Towson University • CCBC Essex

Physician Assistant Program

Preceptor Handbook

2020 - 2021

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Clinical Excellence Committee

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Towson University • CCBC Essex
Physician Assistant Program

Clinical Faculty Handbook

2020-2021

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. 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 Preceptor/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 preceptor or faculty member. 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.

Preceptors and faculty play 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 preceptors and faculty members.

Program Overview

Faculty

Currently there are six (6) 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: Medicine, Pediatrics, Clinical Skills, Pharmacology and physical assessment along with data gathering skills. 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 ills. **The Year 1, Introduction to Clinical Medicine course instructor/coordinator to determine interest in teaching and availability, contacts Year 1 preceptors and prospective preceptors**. The course instructor and Clinical Coordinator work out scheduling details and sends letters of confirmation with Educational Goals and Objectives to Preceptors. The students are assigned two rotations. 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. Preceptors receive a schedule of dates for each rotation, which include mandatory on campus dates and recognized program/institution breaks. After reviewing the dates, the Preceptor informs the Clinical Coordinator which dates the site is available and how many students they are prepared to take each rotation.,

The clinical rotation schedule is predetermined and confirmed prior to the start of the rotation. Occasionally due to unforeseen circumstances, the schedule may need to be adjusted. The Clinical Coordinator will work to keep the preceptors 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 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 student 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 to 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 are unfamiliar with the content and management. Faculty, adjunct faculty and preceptors are encouraged to attend.

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. Examples are death, birth, MVA, etc. 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.

Religious Holidays

The student is responsible to notify the preceptor of their Observed Religious holidays. Provided the preceptor and Clinical Coordinator are notified in advance and an agreement for clinical make up time is set, absences will be approved. See the web link for Towson Holy Days and Observances.

https://www.towson.edu/calendars/holy-days-observances.html

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, 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 University 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 is provided with sound clinical experience and assures the affiliating medical institution/preceptor that through this affiliation agreement - the University's student liability plan, their own liability coverage, and the laws of Maryland as appropriate cover students. 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 and signed by the preceptor 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.

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 a minimum of 2 times *during* 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 regarding the 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. To ensure the safety of patients, preceptors and students, clinical site visits may be conducted in person or via WebEx, Zoom or by telephone.

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.

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 institution that you are assigned or enter. All sites used by the program are safe. Students should immediately notify the program about concerning site practices.

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 one 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. 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 attend 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 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 comfortable with yourself, you will 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. The 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 send this 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 used in the department as an example for the student to follow
- A list of responsibilities and procedures expected of the PA-C and PA student in your department
- A list of articles/reading material chosen to support the work the student will encounter at the 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 important step will outline what the student will be doing for the ensuing weeks. It will serve as a baseline for evaluations and 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 the 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 a 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 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 the ultimate responsibility for supervision and teaching.

Managing Common Problems

Preceptors are asked to hold students to the standards of conduct for the Towson University/ CCBC 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
- 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 (see addendum form "Clinical Site Student Advisement Record) that it asks all preceptors and instructors to use in documenting a discussion with a student regarding a problem behavior or other deficiency. This should be returned via email scan or fax. 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. 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 Assistant students' role 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 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 often, but they can be very frustrating to supervise. It seems that they don't do what is expected, always have an excuse, complain about your requirements, use your rotation time to complete other assignments, blame you or others for miscommunications, 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 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 on specific goals, 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 changes 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, in Typhon, 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.

Planned Program Sequence of Study

YEAR I

Summer Session I (First Five Weeks)

PAST	212	Public Health and Preventative Medicine	2
PAST	224	Gross Anatomy	2
PAST	236	Basic Physical Diagnosis	2
PAST	202	Ethics, Issues, & Trends	3

Summer Session II (Second Five Weeks)

PAST	214	Psychosocial Issues in Medicine I	2
PAST	225	Human Pathophysiology	2
PAST	603	Medicine I	2

Fall

PAST	216	Psychosocial Issues II	2
PAST	230	Diagnostic Studies I	2
PAST	237	Advanced Physical Diagnosis	2
PAST	604	Medicine II	6
PAST	606	Pediatrics I	2
PAST	609	Pharmacology I	2

Winter (Minimester)

PAST	231	Diagnostic Studies II	2
PAST	605	Medicine III	2

Spring

PAST	232	Diagnostic Studies III	2
PAST	250	Introduction to Clinical Practice	4
PAST	601	Research Methods	3
PAST	607	Pediatrics II	2
PAST	608	Medicine IV	6
PAST	610	Pharmacology II	2

YEAR II

Summer			
PAST	251	Clinical Practicum I	6
Fall			
PAST	252	Clinical Practicum II	6
PAST	653	Clinical Practicum III	6
PAST	730	Clinical Management Seminar I *(Summer Start)*	2
PAST	801	Research Seminar I *(Summer Start)*	1
Winter (Minimester)			
PAST	654	Clinical Practicum IV	3
Spring			
PAST	655	Clinical Practicum V	11
PAST	731	Clinical Management Seminar II *(Winter Start)*	2
PAST	802	Research Seminar II *(Winter Start)*	1
Summer			
PAST	756	Clinical Practicum VI	6
TOTAL CREDITS:			**99**

Educational Objectives

Graduates will be able to:

1. With the supervision of a physician, practice medicine across the lifespan, including but not limited to the following:

    - Conduct health assessments and provide preventive services
    - Perform histories and physical examinations
    - Evaluate health status and diagnosing disease
    - Formulate management plans for routine health maintenance, acute and chronic illness and emergent conditions
    - Perform clinical procedures and surgical skills in a safe and efficacious manner
    - Provide counseling and health education
    - Evaluate outcomes of care

2. Demonstrate awareness of cultural diversity and sensitivity to multicultural healthcare issues.

3. Provide leadership in medical setting and ethical decision-making across a variety of practice settings.

4. Effectively advocate for the enhancement of healthcare delivery in the public arena using a variety of strategies.

5. Provide leadership in health care organizational systems.

6. Analyze research literature for use in the practice of evidence-based medicine.

7. Participate in research studies designed to contribute to the knowledge base in medicine.

8. Contribute to the education of healthcare professionals in academic and clinical settings.

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	Oncology	Immunology
Pulmonology	Rheumatology	Neurology
Gastroenterology	Nephrology	Endocrinology
Orthopedic	Hematology	Ophthalmology
Infectious Disease	Women's Health / Issues	Dermatology

Surgical Medicine

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

Emergency Medicine

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

Pediatrics I, II

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

Psycho/Social Issues

Human Development	Psychiatric Medications	Psychiatric Disorders
Communication	Therapeutic Interventions	

Geriatric Medicine

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

Bioethics

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

Public Health and Preventive Medicine

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

Research Methods

Pharmacology

Applied Skills

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

Clinical Practice

Internal Medicine	Surgical Medicine	Emergency Medicine
Family Practice	Pediatrics	Women's Health
Psychology	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 and Access Medicine (online)*** 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 ½ 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 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.

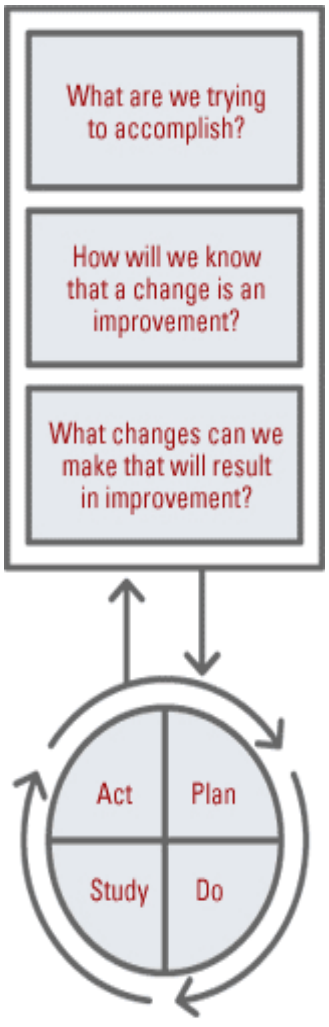
7. Implement management plans after discussion and approval by the preceptor.

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

Diet	Exercise	Smoking Cessation
Weight Management	Sun Exposure	Safety Practices

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

7. Demonstrate knowledge of symptoms, physical findings, diagnostic tests, and therapeutic intervention for management of acute/emergent situations, including, but not limited to:

a. Diabetic emergencies
b. Altered mental status
c. Altered consciousness
d. Seizures
e. Psychiatric emergencies
f. Cardiac rate and rhythm abnormalities
g. EKG abnormalities
h. Syncope
i. Visual changes/ eye emergencies
j. Substance abuse
k. Poisoning
l. Drug and alcohol toxicity
m. Allergic disorders
n. Bacterial/ viral and other infectious processes
o. Common male and female genitourinary complaints
p. Blood dyscrasias
q. Respiratory distress/ respiratory arrest
r. Chest pain
s. Cardiac arrest
t. Stroke/ other cerebral vascular events
u. Alterations of blood pressure
v. Fever and sepsis
w. Headache
x. Abdominal pain/ acute abdomen
y. Foreign body
z. Common pediatric emergencies
aa. Dermatology emergencies
bb. Orthopedic emergencies/Fractures, Sprains, Dislocations

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

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

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

a. Cardiac arrest or failure
b. Respiratory arrest or failure
c. Hypertensive crises
d. Seizures
e. Shock: Hypovolemic and Cardiogenic
f. Acute chest pain/ myocardial infarction
g. Acute endocrine inbalances
h. Ingestion of poisonous/ toxic substances

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:

Diet	Exercise	Smoking Cessation
Weight Management	Sun Exposure	Safety Practices

6. With guidance from the clinical team, perform medication reconciliation through a process of identifying the most accurate list of all medications a patient is taking (including prescribed, over the counter and herbal.) Reconciliation involves comparing the patient's current list of medications to the physician's admission, transfer, and/or discharge orders and includes the name, the dosage, plus frequency and route of which it is taken. Using this list, the student should be able to provide correct medications for patients anywhere within the health care system.
7. Demonstrate knowledge of symptoms, physical findings, appropriate diagnostic tests, and therapeutic intervention for management of acute, chronic and emergent situations, including, but not limited to:
    a. Diabetes and other endocrine disorders
    b. Dementia
    c. Delirium
    d. Seizure disorder
    e. Psychiatric diagnoses (See Addendum)
    f. Cardiac rate and rhythm abnormalities
    g. EKG abnormalities
    h. Dizziness/ syncope
    i. Paresthesia
    j. Substance abuse
    k. Allergic disorders
    l. Bacterial/ viral other infectious processes
    m. Common male and female genitourinary complaints
    n. Common skin problems
    o. Allergic disorders
    p. Common gastrointestinal problems
    r. Blood dyscrasias
    s. Respiratory distress/ respiratory arrest
    t. Chest pain
    u. Cardiac arrest
    v. Stroke/ other cerebral vascular events
    w. Alterations of blood pressure
    x. Fever and sepsis
    y. Headache
    z. Abdominal pain/ acute abdomen
    aa. Foreign body
    bb. Common pediatric complaints
    cc. Dermatology emergencies
    dd. Joint pain and limitation of motion (Orthopedic conditions)
    ee. Evaluation of Rheumatologic conditions
    ff. Hypertension
    gg. Visual changes/ common eye problems

q. Disorders of the immune system

hh. Common pediatric problems

8. Appropriately screen, initiate preventive management and provide patient education for the following problems and possible sequelae:
   a. Diabetes
   b. Cardiovascular disease
   c. Trauma (injury; domestic violence)
   d. Sexually transmitted infectious diseases
   e. Childhood infectious diseases
   f. Pregnancy
   g. Colon/ rectal cancer
   h. Breast cancer
   i. Testicular and prostate cancer
   j. Bone and joint disorders
   k. Alcohol/ substance abuse
   l. Contraception/ pregnancy prevention
   m. Obstructive Sleep Apnea
   n. Obesity
   o. Dyslipidemia
   p. Metabolic Syndrome
   q. Hepatitis
   r. Oral cancers
   s. Lung cancer
   t. Skin cancers
   u. Cervical cancer

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

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:

- 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:

Diet	Exercise	Smoking Cessation
Weight Management	Sun Exposure	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:
        - Special history taking requirements with attention to mental status issues/ function
        - Physical exam with special attention to patient disabilities/ functional status
        - Medication reconciliation
        - 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)
        - End-of-life issues
        - Discharge planning

7. For each of the common complaints/conditions listed, identify for each differential diagnoses, etiology/pathophysiology, course of the disease, presenting signs and symptoms, initial laboratory tests and imaging studies, and plan for initial management:
    a. Cough/ respiratory complaints
    b. Dysuria/other urinary complaints
    c. Musculoskeletal pain
    d. Chest pain
    e. Abdominal pain
    f. Anemia/ blood dyscresias
    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

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

9. Competently perform skills common to the internal medicine practice:
    a. Venipuncture/ ABGs
    b. Administration of oral, topical and parenteral medications
    c. Intradermal skin testing
    d. IV catheterization/ 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

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

Pediatric Medicine

Objectives

At the conclusion of the rotation the student will:

1. Obtain and document a complete and episodic pediatric medical history and physical exam and patient progress notes 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. Headache
   j. Bruising/ petechiae
   k. Poor vision/ hearing loss
   l. Trauma—bites, burns, head injury, sprain/ strain/ fracture, unexplained injuries/ child abuse and neglect
   m. Joint or limb pain—limp, joint swelling tenderness
   n. Heart murmur
   o. Allergic symptoms (ie. GI, respiratory, dermatologic)
   p. Abnormal eye examination/ strabismus
   q. Anemia, leukocytosis, thrombocytopenia
   r. Chest radiographic abnormalities infiltrate, hyperaeration, atelectasis
   s. Rashes

7. Accurately and appropriately list key factors and identify importance, presentation, and/or management of the following issues:
    a. Immunization schedules
    b. Developmental disorders/ behavior problems
    c. Growth and nutrition problems
    d. Prevention of illness and injury
    e. Physical and sexual child abuse
    f. Fluid and electrolyte management
    g. Issues unique to adolescence—sexual problems/ concerns, risk taking behaviors
    h. Medical genetics and congenital malformation—prenatal diagnostics, effects of teratogenic agents
    i. Pediatric pharmacological therapeutics
    j. Poisoning prevention and treatment

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

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

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

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

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, 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/CT
   m. Surgical drain removal

9. Identify, assess and recommend a course of action for management of surgical emergencies such as:
   a. Acute abdomen injuries
   b. Penetrating and blunt abdominal trauma
   c. Airway obstruction
   d. Traumatic head injury
   e. Eye, ear, nose and throat trauma
   f. Chest injury
   g. Urinary tract trauma
   h. Compound fracture/compartment syndrome

10. Discuss the indications, contraindications and possible complications of common surgical procedures such as:
    a. Cholecystectomy
    b. Mastectomy
    c. Wound debridement and flap repair
    d. Upper and lower GI and endoscopic procedures
    e. Laparoscopy
    f. Bowel resection
    g. Joint replacements/ ORIF, arthroplasties
    h. Appendectomy
    i. Arthroscopy
    j. Thoracotomy
    k. Laparotomy
    l. Hernia repair

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

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

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

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

Women's Health

Objectives

At the conclusion of the rotation the student will:

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

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

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

4. Accurately and concisely present case summaries.

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

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

7. Assess and implement initial management for issues, problems and disorders common to the practice of gynecology:

    a. Vulvovaginitis
    b. Candida, Trichomoniasis, Bacterial Vaginosis, Chemical-allergic-foreign body vaginitis
    c. Infertility
    d. Urinary incontinence
    e. Uterine myomas, endometriosis
    f. Amenorrhea / dysfunctional uterine bleeding/ menstrual pain
    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. Pap smear and visual cervical assessment
   e. Urinalysis
   f. Administration of oral, topical SQ, IM and parenteral medications
   g. Wet prep/ KOH prep
   h. Testing stool for blood
   i. Pelvic exam
   j. Pelvimetry
   k. Venipuncture
   l. Forms of contraception
   m. Vaginal and cervical cultures
   n. Endometrial and cervical 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

Appendix

Towson University • CCBC Essex
Physician Assistant Program

FACULTY AND STAFF

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Towson University • CCBC Essex

Physician Assistant Program

CLINICAL YEAR 2020 2021

Class of 2021

This schedule **confirms holidays and on campus activities** for students at Towson University. CCBC Essex PA Program in the **Class of 2021.** If there are any changes, I will contact you directly to confirm. In addition, the student has required documents including picture profile and letter of good standing will be send 6-8 weeks in advance of each rotation.

Transition Week 6/1/20 through 6/5/20

Clinical Rotations	Event Dates
Rotation 1 (PAST 251) **6/8/20 – 7/15/20** **Independence Day 7/4/2020**	**On Campus** **7/16 & 7/17**
Rotation 2 (PAST-251) **7/20/20 – 8/26/20**	**On Campus** **8/27 & 8/28**
Rotation 3 (PAST-252) **8/31/20 – 10/7/20** **Labor Day 9/7/2020**	**On Campus** **10/8 & 10/9**
Rotation 4 (PAST-653) **10/12/20 – 11/18/20**	**On Campus** **11/19 & 11/20**
Rotation 5 (PAST-654) **11/23/20 – 1/6/21** **Thanksgiving Holiday 11/25/20** **Christmas Break 12/25/20 – 1/1/21**	**On Campus** **1/7 & 1/8**
Rotation 6 (PAST-654) **1/11/21 – 2/17/21**	**On Campus** **2/18 & 2/19**
Rotation 7 (PAST-655) **2/22/21 – 4/7/21** **CCBC Spring Break 3/29/21 – 4/2/21**	**On Campus** **4/8 & 4/9**
Rotation 8 (PAST-655) **4/12/21 – 5/19/21** **Break 5/24/21 – 5/28/21**	**On Campus** **5/20 & 5/21**
Final Preceptorship (PAST 756) **5/31/21 – 7/22/21** **7/23/21 MAT Training *****	**On Campus** **7/23/21**
Graduation **8/2/21**	**Towson University** **West Commons**

Please feel free to contact me if there are any questions.

Kind Regards,

Ms. Galloway

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Clinical Assistant Professor/Clinical Coordinator
Towson University-CCBC Essex
Physician Assistant Program
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Class of 2021 Physician Assistant Program Clinical Evaluation

Year II Rotations

Rotation #_____

Student: _____

Rotation_____ Month(s)/Year _____

Site _____

Rotation Type: Emergency □ Family Medicine □
Community Med □ OB/Gyn □ Pediatrics□
Elective □ Surgery □ Internal Medicine □

Preceptor _____

Contributing Evaluators _____
_____

P: 443-840-2252 F: 443-840-1405

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

Type of Observation: ☐ Direct Observation	☐ Indirect Observation	☐ Not Observed	
☐ History is incomplete; fails to include pertinent information.	☐ History is generally complete & accurate, but occasionally important information has been omitted.	☐ History is complete & accurate; important/ relevant information is included.	☐ History is consistently comprehensive, accurate, thorough and precise.
REMARKS:			

PHYSICAL EXAMINATION SKILLS

Type of Observation: ☐ Direct Observation	☐ Indirect Observation	☐ Not Observed	
☐ P.E. inadequate for the following reasons: ☐ critical portions of exam omitted ☐ fails to follow any logical sequence; misses obvious finding	☐ P.E. is generally complete. ☐ Occasionally fails to follow a logical sequence ☐ Misses important findings	☐ Exam is thorough. Follows logical sequences. Technically reliable & appropriate to presenting complaint	☐ Exam is thorough and precise. Follows logical sequences even in difficult cases. Always technically proficient
REMARKS:			

ORAL SKILLS

Type of Observation: ☐ Direct Observation	☐ Indirect Observation	☐ Not Observed	
☐ Case presentations are disorganized, poorly integrated & confusing.	☐ Case presentations are generally organized but sometimes verbose, incomplete or confusing.	☐ Case presentations are organized & complete. Able to explain and summarize data effectively.	☐ Polished communication skills. Able to explain & summarize data completely & concisely. Presentation of information is orderly and succinct.
REMARKS:			

WRITTEN SKILLS

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

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 of offering explanations, relates well even to difficult patients.
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.	☐ Can relate basic knowledge to cases.	☐ Recalls broad base of knowledge & is readily able to relate it to cases.
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 assess-ment. Consistently establishes appropriate priorities.
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

Type of Observation:	☐ Direct Observation	☐ Indirect Observation	☐ Not Observed
☐ Has great difficulty learning/mastering new skills. (ie: _____)	☐ Has some difficulty learning/mastering new skills. (ie: _____)	☐ Learns/masters new skills easily.	☐ Learns/masters new skills exceptionally easily.
REMARKS:			

LEARNING BEHAVIOR

Type of Observation:	☐ Direct Observation	☐ Indirect Observation	☐ Not Observed
☐ Rarely interacts or participates in discussion. No independent study.	☐ Sometimes participates or initiates discussion. Little evidence of Independent study.	☐ Often initiates and/or participates in discussion. Some evidence of independent study.	☐ Often initiates and/or participates in discussion. Shows strong evidence of independent study.
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.
- ☐ Absenteeism: Number of times._____
- ☐ Tardiness: Number of times._____
- ☐ Not Available for:
  - ☐ Rounds
  - ☐ Grand Rounds
  - ☐ Conferences
  - ☐ Other
- ☐ 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.
- ☐ No unprofessional behavior observed while on this rotation.

Preceptors Signature _____ Date _____

OVERALL PERFORMANCE (Circle One)

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

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

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

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

The preceptor will indicate with a check all of the factors which apply to the awarding of the "I or U" grade.
PRECEPTOR COMMENTS:

Date:_____ Signature: _____

(Preceptor)

STUDENT COMMENTS:

Date: _____ Signature: _____

PROGRAM FACULTY COMMENTS:

Towson University • CCBC Essex
Physician Assistant Program

Mid-Rotation Evaluation

PA student_____ Rotation #_____ Clinical Site_____

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

Scoring Codes:

Requires no supervision and/or prompting	**5**
Requires little supervision and/or prompting	**4**
Able to perform with routine supervision and/or prompting	**3**
Requires frequent supervision and/or prompting	**2**
Requires complete supervision and/or prompting	**1**
Dangerous to patient even with supervision and/or prompting	**0**

Basic Fundamentals of general medical knowledge Score_____

Medical Interview (consider organization, appropriate questions) Score_____

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

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

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

Evaluator's Overall Comments:

*Evaluator's signature*_____ *Date*_____

Student's Comments:

***Student's Signature*_____*Date*_____**

Student Time Record

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

Student:_____Rotation:_____

Preceptor:_____

WEEK BEGINNING	MON In/Out		TUES In/Out		WED In/Out		THUR In/Out		FRI In/Out		SAT In/Out		SUN In/Out		TOTAL DAYS	TOTAL HOURS

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:_____

Towson University • CCBC Essex
Physician Assistant Program

Absence Form

Name_____

Date(s) of absence _____

Preceptor Name _____

Clinical Site _____

Has the Preceptor been notified? _____

Reason for Absence

Personal Illness	Family Emergency
Inclement Weather	Clinical Site Closed
Preceptor Absence	Other

Explanation_____

_____

_____

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

Student Signature _____ ***Date***_____

Preceptor Signature_____ ***Date***_____

Towson University • CCBC Essex
Physician Assistant Program

Incident Report

Name:_____ Year:_____ Date: _____

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

Clinical Site: _____

Name of Preceptor: _____

Has an Incident Report been filed at the institution? YES N0

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

Clinical Site Student Advisement Record

Student Name: **Date/Time:**

Clinical Site/Preceptor Advisor:

Nature of Advisement (Check all related): [] Scheduled [] Unscheduled

[] General feedback [] Personal [] Academic [] Clinical Skills [] Medical (must be referred)
[] Professional/ behavior [] Impairment (must be referred) [] Mental health (must be referred)
[] Harassment (must be referred) [] Progress assessment [] Dismissal from site

Review of Performance:

Issue(s) as Described by Student:

Issue(s) as Discussed by Current Advisor:

Outcome(s) as Described by Advisor:

CONTINUED or RESTORED To "GOOD STANDING" []Completion of any remediation
REFERRED to PA Program for []Review [] Dismissal [] Deceleration [] Remediation [] Leave of Absence
Follow up as needed only:
Referred for follow up to:
Date of Next Meeting with Advisor:
Electronic or Written Advisor Signature:
Electronic or Written Student Signature:

[] Copy to Student- CTRL-P [] Copy to file- CTRL-P [] Copy for referral- CTRL-P [] Form 4/19/18

Please scan to sgalloway@ccbcmd.edu or fax to 443-840-1405

Towson University • CCBC Essex
Physician Assistant Program

LETTER OF INTENT

Date_____

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

Dear Clinical Coordinator:

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

Sincerely,

_____ _____
Preceptor Organization (**Print**)

_____ _____
Preceptor (**Print**) Address (**Print)**
_____

_____
E-Mail Address _____
Telephone Number

.....

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

Clinical Coordinator: _____

Approval_____ Date_____

Towson University . CCBC PA Program COVIC Amended MOU

PA Program and Preceptors agree to the following:

1. The PA Program understands that it is the Preceptors' expectation that everyone, including students, care for all patients, within the scope of their ability, education and license. However, the Preceptor will not assign students to known COVID/PUI patients.
2. The PA Program confirms that the Preceptor is not responsible for providing health insurance or worker's compensation coverage or any other benefits of employment to students; school shall communicate this to students.
3. PA Program agrees all students assigned to the Preceptor Clinical Site entity will comply with receptor's PPE policies and requirements.
4. PA Program agrees that all students must complete the Preceptor's required PPE training prior to start of educational/clinical rotation.
5. The PA Program understands all students must utilize the Preceptors' provided PPE.
6. The PA Program will assure each student assigned to the Preceptors' entity is fit-tested for an N95 respirator prior to arrival, and student knows the size and type of N95 they were fitted for.
7. The Preceptor allows individuals who are pregnant or immunocompromised to request to be exempt from caring for COVID patients. If any student who qualifies for an exemption wishes to be exempt, School must proactively notify Preceptor designee (listed below) of the request, and the reason for it. **Institutions may consider** other requests for accommodation on a case-by-case basis. The Preceptor has the right to decline any student rotation if the educational purpose of the rotation cannot be reasonably fulfilled because of the exemption or accommodation needs of the student.