitted.</td>
<td>☐ History is complete &amp; accurate; important/relevant information is included.</td>
<td>☐ History is consistently comprehensive, accurate, thorough and precise.</td>
</tr>
</tbody>
</table>

**PHYSICAL EXAMINATION SKILLS**

<table>
<thead>
<tr>
<th>Type of Observation:</th>
<th>Direct Observation</th>
<th>Indirect Observation</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ P.E. inadequate for the following reasons: critical portions of exam omitted</td>
<td>☐ P.E. is generally complete. Occasionally fails to follow a logical sequence</td>
<td>☐ Exam is thorough. Follows logical sequences. Technically reliable &amp; appropriate to presenting complaint</td>
<td>☐ Exam is thorough and precise. Follows logical sequences even in difficult cases. Always technically proficient</td>
</tr>
</tbody>
</table>

**ORAL SKILLS**

<table>
<thead>
<tr>
<th>Type of Observation:</th>
<th>Direct Observation</th>
<th>Indirect Observation</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Case presentations are disorganized, poorly integrated &amp; confusing.</td>
<td>☐ Case presentations are generally organized but sometimes verbose, incomplete or confusing.</td>
<td>☐ Case presentations are organized &amp; complete. Able to explain and summarize data effectively.</td>
<td>☐ Polished communication skills. Able to explain &amp; summarize data completely &amp; concisely. Presentation of information is orderly and succinct.</td>
</tr>
</tbody>
</table>

**WRITTEN SKILLS**

<table>
<thead>
<tr>
<th>Type of Observation:</th>
<th>Direct Observation</th>
<th>Indirect Observation</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Poorly prepared write-ups. Includes irrelevant information. Fails to provide relevant data.</td>
<td>☐ Write-ups need improvement. Sometimes excludes relevant data, includes extraneous information.</td>
<td>☐ Write-ups concise, orderly &amp; complete. Relevant information included. Important problems and progress noted.</td>
<td>☐ Write-ups outstanding (well written, precise, thorough). Articulate, concise statements of problems &amp; progress included.</td>
</tr>
</tbody>
</table>

REMARKS:
### INTERACTION WITH PATIENTS

<table>
<thead>
<tr>
<th>Type of Observation:</th>
<th>Direct Observation</th>
<th>Indirect Observation</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Lacks communication skills. Cannot adequately explain information to patients. Fails to listen to patients.</td>
<td>☐ Attempts to explain information to patients, but occasionally has difficulty. Usually listens to patients.</td>
<td>☐ Communicates effectively. Offers appropriate explanations. Listens attentively to patients.</td>
<td>☐ Communicates effectively, shows empathy &amp; is conscientious of offering explanations, relates well even to difficult patients.</td>
</tr>
</tbody>
</table>

**REMARKS:**

### APPLICATION OF BASIC MEDICAL AND PHARMACEUTICAL KNOWLEDGE TO PATIENT MANAGEMENT

<table>
<thead>
<tr>
<th>Type of Observation:</th>
<th>Direct Observation</th>
<th>Indirect Observation</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Has difficulty recalling &amp; applying basic knowledge.</td>
<td>☐ Occasionally unable to apply basic knowledge &amp; relate it to cases.</td>
<td>☐ Is able to relate basic knowledge to cases.</td>
<td>☐ Recalls broad base of knowledge &amp; is readily able to relate it to cases.</td>
</tr>
</tbody>
</table>

**REMARKS:**

### INTEGRATIVE SKILLS/PROBLEM SOLVING

<table>
<thead>
<tr>
<th>Type of Observation:</th>
<th>Direct Observation</th>
<th>Indirect Observation</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Fails to integrate data. Unable to identify problems &amp; priorities leading to incomplete differential diagnosis.</td>
<td>☐ Has some difficulty integrating data, identifying &amp; assessing problems &amp; priorities.</td>
<td>☐ Evaluates available data effectively. Understands &amp; identifies problems &amp; priorities.</td>
<td>☐ Effectively analyzes data, synthesizes information to arrive at a concise assessment. Consistently establishes appropriate priorities.</td>
</tr>
</tbody>
</table>

**REMARKS:**

### CLINICAL MANAGEMENT SKILLS

<table>
<thead>
<tr>
<th>Type of Observation:</th>
<th>Direct Observation</th>
<th>Indirect Observation</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Therapeutic program is incomplete or inaccurate. Fails to address patient needs. Fails to adequately interpret and/or utilize lab data.</td>
<td>☐ Therapeutic program usually complete &amp; accurate, but frequently fails to recognize constraints of setting and/or address patient needs. Occasionally fails to adequately interpret and/or utilize lab data.</td>
<td>☐ Therapeutic program is complete &amp; accurate; addresses issues of clinical problem. Interprets &amp; utilizes lab data adequately.</td>
<td>☐ Therapeutic program is comprehensive; plans are precise; can suggest a variety of plans (i.e., Can creatively problem solve &amp; individualize treatment plans). Consistently interprets &amp; utilizes lab data accurately.</td>
</tr>
</tbody>
</table>

**REMARKS:**
### TECHNICAL/PROCEDURAL SKILLS

<table>
<thead>
<tr>
<th>Type of Observation:</th>
<th>☐ Direct Observation</th>
<th>☐ Indirect Observation</th>
<th>☐ Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Has great difficulty learning/mastering new skills. (ie: ___________________)</td>
<td>☐ Has some difficulty learning/mastering new skills. (ie: ___________________)</td>
<td>☐ Learns/masters new skills easily.</td>
<td>☐ Learns/masters new skills exceptionally easily.</td>
</tr>
</tbody>
</table>

REMARKS:

### LEARNING BEHAVIOR

<table>
<thead>
<tr>
<th>Type of Observation:</th>
<th>☐ Direct Observation</th>
<th>☐ Indirect Observation</th>
<th>☐ Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Rarely interacts or participates in discussion. No independent study.</td>
<td>☐ Sometimes participates or initiates discussion. Little evidence of Independent study.</td>
<td>☐ Often initiates and/or participates in discussion. Some evidence of independent study.</td>
<td>☐ Often initiates and/or participates in discussion. Shows strong evidence of independent study.</td>
</tr>
</tbody>
</table>

REMARKS:

### PROFESSIONAL BEHAVIORS AND INTERPERSONAL SKILLS

- ☐ Incomplete or sloppy work: unfinished chart work, assignments not done.
- ☐ Student did not contact preceptor within reasonable time before rotation began (usually one to two weeks prior).
- ☐ Absenteeism: repeated absence from activities, lateness, not available for rounds, conferences.
  - *Please check for more than 2 absences.*
- ☐ Poor attitude: negativism, chronic complaining, lack of enjoyment in work.
- ☐ Unresponsive to correction: when deficiencies pointed out, does not correct them, makes same errors repeatedly.
- ☐ Impracticality: impractical plans and suggestions, dangerous orders, off on tangents.
- ☐ Does not take initiative: needs constant directions.
- ☐ Insecure: performance may be affected by lack of self-confidence.
- ☐ Does not know own limitations: not cautious enough, proceeds on own without checking with appropriate person, overestimates abilities.
- ☐ Does not always appreciate role of other health professionals.
- ☐ Appearance not always appropriate for site.
- ☐ Professional manner needs refinement.

Preceptors Signature _______________________________ Date ____________________________
OVERALL PERFORMANCE (Circle One)

E  Exceptional Performance - Student has met all goals and objectives established by the program and clinical site; exceeded expectations and performs at a level beyond what is expected of a student; performs safely and competently; performed at a high level consistently throughout the entire rotation.

S  Satisfactory Performance – Student has met goals and objectives as established by the program and the clinical site; performs safely and competently; and has made significant progress over the course of the rotation.

N  Needs Improvement- Student has not fully met the goals and objectives; Has performed with marginal competency in multiple defined skill areas; and has made marginal progress over the course of the rotation.* Please comment on deficits/concerns below

U  Unsatisfactory Performance – Student has not met goals and objectives; Has performed incompetently on one or more of the defined skills areas; Has performed in a manner which was dangerous to patient or staff; Has not shown satisfactory improvement in clinical skill over the course of the rotation. * Please comment on deficits/concerns below

The preceptor will indicate with a check all of the factors which apply to the awarding of the “I or U” grade.

PRECEPTOR COMMENTS:

Date:___________________  Signature: _________________

(Preceptor)

STUDENT COMMENTS:

Date:______________  Signature: _______________________

PROGRAM FACULTY COMMENTS:
Towson University - CCBC Essex
Physician Assistant Program

Mid-Rotation Evaluation

PA student____________________ Rotation #______ Clinical Site________________

Indicate his/her strengths and weaknesses in the categories below. If you have not observed the student in any of these situations, please leave the section blank or indicate no comment. Please feel free to put comments on line supplied.

Scoring Codes:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requires no supervision and/or prompting</td>
<td>5</td>
</tr>
<tr>
<td>Requires little supervision and/or prompting</td>
<td>4</td>
</tr>
<tr>
<td>Able to perform with routine supervision and/or prompting</td>
<td>3</td>
</tr>
<tr>
<td>Requires frequent supervision and/or prompting</td>
<td>2</td>
</tr>
<tr>
<td>Requires complete supervision and/or prompting</td>
<td>1</td>
</tr>
<tr>
<td>Dangerous to patient even with supervision and/or prompting</td>
<td>0</td>
</tr>
</tbody>
</table>

Basic Fundamentals of general medical knowledge Score____

Medical Interview (consider organization, appropriate questions) Score____

Physical Examination (consider ability to discern normal and abnormal) Score____

Procedural Skills (consider ability to learn, safety, judgment) Score____

Professionalism (consider demeanor, responsibility, relationship to medical team) Score____

Evaluator’s Overall Comments:

Evaluator's signature____________________ Date____________________

Student's Comments:

Student’s Signature____________________ Date____________________
Student Evaluation of Clinical Rotation

PRECEPTOR(S) ____________________________ SITE ____________________________

Rotation Discipline ________________________ Rotation Number ________________

Student evaluations of sites are used to continually evaluate clinical experiences and to ensure that both site and clinical objectives are being met.

Please be as complete and honest as possible, as well as professional, as you answer each question.

Using the scale: 4 = Exceptional/Excellent; 3 = Very Good; 2 = Satisfactory; 1 = Unsatisfactory; NA = Not Applicable

1. Rate and describe briefly the clinical setting of your rotation (Hospital, Office, Clinic, etc.) and qualify the condition of the facility. Please also note if at any time you felt your safety was at risk. (i.e., “The setting was a small family practice; there was little room for me to do the physical exam. I felt safe when I arrived in the morning but when I left, there was no security. I also noted there was no AED or smoke detectors.” RATING = 1)

2. Rate and describe how you received feedback from your preceptor(s); and, did you believe the level of supervision was appropriate?

3. How were you received by the office staff/co-workers/patients?

4. List the top 5 procedures you were allowed to perform (supervised or otherwise) and any new procedures you learned. Rate the quality of the teaching/supervision provided for the procedures.
5. Rate and describe your level of participation in medication management. If you were reasonably independent but there was good overview, rate a “4”. If there was no overview, or you were not allowed to medically manage by suggesting medication, rate a “1”.

6. Please rate and describe how the how well you felt prepared for this clinical experience through lectures, laboratories, OSCE training, H&P rotation, and other experiences during your first year of PA education. You may also comment on any first or second year “in class experiences” or courses that were especially useful.

Using the same scale, please rate the following:

OVERALL EVALUATION OF SITE

OVERALL EVALUATION OF PRECEPTOR

Please add any additional comments you feel would be helpful for the PA program to know about your experience(s) at this rotation.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature ________________________________  Date __________________

CEC REV 4/18
Towson University • CCBC Essex
Physician Assistant Program

Absence Form

Name ________________________________

Date(s) of absence ________________________________

Preceptor Name ________________________________

Clinical Site ________________________________

Has the Preceptor been notified? ________________________________

Reason for Absence

<table>
<thead>
<tr>
<th>Personal Illness</th>
<th>Family Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inclement Weather</td>
<td>Clinical Site Closed</td>
</tr>
<tr>
<td>Preceptor Absence</td>
<td>Other</td>
</tr>
</tbody>
</table>

Explanation ________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

This form must be submitted for all absences from the clinical site. Please fax this form to the PA Program office at 444.840.1405 on the first day back at clinical site. Failure to document absence from the clinical site and notifying the Clinical Coordinator will adversely affect the course grade and may result in dismissal from the program.

Student Signature ________________________________ Date _________________

Preceptor Signature ________________________________ Date _________________
Towson University • CCBC Essex
Physician Assistant Program

Incident Report

Name: __________________________ Year: ____________ Date: __________________________

Date(s) and Time(s) incident occurred: _______________________________________________

Clinical Site: ____________________________________________________________________

Name of Preceptor: ____________________________

Has an Incident Report been filed at the institution? YES NO

If YES, who filed the report? _______________________________________________________

Name of patient: _________________________________

History Number: _______________________________

Describe incident in detail. Give times, names of other personnel present, etc. (Attach additional sheets if necessary)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signature of Student: __________________________ Date: __________________________

Disbursement of Incident Report Form:

1. Original for Clinical Coordinator file
2. Student file
3. Clinical Site
4. Clinical Preceptor
Towson University • CCBC Essex  
Physician Assistant Program  

LETTER OF INTENT

Date__________________

Susann L. Galloway, PhD, PA-C  
Clinical Assistant Professor/Interim Clinical Coordinator  
Towson University/CCBC-Essex  
Physician Assistant Program  
(443) 840-2252 Office  
(443) 840-1405 Fax

Dear Clinical Coordinator:

I will be acting as preceptor for _____________________. The student will work under my direction during the rotation from __________________ through __________________. We have discussed and agreed upon the objectives for this rotation. I understand that the student will attend the clinical site a minimum of 40 hours per week. At the end of the rotation, I will complete and sign the student evaluation forms. I also agree to complete a formal affiliation agreement with CCBC • Essex/Towson University, if necessary.

Sincerely,

____________________________  ____________________________
Preceptor  Organization (Print)

____________________________  ____________________________
Preceptor (Print)  Address (Print)

____________________________
E-Mail Address  ________________
Telephone Number

……………………………………………………………………………………………………………………

****Please attach a copy of the agreed upon objectives

Clinical Coordinator: ____________________

Approval _______ Date___________

53
Physician Assistant Student Policy Agreement
Clinical Year II

All students are responsible for knowing and understanding the information in this handbook. This handbook supports Towson/CCBC Essex policies and the policies set by this program and the School of Health Professions.

I, the undersigned, acknowledge the receipt of the Student Clinical Practicum Handbook. I have read and understand the polices and guidelines in this document and I agree to abide by them.

Print Name _____________________________________________________________

Signature ______________________________________________________________

Date __________________________

• Return this page signed and dated to Ms. Susann Galloway in the PA Program office no later than ______________. Failure to do so will delay the start of your clinical rotations and until it is returned all days missed onsite will have to be made up by the student.
Please feel free to contact me if there are any questions.

Thank you,

Susann L Galloway, PhD, PA-C
Clinical Assistant Professor/Interim Clinical Coordinator
Towson University-CCBC Essex
Physician Assistant Program
7201 Rossville Blvd, HTEC 317
Baltimore, MD 21237
sgalloway@ccbc.md.edu
P: 443-840-2252
F: 443-840-1405