Clinical Faculty Handbook
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# Towson University • CCBC Essex
## Physician Assistant Program

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Introduction

The Towson University-CCBC Essex Physician Assistant program has been fully and continually accredited since 1972. Successful completion of the program qualifies the graduate to take the certification exam given by the NCCPA and for state licensure in Maryland. The 26-month curriculum includes a total of 98 credits – 62 undergraduate and 36 graduate credits. Graduates are awarded a Master’s of Science degree in Physician Assistant Studies from Towson University and a Physician Assistant Certificate from CCBC.

The clinical practicum portion of the program has undergone many changes and improvements over the years, reflecting a dynamic and flexible curriculum. The Clinical Faculty Handbook has been developed as a guide to effective clinical instruction. The major goals of the Handbook include standardizing the student evaluation process, providing tools for the preceptor to effectively carry out the supervisory role and initiation of an ongoing dialogue between the program and Clinical Faculty. It also serves to provide program affiliates with current information regarding curriculum content, program policies, accreditation and the legal aspects regarding the education, hiring and utilization of Physician Assistants.

Clinical Faculty plays a vital role in the education of the Physician Assistant student. The success of the Towson University - CCBC Essex Physician Assistant program is dependent on the dedication, commitment and active participation of our clinical faculty.
**Program Overview**

**Faculty**

Currently there are five full-time faculty members. The program also utilizes experienced Physician Assistants and Physicians from the community to lecture on such topics as Pediatrics, Pharmacology, Surgery, Emergency Medicine and other specialties.

**Students**

Students entering the program have completed a Bachelor’s degree program with a minimum of 3.5 GPA. At least 36 credits hours in science are required which includes human anatomy and physiology, microbiology, organic and biochemistry and statistics. All students must also have a minimum of one-year medical experience with patient contact.

**Curriculum Overview**

The program consists of 98 didactic and clinical credit hours.

*Year 1* is predominantly didactic and includes physical assessment and data gathering, Medicine, Pediatrics, Clinical Skills, and Pharmacology. Students have clinical exposure two days per week, in the spring semester of Year 1, for the purpose of refining their data gathering and physical assessment skills. Year 1 preceptors are initially contacted by the Clinical Coordinator to determine interest in teaching and availability. The Clinical Coordinator then works out the scheduling details and sends letters of confirmation as well as Educational Goals and Objectives to Clinical Faculty who have agreed to participate.

In general, the students are assigned two rotations, one in an inpatient setting and the other in an ambulatory setting, if at all possible. Preparation for the clinical phase continues with courses that provide students with laboratory and diagnostic skills necessary to meet the challenge of their clinical experiences.

The *Year 2* Clinical Practicum courses consist of the following disciplines: Family Practice, Internal Medicine, Surgery, Women's Health, Emergency Medicine, Pediatrics, Community Medicine and an Elective. Psychiatry and gerontology are addressed during multiple rotations by assignment of patient diagnosis tracking/interventions and extra on-campus sessions by the faculty psychologist / guest lecturers.

The schedule is compiled in a fashion similar to that of Year 1. Clinical Faculty receives a schedule of dates for each rotation, which includes breaks and vacations. After reviewing the dates, the Preceptor informs the Clinical Coordinator which dates the site is available and how many students it is prepared to take each rotation.

Overall, the clinical rotation schedule is dynamic. Occasionally due to unforeseen circumstances, the schedule may need to be adjusted. The Clinical Coordinator will work to keep the Clinical Faculty and students informed of any changes that may affect them in a timely manner.
During Year 2 rotations students attend the clinical rotation a minimum of 40 hours per week or as directed by the Preceptor. At the end of each rotation, students return to campus for two days of seminars, which include grand round presentations, specialty topics and exams. These sessions are designed to provide support for the students, allow them to discuss the rotation with students in the same specialty and to compliment the clinical learning experience.

The final clinical practicum is an eight week Primary Care Preceptorship. During this time students are expected to fully participate as a part of the medical team. This affords the opportunity for students to be involved with patient follow-up and the management of chronic problems. Students are responsible for finding their own clinical sites, but are discouraged from choosing those the program uses for the next Year 2 class. Most students find it advantageous to do the preceptorship with a prospective employer.

**Clinical Management Seminars**

At the end of each rotation the students return to campus for two- three days. Along with core lectures and End of Rotation testing, pairs of students are asked to present Grand Round cases. The topics are coordinated with the student’s rotation schedule, allowing them to present a subject in which they have had clinical experience. Grand Round presentations afford the opportunity for the student to develop their public speaking skills, to gain a measure of confidence and professionalism and explore disease entities they may not be familiar with. Faculty, adjunct faculty and Clinical Preceptors are encouraged to attend the presentations.

**Attendance**

Students are required to attend the site during the hours assigned by the preceptor. This may include evenings, nights and weekends. All absences must be made up by the end of the assigned rotation period. It is the student’s responsibility to arrange make-up time with the preceptor. *Any student, who does not meet the minimum time requirements for a rotation, as written in the syllabus, will not pass the rotation.*

The Clinical Coordinator and the clinical site must be notified immediately, *by phone and email,* when absences for illness or 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 Leave form must be signed by the preceptor and the student. It must be returned to the Clinical Coordinator before the end of the rotation.*

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

If the student is aware that an absence, on a future date, will be necessary, a Student Leave form must be given to the Clinical Coordinator for approval, at least 4 weeks in advance.

*Inclement Weather Policy:* Students are not required to attend the clinical site on days when the College is closed due to inclement weather. However, it is strongly recommended that the student attend the site if the commute can be made safely. *Should the student be unable to report to the site, the preceptor AND the Clinical Coordinator are to be notified immediately, by phone, and a Student Leave Request form must be returned to the Clinical Coordinator before the end of the rotation.*
ALL TIME AWAY FROM THE CLINICAL SITE, WHETHER DUE TO ILLNESS, EMERGENCY, INCLEMENT WEATHER OR APPROVED ABSENCE, MUST BE MADE UP TO SUCCESSFULLY COMPLETE THE ROTATION. NOT DOING SO MAY RESULT IN REPEATING THE ENTIRE ROTATION OR FAILURE OF THE ROTATION.

Campus Activities

Preceptors are asked to support assigned campus activities. This includes faculty sessions, meeting with the research coordinator, participation in new student interviews, health fairs, etc. Preceptors will receive advance notice of program activities for which the student must be excused from the clinical site.

Site Evaluations

Each student can expect a minimum of two on-site visits during the clinical year. A Faculty member will prearrange a time to come to the site with the Preceptor. The faculty member will observe the student with patients, if practical, and may have them present cases. The faculty member will also evaluate the appropriateness of the site, including the facility itself, number of patients seen by the student, and variety of skills the student is exposed to.

Also at this time, the Preceptor will have the opportunity to discuss the student's progress, ask questions and provide feedback about the Program. Once the student has completed the rotation, they too will fill out evaluation forms pertaining to the site and preceptor. The students provide both constructive criticism and praise for the rotation. The Clinical Coordinator may contact the preceptor with pertinent information. The evaluations are anonymous and are given to the individual Preceptors at the close of the clinical year.

Affiliation Agreements

The College administration and the Physician Assistant Accreditation Review Committee require that all clinical education programs have ongoing Affiliation Agreements with the institution or individuals that provide students with clinical practicums. This agreement affirms to the Program that the student will be provided with sound clinical experience and assures the affiliating medical institution/preceptor that through this affiliation agreement - students are covered by the College’s student liability plan, their own liability coverage, and the laws of Maryland as appropriate. Formal contractual agreement is made before the student works with patients.
Student Responsibilities and Requirements

Satisfactory Preceptor Evaluation

At the conclusion of each rotation, the preceptor completes a final evaluation electronically or via a form supplied by the program. This assessment tool includes four ranking areas within ten separate categories. Preceptors are requested to rate each category. The Comment section should be used to qualify superlative or deficient ratings. For those students performing above the expected level, it is important that the qualities which make them outstanding be recorded, while the failing student needs specific feedback to improve performance. As part of the educational process, preceptors should strive to be as candid as possible regarding the student’s performance, particularly when some aspect of the student’s performance is not directly addressed on the form.

Mid-Rotation Evaluations

Preceptors and students are asked to complete a mid-rotation evaluation, which enables both parties to assess if they are in agreement about the student’s progress. If so, they should develop goals for the rest of the rotation. If there is a large discrepancy, the student and preceptor have the opportunity to work it out so that goals can be met successfully. The mid-rotation evaluation is critical for students who are performing below the expected level in any area of clinical development. If any serious concerns arise, the preceptor should contact the Clinical Coordinator immediately for intervention. Evaluations are submitted to the Clinical Coordinator by the end of the third (3rd) week of the rotation. Both paper and paperless evaluation forms will be accepted.

Patient Encounter Logs

The program requires students to maintain a record of patient encounters. This data includes but is not limited to, patient demographics, prescribed medications and diagnoses. This log must be completed by the end of the rotation. Currently the program uses the Typhon system to meet this requirement.

Skills Log

Skills performed during a rotation and their frequency is also maintained electronically.

Time Log

Students will also maintain a record of their attendance at the clinical site electronically. This should reflect the hours spent on site by the student and any absences during the rotation.

Student Evaluation of the Clinical Rotation

These evaluations must be turned in no later than the end of the rotation. They are to include constructive criticism and may offer suggestions for solutions for issues raised. These evaluations are summarized for preceptors at the end of each clinical year.
Clinical and Psychiatry Seminars

Clinical seminars are mandatory for students on required rotations. Students attending emergency medicine and family medicine rotations attend a psychiatry seminar. Dates will be supplied to the preceptor in advance.

Site Visit Evaluation

Faculty will evaluate student clinical performance during each rotation either via telecommunications, or electronic means each rotation in a manner consistent with the ARC-PA standards. Additionally, students and sites may receive an “on-site” visit by a faculty member 2 – 3 times in the clinical year. On site, the faculty member may assess the student’s performance by listening to and reviewing history and physicals, progress notes, oral case presentations; and by speaking with the preceptor and other staff members. At the same time, the visit allows the faculty to evaluate the site in regards to number of patients available and ability to meet Program objectives. The preceptor or student may contact the Clinical Coordinator and initiate an on-site visit at any time.

Post Rotation Examinations

Students must perform satisfactorily on all post-rotation exams. These exams will be based upon general medicine and your clinical rotation specialty. The exams are prepared by collaboration of the faculty member and resources through books recommended to the students for clinical learning.

Attendance (The attendance policy is discussed, in detail, on Page 4)

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, should any site practices be concerning to the student, the program should be notified immediately.

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

Determination of Final Grade

Rotation grades are based on the preceptor’s final evaluation, SOAP notes, case presentations, post-rotation examinations and professional behavior. Grades for each rotation will be calculated on a 100-point scale.

A student who fails any single rotation (a score of <70) will receive a grade of “F” for the clinical course regardless of the average score for all the course rotations. A student, who fails a rotation and has failed no other courses, may be allowed to repeat the rotation---timing and scheduling at the discretion of the Clinical Coordinator. If the make-up rotation results in a satisfactory grade, the course grade may be changed to “C”
There are 8 clinical rotations and a final preceptorship spread across four semesters. Rotations 1 and 2 are in the summer semester. Rotations 3 and 4 are in the fall semester. The winter semester is Rotation 5 and 6, while the spring semester consists of Rotations 7 and 8. The final course grade for the semester is an average of the grades received on the rotations during that period of time. The Final Preceptorship is a course unto itself and is graded Pass/Fail.
Becoming a Preceptor

The Towson University – CCBC Essex Physician Assistant program’s goal is to provide an environment that is conducive to learning with a clear statement of what constitutes a student's success. When recruiting Preceptors, the program seeks out candidates with the following attributes:

- Eagerness and enthusiasm for teaching
- A minimum of one year’s experience in the specialty they choose to teach
- Maryland license
- The support of the preceptor's institution and/or office for students
- Ability to sign an Affiliation Agreement between the preceptor/Institution and the program
- Capability to fulfill the program’s learning objectives
- Willingness to attendance program sponsored preceptor activities

Preceptors play a key role in the clinical education of the Physician Assistant student. They are responsible for teaching and helping the student to learn new information, while assisting them to make the transition from didactic learning to clinical implementation. Supervising the activities of students and monitoring their progress may be achieved through reviewing student charts, observing clinical performance, and critiquing case presentations.

In addition, preceptors also provide the program with important feedback regarding rotation guidelines and objectives. Preceptors serve on the Program Advisory Board and may be requested to participate in the annual student selection process.

Adult Learners

All students function best and learn the easiest when placed in an environment where they know what is expected of them. Adult learners may have significant life experience and very specific goals for themselves, but becoming a student again is a major change in their lives and can elicit fears such as loss of autonomy or being “too old” to learn. To ease those fears, adult students look to their preceptors and instructors for support, affirmation, clarification, information, understanding and feedback.

Luckily, clinical rotation experiences are quite compatible with the learning style of adults, providing opportunities for hands on experience; problem centered learning, small group discussions and/or demonstrations/lectures and a Preceptor who is readily available for guidance and feedback.

Developing a Teaching Style

An innate ability to teach isn’t required to be a good preceptor. To become proficient at teaching, however, takes some practice. Studies have shown that what makes for good teaching are four rather simple qualities:

- Warmth
- Enthusiasm
- The ability to organize information simply and interestingly
- The ability to guide students' own discovery indirectly
The first step is to recognize your style of teaching and then develop it. Recognizing your style means to be yourself and use your natural characteristics. If you have a sense of humor, work that into your teaching. If you tend to be personal, do not be detached. In other words, identify your natural traits and work with them. As you become more comfortable with yourself, you will be able to feel confident in your knowledge, realize that you will not have all the answers and be able to direct your students to solve problems.

Acquire additional information about teaching from your colleagues and your students. Ask your colleagues what they have found helpful or difficult. And obtain feedback from your students on what you do that they find effective and useful.

**Student Orientation**

As you enter your first meeting with your student, it is important to make them as comfortable as possible. Following are five areas that can be completed on the first day which will set the stage for the remainder of the rotation.

1. Get acquainted with the students. Make them feel welcome. Show that you have time for the student and demonstrate that you understand any anxiety that may be having (perhaps by sharing anecdotal incidents you had as a student). You may want to ask some personal questions to get to know the student better, such as past experience or other interests.

2. Many students like something tangible to hold on to and they can refer to later once their anxiety has decreased. The program is asking all rotation sites to provide an orientation packet for each student. Some preceptors currently have this and send it to students prior to their arrival. This packet should include:
   - A written orientation from you or your institution
   - A map of the facility (including restrooms, cafeterias, locker rooms)
   - Telephone directory of frequently used numbers
   - Parking information
   - Information about badges, keys, pass codes, etc.
   - A schedule of conferences, seminars, etc., which they should attend
   - Library location, hours and privileges
   - Meal arrangements
   - A list of people, including their titles, that the student will have contact with
   - A place to leave valuables
   - Any other information specific to your site.
   - A set of correctly filled out forms that are used in your department, so that the student will have an example to follow
   - A list of responsibilities and procedures expected of the PA-C and the PA student in your department
   - A selection of articles or a list of reading material chosen to support the work the student will encounter on your site

It is also helpful to take the student on a tour of the facility and introduce the people with whom student will be working.
3. Schedule specific meeting times with the student. It is important that you make your availability known, how much you can be counted on and in what ways. A "**morning huddle**" is a good way to start the day. This brief meeting allows the student to discuss the previous day's work (disease processes, lab results, reading assignments) and to set a plan for that day's work allowing learning opportunities that may available that day. **With busy work schedules, many preceptors supervise on the run: walking down the corridors, taking the same elevator or telling the student to page them with problems. These informal meetings deal with crisis management situations but they do not and should not substitute for regularly scheduled meetings.**

Regularly scheduled meetings (five to ten minutes per day, one hour per week, a half-hour twice a week or twenty minutes every other day), reassures the student that you value their learning enough to set aside private, undisturbed time for them. Because the students have so much to learn in such a short period of time, having regularly scheduled meetings allows the student to maintain a state of readiness to learn. The student has time to list questions, review and clarify cases, get feedback on progress and problem areas, and have a chance to be asked probing questions by you. If you absolutely cannot commit to such a schedule, let the student know that you cannot. This, at least, verbally acknowledges the need, and that is important.

4. The preceptor and student need to review the program's objectives in light of the particular clinical site, and reach an agreement as to what things the student will learn on this rotation and what the student needs to learn about independently. This is an important step as it outlines what the student will be doing for the ensuing weeks. It will serve as a baseline for evaluations and act as a road map for which both preceptor and student can measure growth. Thus, evaluations should hold no surprises.

**Clinical Teaching and Feedback**

Generally, there are four levels of skill:
- Unconsciously incompetent (where the person does not know that he does not know)
- Consciously incompetent
- Consciously competent
- Unconsciously competent (the level of most teachers and masters after years of experience)

Demonstration is the major method of imparting necessary skills. To help students perform new skills: let them prepare in advance with reading materials; discuss the procedure with them; demonstrate it for them; and debrief them afterwards. When the student first attempts the procedure, be with them and actively participate. For the second attempt, just be with them, watch and offer advice. Next be available as necessary, leave them alone to do the procedure, but review the procedure with them immediately afterward. Finally allow the student to repeat the procedure solo as much as possible. Repeating skills allows the student to move from the unconsciously incompetent to unconsciously competent.

Feedback is also a means of instruction and support. It is a way to improve future and strengthen present performance. Guidelines for feedback are as follows:

- Provide feedback as soon as possible
- Be specific and detailed
• Give feedback frequently and in doses small enough to be comprehended
• Say it in an acceptable, non-threatening way
• Allow for a response and reaction

There are times when feedback needs to be in the form of constructive criticism. This type of feedback is crucial, even though it brings up the dreaded feelings of confrontation and aggression. However, if the emphasis is placed on helping the student, constructive criticism can bring about positive results. Also, if the preceptor can look at this situation as an opportunity to expand his repertoire of interpersonal competencies, it will be more acceptable. The key is to try to be somewhat detached, so that you can say what needs to be said in a tactful manner. The subject should be brought up objectively and factually so as not to produce a defensive reaction. You may want to try an approach like this:

State the behavior - i.e. "When you spend five hours writing on history and physical…”
State your feeling - i.e. "I feel frustrated…”
State the consequences - i.e. "Because you are missing so many other learning experiences…”

**Supervision by a Team**

Sometimes it is necessary for more than one individual at a site to be responsible for student teaching and supervision. If this is the case at your site, there are some guidelines that will help make the experience much less frustrating for you and for the student.

• Make sure all that are involved in the process, understand the objectives of the rotation and their own responsibilities.
• Make sure supervisors and the student have a clear schedule of whom the student reports to and when.
• Make sure the student knows who is involved in the performance evaluation and in what way.
• Make it clear that you as the preceptor of record have to ultimate responsibility for supervision and teaching.

**Managing Common Problems**

Preceptors are asked to hold students to the standards of conduct for the Essex PA Program and the physician assistant profession as outlined in program policy and the Code of Ethics for Physician Assistant Students respectively. Students are also held to any institutional standards that may apply at your site. The program also asks that preceptors act as role models for shaping student and graduate behavior.

Invariably, problems will arise during rotations. It is crucial that you identify any difficulties as early as possible so that the problem can be lessened, if not solved. Preceptors and students have dual responsibilities to clarify with each other at the outset of the rotation what is expected of the student, so there will not be any unexpected surprises at the end of the rotation.

The program expects all students to adhere to standards of professional conduct and patient safety. Failure to maintain that standard will result in the removal of the student from the clinical site and possibly dismissal from the Program. Breeches in professional conduct may be grounds for student dismissal. Behaviors, which will lead to immediate student suspension from clinical site pending program dismissal, include but are not limited to, the following:
• Performing at an unsafe level as assessed by the clinical staff or program faculty
• Unprofessional conduct (see the PA Program Student Handbook for expansion on professional conduct)
• Failure to recognize one's clinical limitations
• Falsification of medical records or misrepresentation

One of the biggest mistakes in teaching is giving the student the benefit of the doubt and not notifying a student of a problem behavior. It is critical that any of the above or other serious breaches in expectation for conduct be immediately documented and reported to the student and the Clinical Coordinator. The Program has a form that it asks all preceptors and instructors to use in documenting a discussion with a student regarding a problem behavior or other deficiency
The student, Clinical Coordinator and the preceptor should each receive a copy of the form.

Personality conflicts often occur. As a preceptor, it may feel like an awkward situation if a personality conflict does arise, as if you are in a position of being shown a lack of respect. The preceptor, however, should not be trying to win a personality contest, but rather should be trying to provide a satisfactory rotation that allows the student to achieve the objectives of the rotation. If the personality conflict is so great as to cause the preceptor to question his or her ability to be fair to the student, the problem needs to be brought to the attention of the clinical coordinator as soon as possible.

**Student Stress**

Students experience an extreme amount of stress during their Physician Assistant education. There are emotional challenges of conflicting feelings, such as caring and compassion versus guilt and revulsion, or pity and annoyance, and helplessness and avoidance. These conflicts come along with physical demands of long hours, intellectual demands of learning so much in a short amount of time and the problems associated with being a transient member of a permanent system. Add to this identity changes, questions of status, acceptance of Physician Assistants and it makes for extremely anxious students. Although the changes that come about through this education are generally positive ones, it is nonetheless a change and change often creates stress.

It is helpful for the preceptor to recognize that this stress is not a "personal problem", but rather the student's response to professional development issues that have been shared by all in the medical field at one time or another. Therefore, if the student is to thrive in this profession, it is up to the preceptor to facilitate dealing with these concerns. Usually allowing the student to express feelings and having the preceptor accept them can address this. You can just listen or you can respond with empathy. In the few instances where a student's stress level is so high that it routinely gets in the way of his performance, you may want to alert the clinical coordinator about the possibility of the need for a counseling referral.

Often this level of stress leads to the student becoming hypercritical of other instructors, other students, the institution and even the Program in general. If this occurs it is important to listen with sympathetic ear, but equally important to avoid validating criticisms that are unfounded or blown out of proportion. Preceptors as a general rule need to avoid discussions with the students about problems at other sites, with other instructors or the Program. The student needs you to model a sense of professionalism that precludes gossip or public criticism of others.
The Unassertive Student

Occasionally you will have a student rotate through your site who appears very passive, unmotivated, shy, reserved and unassertive. This can be very frustrating to the preceptor not only because of the dependency it suggests but also because the preceptor usually has little or no time and energy to handle the situation.

If after one or two weeks into the rotation, the student's lack of assertiveness is excessive, the preceptor will need to schedule a meeting with the student. At that time, it is important that you specifically reiterate that you want and expect the student to be self-motivated and assertive. By that time, you should be able to give specific examples of appropriate and inappropriate degrees of assertiveness. You may invite an explanation from the student for his/her behavior, which may help you to understand what is going on. But remember, you do want to make your concerns known and understood. You can remind the student that the staff welcomes opportunities to teach students and respond to questions.

Appearance and Hygiene

Although this happens rarely, sometimes a preceptor may have to broach the delicate issue of inappropriate attire or unkempt hygiene. Being critical of something so personal is difficult to do. And that may be exactly how you want to begin the conversation with your student, i.e. "I am uncomfortable bringing this matter to your attention, especially in view of all your attributes, such as... However, in dealing with patients and colleagues on such close levels, it is important to maintain your hygiene. That includes having clean hair and nails, fresh breath, using a deodorant, etc. If you continue as you are, you may find it a hindrance throughout your career. You may find that you get better reception from your patients and colleagues if you made some changes."

Difficult Students

Encountering a difficult student does not happen too often, but they can be very frustrating to supervise. It seems that they don’t do what is expected, always have an excuse, complains about your requirements, uses your rotation time to complete other assignments, blames you or others for miscommunications, etc., etc. You may have been more solicitous than usual to help the student along, but somehow it has not helped, and things have gotten worse.

Students like this are often called manipulative, evasive, unproductive, defensive or unreliable. But often, these students do not mean to be like this and may be unaware of how their behavior affects others. Most likely, their intention is to protect themselves by avoiding the stress they feel, whatever its cause may be. They feel powerless and are behaving in a way that makes you feel powerless too.

To work productively with this type of student, you may have to analyze the problem with as much detachment as possible. Describe the student's behavior and compare it with the requirements of the rotation. Next, talk with the student and tell him/her about the frustration you feel with the apparent incompatibility of the two sets of needs. You need to be very clear and firm about your position, set your limits and hold your ground; this will make the remainder of the rotation more productive for both parties.
**How Do You Feel At Evaluation Time??**

There is a transition at this time from "How can I help this student?" to "How do I evaluate this student?" This does not have to be uncomfortable, if you have been working all along on specific goals, have given feedback, had scheduled meetings, and completed a mid-rotation evaluation. The final evaluation should hold no surprises.

If you are still uncomfortable at this time, you may want to make it a participatory process where the student evaluates himself on the same form that you complete. This allows for honest discussion about any discrepancies. Another key to feeling comfortable with this responsibility is to accept the legitimacy of the function. Evaluation is necessary to identify areas to improve and areas that are strong.

Students derive benefits from evaluations that give them a perspective on the amount of change they have undergone, specify positive attributes, and gives advice and guidance. It also helps them view their work more realistically, motivating and giving them direction.

**Objectivity and Subjectivity**

In evaluating your student, objective criteria are specific, observable and measurable. If the learning goals have been concrete and specific enough, there should be no problem in assessing the student's progress and achievement in these areas.

Subjectivity, however, does sometimes enter into the evaluative process. This is not necessarily inappropriate since there are qualities in humans that are difficult to measure objectively. Their existence nevertheless deserves acknowledgment. Spend some extra time on these areas and clarify where your student stands.

**Measuring Change and Growth**

The final evaluation should be based on the degree of achievement of the rotation objectives/goals and the general amount and quality of change and growth. Although the evaluation is individualized for that student, your experience as a preceptor working with Physician Assistant students and knowing the requirements of professional standards does tie into your assessment. It is important, however, to be as fair as possible to the student in assessing their change from the beginning of the rotation to the end of the rotation.

**Forms and More Forms**

During the 3rd week of each rotation the student must submit the Mid-Rotation Evaluation to the Clinical Coordinator. As mentioned before, discussing this with the student provides measurement of growth and addresses any problems, allowing goals to be developed for the remainder of the rotation. *Should you feel that there isn’t a need for discussion with the student at this time, you must still sign the evaluation and have the student return it to the Clinical Coordinator.*
At the time of the final evaluation, preceptors and students need to meet and discuss both the good and bad aspects encountered during the rotation. The student is responsible for keeping records of the experience such as Patient Logs, Time Logs, Skill Logs, etc. All of these require the preceptor’s signature.

Paperwork, including the final evaluation form, should be filled out on line whenever possible. Paper copies are available to the preceptor if they are more comfortable with that avenue. It is highly recommended that all forms be submitted electronically. Timely submission is extremely important because the College requires grades to be submitted by certain dates. If your facility has regulations regarding the return of the final evaluation to the student, please give the student a copy of the evaluation so that they may receive their course grades.
**Curriculum Overview**

*** Following is a brief overview of the Towson University – CCBC Essex Physician Assistant Program Curriculum including examples of courses and topics.

**Pathophysiology**

**Diagnostic Process**

**Professional Issues**

**Diagnostic Studies I, II, III**

**Introduction to Medicine, Medicine I, II, III, IV**

- Cardiology
- Pulmonology
- Gastroenterology
- Nephrology
- Endocrinology
- Hematology
- Infectious Disease
- Women’s Health / Issues
- Oncology
- Immunology
- Rheumatology
- Neurology
- Orthopaedic
- Ophthalmology
- Dermatology

**Surgical Medicine**

- Sterile Technique
- Surgical Procedures
- Management of the Post-Operative Patient
- Complications

**Emergency Medicine**

- Trauma
- Cardiac Arrest
- Emergency Airway Procedures
- Burns
- Respiratory Distress
- Neurologic Emergencies
- Drugs and Poisoning
- Shock

**Pediatrics I, II**

- Preventive Medicine
- Growth and Development
- Nutrition
- Common Childhood Illnesses
- Neonatology
- Pediatric Emergencies
- Immunizations

**Psycho/Social Issues**

- Human Development
- Psychiatric Disorders
- Therapeutic Interventions
- Psychiatric Medications
- Communication
**Geriatric Medicine**

- Approach to the Geriatric Patient
- Special Neurological Considerations
- Sociological and Psychology Considerations
- Poly-pharmacology
- Age-Specific Disorders

**Bioethics**

- PA – Patient Relationships
- Informed Consent
- End of Life Issues
- Quality of Life
- Euthanasia
- Assisted Suicide
- Allocation of Scarce Resources
- Human Experimentation
- Behavior Control

**Public Health and Preventive Medicine**

- Basics of Public Health
- Global Medicine, WHO, CDC
- Occupational Medicine
- Biostatistics
- Epidemiology

**Research Methods**

**Pharmacology**

**Applied Skills**

- CPR/ACLS Certification
- EKG and Interpretation
- Diagnostic Imaging
- Venipuncture
- Administration of Medications
- ABGs
- Sutures
- Wound Care
- Splinting/Casting
- Lumbar Punctures
- Laboratory Methods
- Aseptic Technique

**Clinical Practice**

- Internal Medicine
- Emergency Medicine
- Pediatrics
- Psychology
- Surgical Medicine
- Family Practice
- Women’s Health
- Community Medicine

**Clinical Management Seminars**
Clinical Year I Rotations

Description

This Year 1 clinical experience focuses on the comprehensive collection and appropriate recording of data, including history and physicals, admission and progress notes. The objectives will be met through attendance at two 5 ½ week rotations, participation in clinical seminars and problem-based learning sessions. The student will be exposed to various health services provided in a medical setting and learn how to work closely with each service. Students will attend clinical seminars with a faculty member in which histories, physical examination findings and case presentations will be reviewed and critiqued. Emphasis will be placed on the performance, recording and presentation of complete and interim history and physical examinations. Students are encouraged to observe and assist in any and all procedures with the approval of the preceptor.

Objectives

By the conclusion of this rotation, the student will demonstrate the ability to:

1. Demonstrate an understanding of site protocols, including roles of the attending physician, house staff physician, physician assistant, nurses, nurse practitioners, medical assistants, unit clerks, and paramedical staff in the care and management of patients.

2. Collect and record a complete or interim history and physical examination.

3. Demonstrate the ability to identify abnormal findings on physical exam and be in substantial agreement with the preceptor.

4. Develop differential diagnoses and/or problem lists.

5. Develop a plan of investigation and suggest appropriate laboratory/diagnostic tests.

6. Present cases in the appropriate format.

7. Perform procedures as appropriate for skill level and site.
Clinical Year 2 Rotations

Description

The clinical practicum focuses on recognition and management of problems common to each specialty and preventable illnesses. 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.

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 the program’s handbook Bates’ Guide to Physical Examination and History Taking will provide guidance 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 medicinal 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:

- 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.

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

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

- Submit a paper discussing the service project, using the model below as your guide. Max. 1500 words, 12 fonts, Times New Roman, 1” margins.
• 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.

**Plan**  Develop a plan for improving quality at a process  
**Do**    Execute the plan, first on a small scale  
**Study** Evaluate feedback to confirm or to adjust the plan  
**Act**   Make the plan permanent or study the adjustments
**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:
   a. Diet
   b. Exercise
   c. Smoking Cessation
   d. Weight Management
   e. Sun Exposure
   f. 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, appropriate diagnostic tests, and therapeutic intervention for management of acute and emergent situations, including, but not limited to:
| a. | Diabetic emergencies                  | o. | Common male and female genitourinary complaints |
| b. | Altered mental status                | p. | Blood dyscrasias                                |
| c. | Altered consciousness                | q. | Respiratory distress/Respiratory arrest         |
| d. | Seizures                              | r. | Chest pain                                      |
| e. | Psychiatric emergencies              | s. | Cardiac arrest                                  |
| f. | Cardiac rate and rhythm abnormalities| t. | Stroke/Other cerebral vascular events           |
| g. | EKG abnormalities                     | u. | Alterations of blood pressure                   |
| h. | Syncope                               | v. | Fever and sepsis                                |
| i. | Visual changes/Eye emergencies       | w. | Headache                                        |
| j. | Substance abuse                      | x. | Abdominal pain/Acute abdomen                    |
| k. | Poisoning                            | y. | Foreign body                                    |
| l. | Drug and alcohol toxicity            | z. | Common pediatric emergencies                    |
| m. | Allergic disorders                   | aa. | Dermatology emergencies                         |
| n. | Bacterial/Viral and other infectious processes | bb. Orthopedic emergencies/Fractures, Sprains, Dislocations |

8. Competently perform skills common to the practice of emergency medicine:

| a. | Venipuncture                         | f. | EKG recording and initial assessment            |
| b. | Administration of oral, topical and parenteral medications | g. | Use of sterile technique                       |
| c. | Catheterization                      | h. | Initial assessment of radiographs,             |
| d. | Suturing                              | i. | MRI and CT Scans                                |
| e. | Burn dressing                         | j. | Casting/Splinting                               |

9. Recognize and initiate therapy, awaiting the arrival of a physician:

| a. | Cardiac arrest or failure            | f. | Acute chest pain/myocardial infarction         |
| b. | Respiratory arrest or failure        | g. | Acute endocrine imbalances                     |
| c. | Hypertensive crises                  | h. | Ingestion of poisonous/toxic substances        |
| d. | Seizures                              |    |                                               |
| e. | 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 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, 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 (see addendum, pg. 48)
   f. Cardiac rate and rhythm abnormalities
   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
g. EKG abnormalities
d. Dizziness/Syncope
i. Paresthesia
j. Substance abuse
k. Allergic disorders
l. Bacterial/Viral and 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. Foreign body
s. Common pediatric complaints
t. Dermatology emergencies
u. Joint pain and limitation of motion (Orthopedic conditions)

8. Appropriately screen, initiate preventive management and provide patient education for the following problems and possible sequelae:

a. Diabetes
d. Venipuncture
b. Cardiovascular disease
f. Administration of oral, topical, SQ and IM medications
c. Trauma (injury; domestic violence)

e. Sexually transmitted infectious diseases
h. Intradermal skin testing (PPD)
g. Childhood infectious diseases
i. Suturing
j. EKG recording and initial assessment
k. Allergic disorders
l. Use of sterile technique
m. Common gastrointestinal problems

9. Competently perform skills common to the family medicine practice:

a. Diabetes
d. Venipuncture
b. Cardiovascular disease
f. Administration of oral, topical, SQ and IM medications
c. Trauma (injury; domestic violence)

e. Sexually transmitted infectious diseases
h. Intradermal skin testing (PPD)
g. Childhood infectious diseases
i. Suturing
j. EKG recording and initial assessment
k. Allergic disorders
l. Use of sterile technique
m. Common gastrointestinal problems

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.

Psychiatric 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 information:

- 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/Exercise/Weight management
   b. Smoking cessation
   c. Limiting sun exposure
   d. 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
1. 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 and 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

2. 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 and other psychiatric conditions
   n. Allergies
   o. Hepatides (Hep. C; NFALD)

3. 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. Bladder catheterization
   h. Initial assessment of radiographs
   i. Lumbar puncture
   j. Hemocult/Gastrocult
   k. Nasogastric tube insertion
   l. Endotracheal intubation
   aa. CVA/ TIA
   bb. Cardiac dysrhythmias

4. Make appropriate referrals for management of medical problems beyond the scope of routine medicine practice such as:

   a. Infectious disease
   b. Hematology
c. Oncology

j. Pharmacology

d. Pulmonology

k. Pain management

e. Nephrology

l. Etc.

f. Urology

g. Gynecology
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, hemoccult positive stool, abdominal mass, tenderness hepatomegaly, splenomegaly
   g. Seizure
   h. GU problems—dysuria, frequency, hematuria, proteinuria, urinalysis abnormalities
   i. Trauma—bites, burns, head injury, sprain/strain/fracture, unexplained injuries/child abuse and neglect
   j. Joint or limb pain—limp, joint swelling tenderness
   k. Poor vision/hearing loss
   l. Heart murmur
   m. Allergic symptoms (ie. GI, respiratory, dermatologic)
   n. Abnormal eye examination—strabismus
   o. Anemia, leukocytosis, thrombocytopenia
   p. Abnormal eye examination—strabismus
   q. Anemia, leukocytosis, thrombocytopenia
i. Headache  
j. Bruising/petechiae  
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
**Surgery**

**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
g. Joint replacements/ORIF, arthroplasties
b. Mastectomy
h. Appendectomy
c. Wound debridement and flap repair
i. Arthroscopy
d. Upper and lower GI and endoscopic procedures
j. Thoracotomy
e. Laparoscopy
k. Laparotomy
f. Bowel resection
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
f. Intravenous induction agents
b. Local
g. Inhalation agents
c. Regional
h. Paralytic agents
d. Spinal
i. Muscle relaxants
e. Conscious sedation/ moderate sedation
j. Nerve blocks

12. Select and monitor appropriate agents for post-operative pain management agents such as:

a. Psychological Interventions
e. Epidural/Spinal Anesthesia
b. Systemic Opiates
f. Nonsteroidal anti-inflammatory Drugs
c. Cryoanalgesia
g. Patient-Controlled analgesia (PCA)
d. Peripheral Neural Blocks

13. Discuss and suggest options for the management of patients with post-operative problems and complications such as:

a. Infection
g. Cardiac/ respiratory arrest
b. Venous Stasis and circulatory complications
h. Bowel ileus
c. Pulmonary complications/ failure to wean
i. Decubitus ulcer
d. Renal Dysfunction/ AKI
j. Compartment syndrome
e. Bleeding/ anemia
k. Electrolyte imbalance
f. Hypothermia/ hyperthermia
l. Fluid overload

14. Promote lifestyle changes through patient education for prevention of disease:
a. Diet
d. Weight management
e. Limitation of sun exposure
f. Safety Practices
g. Substance abuse

b. Exercise
c. Smoking cessation
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
   k. Menstrual irregularities
   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. Peurperium
    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:

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

Objectives

At the conclusion of the rotation the student will:

1. Accurately perform and record a complete, interim and/or focused history and physical examination.
2. Develop differential diagnoses for each case.
3. Outline management of cases, including 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.

**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**. 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—with 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 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)

**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
Addendum
Towson University • CCBC Essex
Physician Assistant Program

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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>

**REMARKS:**

### 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 fails to follow any logical sequence; misses obvious finding</td>
<td>□ P.E. is generally complete. Occasionally: fails to follow a logical sequence misses important findings</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>

**REMARKS:**

### 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>

**REMARKS:**

### 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</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</td>
<td>□ Write-ups outstanding (well written, precise, thorough). Articulate, concise statements of problems &amp; progress</td>
</tr>
</tbody>
</table>

**REMARKS:**
### REMARKS:

| **INTERACTION WITH PATIENTS** |
|---------------------------|----------------|----------------|
| **Type of Observation:** | Direct Observation | Indirect Observation | Not Observed |
| ☐ Lacks communication skills. Cannot adequately explain information to patients. Fails to listen to patients. | ☐ Attempts to explain information to patients, but occasionally has difficulty. Usually listens to patients. | ☐ Communicates effectively. Offers appropriate explanations. Listens attentively to patients. | ☐ Communicates effectively, shows empathy & is conscientious if offering explanations, relates well even to difficult patients. |

**REMARKS:**

### REMARKS:

| **APPLICATION OF BASIC MEDICAL AND PHARMACEUTICAL KNOWLEDGE TO PATIENT MANAGEMENT** |
|---------------------|----------------|----------------|
| **Type of Observation:** | Direct Observation | Indirect Observation | Not Observed |
| ☐ Has difficulty recalling & applying basic knowledge. | ☐ Occasionally unable to apply basic knowledge & relate it to cases. | ☐ Is able to relate basic knowledge to cases. | ☐ Recalls broad base of knowledge & is readily able to relate it to cases. |

**REMARKS:**

### REMARKS:

| **INTEGRATIVE SKILLS/PROBLEM SOLVING** |
|---------------------|----------------|----------------|
| **Type of Observation:** | Direct Observation | Indirect Observation | Not Observed |
| ☐ Fails to integrate data. Unable to identify problems & priorities leading to incomplete differential diagnosis. | ☐ Has some difficulty integrating data, identifying & assessing problems & priorities. | ☐ Evaluates available data effectively. Understands & identifies problems & priorities. | ☐ Effectively analyzes data, synthesizes information to arrive at a concise assessment. Consistently establishes appropriate priorities. |

**REMARKS:**

### REMARKS:

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

**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></td>
<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>
</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></td>
<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>
</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: __________________________________________

STUDENT COMMENTS:

Date: _______________ Signature: __________________________________________

PROGRAM FACULTY COMMENTS:
Mid-Rotation Evaluation

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>Requirements</th>
<th>Score</th>
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<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 Fund of general medical knowledge

Medical Interview (consider organization, appropriate questions)

Physical Examination (consider ability to discern normal and abnormal)

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

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

Evaluator’s Overall Comments:

Evaluator’s signature_____________________________ Date_____________________

Student’s Comments:

Student’s Signature_____________________________ Date_____________________

Towson University - CCBC Essex Physician Assistant Program
Please fill out the following evaluation as objectively as possible—be open and honest, but be professional in your comments. This form is provided in an effort to continually evaluate the clinical experiences provided. These forms will also be used and shared with the new students as they select their clinical sites in the future. This must be returned no later than the first day on campus for senior seminars.

Please note: Your completion of this evaluation will not be individually shared with site or affect your grade. Evaluations at the end of the year are reviewed and summarized before we share that information with the site and new students.

Indicate your agreement for each statement about your clinical rotation with comments:

4 = Exceptional/Excellent 3 = Very Good 2 = Satisfactory 1 = Unsatisfactory N/A = Not Applicable

1. The physical setting of your rotation (Hospital, Office, Clinic, etc.) and the condition the facility was in made you feel safe.
2. You were able to interact with your primary preceptor or group and were given the opportunity to work independently.
3. Does the clinical site meet the program’s objectives for this specific rotation?
4. Your preceptor provides feedback immediately.
5. How would you rate your one-on-one supervision from your primary preceptor and/or any other assigned preceptor?
6. You personally liked this discipline of medicine
7. Your overall evaluation of this site compared to others.

Average ________________________________________________________________
# Student Time Record

***(This form may be used if the electronic system is not operational)**

Student: ___________________________ Rotation: __________________

Preceptor: __________________________

<table>
<thead>
<tr>
<th>WEEK BEGINNING</th>
<th>MON In/Out</th>
<th>TUES In/Out</th>
<th>WED In/Out</th>
<th>THUR In/Out</th>
<th>FRI In/Out</th>
<th>SAT In/Out</th>
<th>SUN In/Out</th>
<th>TOTAL DAYS</th>
<th>TOTAL HOURS</th>
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*STUDENTS MUST CALCULATE WEEKLY TOTALS AND FINAL TOTAL*

Days Required: _________  Total Days On Site: _________

Hours Required: _________  Total Hours On Site: _________

Number of Absences: _____

Student Signature: ___________________________  Date: _____________

Preceptor Signature: ___________________________  Date: _____________
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 ________________
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, MHS, PA-C
Clinical Assistant Professor/Interim Clinical Coordinator
Towson University/CCBC-Essex
Physician Assistant Program
(443) 840-2252
(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, 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_____________

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

Dear Preceptors:

*I will be acting as preceptor for ______________________. She or he will work under my direction during her or his Primary Care Preceptorship rotation from _________________ through _______________. I understand that I am not displacing incoming 2nd year students by accepting this student. 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 form. I also agree to complete a formal affiliation agreement with CCBC • Essex, 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_____________
AFFILIATION AGREEMENT

THIS MASTER AFFILIATION AGREEMENT (the “Agreement”) is made and entered into as of ________________ between The Community College of Baltimore County (the “School”), and ___________________________ for itself and agents for affiliates listed in Addendum A (collectively, the “Facility”).

RECITALS

The School and the Facility have agreed to enter into one affiliation agreement that covers all of the clinical rotations for each of the School’s health profession programs to be performed at the Facility.

NOW, THEREFORE, in consideration of the above and other consideration the parties deem sufficient, the parties agree as follows:

1. Clinical Rotations. The School shall arrange clinical rotation experiences (“Clinical Rotations”) for its students enrolled in credit and non-credit health profession programs (“Students”) at the Facility. For each program the School and the Facility shall mutually determine the scope of the Clinical Rotation, the schedule of student assignments and the number of Students who may participate in a Clinical Rotation. The Clinical Rotations known as of this date are listed in Addendum A which is incorporated into and is a part of this Agreement. Nothing herein shall prevent the parties from adding other clinical rotations under the terms of this Agreement.

2. Term. The term of this Agreement shall be for a period of 2 years, commencing on the date it has been signed by both parties unless terminated earlier as provided in the Agreement. Thereafter, this agreement shall automatically renew on a year to year basis. Either party upon 90 days prior written notice may terminate this contract. Termination of this agreement shall not affect the completion of students currently enrolled and participating in clinical rotations.

3. Responsibilities of the School. For each Clinical Rotation, the School shall provide the Facility with a copy of the clinical learning experience program and objectives. The School shall plan the schedules, clinical assignments, and the number of students for each clinical rotation in cooperation with the assigned Facility liaison.

   a. The School and the Facility shall provide the number of qualified faculty members who may be needed to teach and supervise Students. In the event the faculty member is off-site, he or she shall be available by phone to the Student and the Facility liaison. For purposes of the agreement, the term faculty shall be used to indicate clinical instructors, clinical supervisors, and faculty employed by the School.

   b. The School shall designate an individual or individuals (the “Faculty”) to serve as the coordinator for each Clinical Rotation to work directly with Facility personnel assigned to the Clinical Rotation or area of health professions and coordinate all the activities of Students.

   c. Upon agreement of the number of students, the School shall provide a roster of the names of the Faculty and Students (the “Roster”), along with a rotation schedule, to the Facility coordinator.
before the Clinical Rotations begin. The Facility may reject a Student or Students or a Roster or assignment after a Clinical Rotation has begun, if the Student has an unfavorable record with the Facility from previous employment, another clinical rotation or any other reason.

d. The School will require all students and Faculty to abide by the rules, regulations, policies and procedures and standards of conduct of the Facility and conduct themselves in a professional manner. All students and faculty shall wear an appropriate uniform or attire and display proper identification at all times while on Facility premises.

e. For each Faculty and Student who will participate in the Clinical Rotations, the School shall provide, upon request by the Facility, verification of the following immunizations and tests as per CDC guidelines (i) a complete Hepatitis B vaccination series (series of three or waiver); (ii) annual TB screening (iii) MMR vaccination(s) or positive titer(s); (iv) varicella vaccination or a varicella titer. Nothing herein shall prevent the parties from adding additional health screenings/tests as deemed necessary.

f. The School will ensure that the Faculty member has a valid and unrestricted license from the appropriate discipline licensing body and experience in the clinical area. The School shall ensure that the Faculty member has completed training in universal precautions, infection control, and fire and disaster safety and have received education on protected health information and the privacy rule under HIPAA. The School will provide this documentation to the Facility upon request. In addition, the School shall agree to provide each Faculty member with current Basic Life Support for the Healthcare Provider certification, a criminal background check and urine drug screening before beginning the Clinical Rotations as required by the facility.

g. As denoted in Appendix A, the School will assign for clinical training only those students who:
1. Have successfully met proper pre-clinical learning experiences;
2. Have received education on protected health information and the Privacy Rule under HIPAA;
3. Have completed a background check that is accessible by the Facility within ten (10) days prior to the start of the student’s clinical experience;
4. Have current Basic Life Support for the Healthcare Provider certification;
5. And have completed any additional pre-clinical training required by the facility.

h. As required by the Facility, each Student and/or Faculty member participating in a Clinical Rotation will attend the Facility orientation.

i. The School shall require Students to have transportation to and from the Facility, to arrive and depart promptly, and to park in areas designated by the Facility.

j. The School shall be responsible for all actions, activities and affairs of Students, and the Faculty during the Clinical Rotations to the extent required by law.
k. The School shall be responsible for planning and implementing the educational program, including administration, programming, curriculum content, books and materials, faculty appointments, eligibility and admission criteria, Student selection, matriculation, promotion, graduation, Student performance evaluation, Faculty performance evaluation, references and all academic aspects of the Clinical Rotation programs.

4. Responsibilities of the Facility.

a. The Facility will provide clinical experience situations as prescribed by the School’s objectives and as agreed upon by the Facility and the School.

b. The Facility shall retain the sole discretion to remove from and deny access to its facility to any student or faculty member. Such action shall be reported to the School’s program director/coordinator.

c. The Facility shall designate a Facility employee or employees to serve as its coordinator (the “Facility Coordinator”) for each Clinical Rotation who will work with the School to plan and coordinate Clinical Rotations.

d. The Facility shall provide the Faculty with access to copies of the Facility’s policies, rules, regulations and procedures that are applicable to Students’ and Faculty’s’ participation in the Clinical Rotations.

e. The Facility shall conduct an orientation for the Faculty prior to the start of a Clinical Rotation. The orientation shall include a tour of the Facility and address any procedures related to a Clinical Rotation.

f. The Facility shall permit Students and Faculty to assist in the provision of direct patient care services to Facility patients. The Facility may restrict student and faculty activities at any time. The Facility retains the sole responsibility for patient treatment and care at all times.

g. The Facility shall permit the School and its accreditation agencies to visit, tour and inspect the Facility and its records related to the Clinical Rotations provided that (i) the School provides reasonable notice to the Facility, (ii) the visit occurs during the Facility administration’s regular business hours, (iii) all activities are in compliance with patient confidentiality and legal compliance requirements of the Facility, (iv) and with minimal disruption to or interference with Facility operations, including patient care activities.

h. The Facility shall make its classrooms, conference rooms and library facilities available to the Faculty and Students for each Clinical Rotation without charge and subject to availability.

i. The Facility shall make available emergency care and treatment to Students and Faculty, as necessary, subject to its usual charges. Persons receiving care are responsible for payment of the care.

j. The Facility will inform the School of any changes in its operation, policies, personnel, or service delivery, which will affect the clinical rotation or the number of student.

k. The Facility agrees that at all times, during this Agreement; it shall have appropriate licensure to do business as a health care agency, that it complies with all appropriate State and local laws, regulations, and other similar requirements.

l. The students assigned to the Facility shall in no sense be considered employees or agents of the Facility. Furthermore, students shall have no claim under Facility’s personnel policies or Worker’s
Compensation Coverage. The Facility is under no obligation to pay any expenses of the students, including, but not limited to meals, transportation, personal issues, or a stipend.

m. No reduction in technical and/or health care staff shall be made by the Facility due to the presence of students.

5. **Conflicts and Removal of Students or Faculty.** If a conflict arises between an employee of the Facility, on the one hand, and a Faculty or Student, on the other, the Faculty and/or Facility Coordinator shall intervene in an attempt to resolve the matter. The Facility Coordinator and Faculty shall notify the School Program Director/Coordinator. The School shall further investigate and document the incident and take appropriate action deemed necessary.

6. **Representations and Warranties of the School.** The School represents and warrants to, and covenants with, the Facility as follows:

a. Students and Faculty are required to wear picture identification badges issued. Students and Faculty must comply with the policies and procedures of the School and the Facility regarding dress codes.

b. A Student may perform duties and procedures for which he or she has been prepared academically under appropriate supervision, but not any others.

c. The School shall continuously monitor and evaluate the competence and performance of each Student and shall remove from a Clinical Rotation any Student who is not competent or qualified to participate in the Clinical Rotation.

d. The Faculty are duly credentialed (licensed, certified, or registered) to practice in their profession in Maryland; the credentials of each Faculty is unrestricted; and each Faculty will keep their credentials current, in good standing and unrestricted during the entire term of this Agreement.

e. The Faculty are experienced, qualified and currently competent to provide the services that are required of them for the Clinical Rotations and any services required of them under this Agreement.

f. The School has provided the Faculty and Students with training on the Facility’s policies and procedures with respect to protected health information that is necessary and appropriate for them to carry out the activities contemplated by this Agreement as required by applicable provisions of the Health Information Portability and Accountability Act of 1996 and regulations.

g. To the best knowledge of the undersigned and as of the effective date of this Agreement, all information that has been furnished to the Facility concerning the School, Students and Faculty is true and correct in all respects.

h. All representations and warranties in this Agreement shall remain true and correct during the term of this Agreement. If any of the representations and warranties become inaccurate in any way, the School shall immediately notify the Facility.

7. **Employees of the School.** Other than any Facility employee designated as a Faculty as permitted in this Agreement, the School, and not the Facility, is the employer of the Faculty. The School shall be responsible for (a) the compensation and benefits payable and made available to the Faculty and (b) withholding any applicable federal and state taxes and other payroll deductions as required by law.
8. Insurance Coverage

a. During the term of this Agreement, the College shall maintain professional liability insurance which covers the actions of its students and faculty during the Affiliation. Such insurance shall be in the amounts no less than One Million Dollars ($1,000,000) per occurrence and Five Million Dollars ($5,000,000) in the aggregate. The Provider shall be added to the policy as a certificate holder that is entitled to receive thirty (30) days notification prior to the cancellation, reduction, or material change in the amount or scope of the College’s professional liability coverage. Upon the reasonable request of the Provider, the College shall furnish the Provider with a certificate of insurance verifying that the professional liability insurance is in place in the amounts required under this Paragraph.

b. During the term of this Agreement, the Provider shall, at its expense, maintain professional liability insurance for its employees.

9. Indemnification

a. It is understood and agreed that the College’s obligation in this regard shall be expressly limited to the limits of its liability imposed by the provisions of the Courts and Judicial Proceedings Article, Section 5-519, of the Annotated Code of Maryland, as amended (the “State Code”). It is further understood and agreed that the College, by the terms of this agreement, is not waiving or relinquishing in any manner any defenses that may be available to the College, whether relating to governmental or sovereign immunity or otherwise, nor is the College relinquishing any defenses that may become available to it at any time during the term of the agreement, but it is further understood that the College is free to assert all defenses that may be available to it as a governmental or State agency or such defenses that become available to them by operation of law.

b. In no event shall the liability of the Board of Trustees of the Community College of Baltimore County, their agents and employees, and the agents and employees of the Community College of Baltimore County, exceed the statutory limitations as prescribed in and limited by the Maryland Code, Courts and Judicial Proceedings Articles, Section 5-519, as amended, and as further limited by the Maryland Code, Education Article, Section 16-107, as amended.

c. The Facility agrees to indemnify and hold harmless the School, its trustees, officers, officials, agents, and employees from and against any losses, claims, damages, liability, expenses, and costs, including attorney’s fees, resulting from any act of negligence by the Facility or its agents or employees.

d. The Facility will defend, indemnify and hold the School harmless for any and all losses, claims, liabilities, damages, costs and expenses (including reasonable attorneys’ fees) which arise out of negligent acts or omissions of the Facility, its agents or employees in connection with this Agreement or by any breach or default in the performance of the obligations of the Facility.

e. The provisions of paragraphs 9.a through 9.c above shall survive termination of this Agreement.

f. Responsibility for Actions. Each party shall be responsible for its own acts and omission and the acts and omissions of its trustees, employees, officers, directors and affiliates. A party shall not be liable for any claims, demands, actions, costs expenses and liabilities, including reasonable attorneys’ fees, which may arise in connection with the failure of the other party or its trustees, employees, officers, directors, or agents to perform any of their obligations under this Agreement.
10. **Termination.**

a. **Immediate Termination.** The Facility may immediately terminate this Agreement for cause upon notice to the School upon the occurrence of any of the following events: (i) the failure of the School to maintain insurance coverage as required by this Agreement; or (ii) the School fails to bar a Student from participating in a Clinical Rotation after the Facility has informed the School to remove a Student for reasons permitted under this Agreement.

b. **Termination for Cause.** If either party defaults by the failure to comply in all material respects with the terms of this Agreement, the other party may terminate this Agreement by giving at least 30 days prior written notice to the defaulting party, specifying in reasonable detail the nature of the default, unless the defaulting party remedies the default within the 30 day period. This provision shall not constitute an election of remedies by either party, and each party shall have and retain all rights and remedies that may be available at law or in equity in the event of breach or default by the other party.

c. **Termination Without Cause.** Either party may terminate this Agreement by providing ninety (90) days notice in advance.

d. **Effect of Termination.** Termination of this Agreement for any reason shall not affect the completion of students currently enrolled and participating in Clinical Rotations.

11. **Disclaimer of Intent to Become Partners.** The Facility and the School shall not by virtue of this Agreement be deemed to be partners or joint venturers. Neither party shall incur any financial obligation on behalf of the other.

12. **Notices.** Any and all notices, consents or other communications by one party intended for the other shall be deemed to have been properly given if in writing and personally delivered, transmitted by electronic means, or deposited in the United States first class mails, postpaid, as denoted below:

**Notices to Facility:** * please fill in full name, address, and other information for us to use.

**Notices to School:**

13. **Confidentiality.**

a. The School shall require Faculty and Students to keep confidential and not divulge to anyone else any of the proprietary, confidential information of the Facility, including patient and peer review information, unless such information (i) is or becomes generally available to the public other than as a result of disclosure by the School or any of the Students, or (ii) is required to be disclosed by law or by a judicial, administrative or regulatory authority. The School, Faculty, and Students shall not use such information except as required to provide patient care services in the Clinical Rotations.

b. The Facility agrees to maintain the confidentiality of Student information provided by the School. The Facility shall not re-disclose any student information to an outside party and shall maintain the information in accordance with the Family Educational Rights and Privacy Act (FERPA).

14. **HIPAA Compliance.**
a. Both parties are committed to complying with the standards contained in the Health Insurance Portability and Accountability Act of 1996, as it may be amended from time to time (HIPAA) and the federal Privacy Rule concerning the use and disclosure Protected Health Information (“PHI”) as that term is defined in HIPAA.

b. The School must, and the School shall require the Faculty and Students to, appropriately safeguard the PHI of patients, in accordance with applicable provisions of the HIPAA Health Insurance Portability and disclose protected health information solely for the education and treatment purposes contemplated by this Agreement.

c. With respect to information obtained or received from the Facility, the School shall: (i) not use or further disclose the information other than as permitted or required by this Agreement or as required by law; (ii) use appropriate safeguards to prevent use or disclosure of the information other than as provided for by this Agreement; (iii) report to the Facility any use or disclosure of the information not provided for by this Agreement of which the School becomes aware; and (iv) require that any agents, including a subcontractor, to whom the School provides protected health information received from, or created or received by the School on behalf of, the Facility agrees to the same restrictions and conditions that apply to the Facility with respect to such information.

d. Students and Faculty participating in the clinical training may have access to individually identifiable health information related to the patients of the Facility. The parties agree that access to PHI shall be limited to Students and Faculty and that individually identifiable information shall not be removed from the premises of the Facility. The parties acknowledge that Students and Faculty will use information from the medical records in classroom presentations; however, neither the names nor any other information that would identify a patient will be removed from the Facility or used in classroom presentations. Furthermore, other than as set forth in this agreement, the School shall not require or request access to any PHI.

15. Rights in Property. All supplies, fiscal records, patient charts, patient records, medical records, imaging documents, computer-generated reports, pharmaceutical supplies, drugs, drug samples, memoranda, correspondence, instruments, equipment, furnishings, accounts and contracts of the Facility shall remain the sole property of the Facility.

16. Non-Discrimination. The School and The Facility agree not to discriminate against any employee, applicant, or student enrolled in the clinical experience because of age, color, national or ethnic origin, political affiliation, religion, handicap, disability, gender, or sexual orientation, status as a disabled veteran or veteran of the Vietnam era.

17. Severability. The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision.

18. No Assignment. Neither party may assign its rights or delegate its duties under this Agreement without the prior written consent of the other.

19. Binding Effect. This Agreement shall be binding upon, and shall insure to the benefit of, the parties and their respective legal representatives, successors and permitted assigns.

20. Governing Law. This Agreement shall be governed by, and construed in accordance with, the laws of the State of Maryland.
21. **Rights Cumulative; No Waiver.** No right or remedy conferred in this Agreement upon or reserved to the Facility is intended to be exclusive of any other right or remedy. Each and every right and remedy shall be cumulative and in addition to any other right or remedy provided in this Agreement. The failure by either the Facility or the School to insist upon the strict observance or performance of any of the provisions of this Agreement or to exercise any right or remedy shall not impair any such right or remedy or be construed as a waiver or relinquishment with respect to subsequent defaults.

22. **No Third-Party Beneficiaries.** This Agreement is not intended to confer any right or benefit upon, or permit enforcement of any provision by, anyone other than the parties to this Agreement.

23. **Entire Agreement.** This Agreement constitutes the entire understanding and agreement of the parties with respect to its subject matter and cannot be changed or modified except by another agreement in writing signed by the parties.

IN WITNESS THEREOF, the parties have signed this Agreement on the dates set forth below.

**SCHOOL:** The Community College of Baltimore County

By: _________________________________

(Printed Name) ____________________________

(Signature)

Date: _________________________________

(Title)

Witness: _______________________________

**FACILITY** ________________

By: _________________________________

(Printed Name) ____________________________

(Signature)

Date: _________________________________

(Title)

Witness: _______________________________

Addendum A

Clinical Rotations and General Student Requirement

Note: The addendum is not all inclusive of medical screenings. See section 3.e. for further reference.

<table>
<thead>
<tr>
<th>Program/Series</th>
<th>Clinical experiences</th>
<th>CPR for the Healthcare Provider</th>
<th>Criminal Background Check</th>
<th>Urine Drug Screening</th>
<th>HIPAA Training</th>
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<td>Provided for the following:</td>
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<td>Cardiovascular Technician</td>
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<td>Central Service Technician</td>
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<td>Certified Nursing Assistant</td>
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<td>Child Care</td>
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<td>Surgical Technology</td>
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<td>Venipuncture &amp; Specimen Collection</td>
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This addendum attaches to the agreement for __________________________________________________________

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