



MEDEX Northwest

C.A.R.E. Weeks

2014

**University of Washington
School of Medicine
Seattle, Washington**

C.A.R.E. (Clinical Applications in a Reality Experience) **Week** provides MEDEX Northwest students with a one-week clinical experience under the supervision and mentorship of a PA in a primary care or specialty setting.

PRECEPTOR'S RESPONSIBILITIES:

- Provide a minimum of 32 hours for the student to observe and when appropriate participate in clinical activities at the practice site.
- Complete the Student Evaluation and return to MEDEX program within one week.

PROGRAM'S RESPONSIBILITIES:

- Maintain open dialogue with preceptor and student.
- Provide malpractice coverage for the student.
- Provide evaluation tools to the preceptor and student to facilitate assessment and future planning with the precepting site.

STUDENT RESPONSIBILITIES, OBJECTIVES AND GUIDELINES:

CLINIC EXPERIENCE: During the C.A.R.E. Week the student will be exposed to the care of patients in a clinical setting. This experience may be either a shadow role or direct hands-on experience, depending on the site and clearances arranged by MEDEX for the student.

The objectives of this experience are as follows:

- Observing the physician and physician assistant roles: the interaction with other providers, staff and patients.
- Enhancing oral case presentation skills.
- Work on write-ups with Preceptor feedback. NOTE: the student who is shadowing and does not have computer access should write shadow notes for review.
- Continuing to evolve in the transition from a previous health care role to that of the Physician Assistant.

ATTENDANCE:

The student is required to contact the preceptor at least two weeks prior to the start of the rotation. The student is required to attend all days scheduled for the C.A.R.E. Week unless sick or the preceptor arranges otherwise. If a student is sick or an emergency arises, he or

she is to contact the assigned clinic and their clinical advisor at least two hours in advance of scheduled arrival. Arriving late or leaving early from clinical assignments or being absent without approval is not permitted.

Students are required to maintain a clean, well-groomed, professional appearance. Dress during clinics should be neat, clean, and appropriate to the clinical setting, including nametag (required) and white coat (optional).

INTERPERSONAL SKILLS

One of the crucial skills of the clinician lies in the capacity to deal with patients in productive, therapeutic relationships. To form such relationships requires an early awareness of effective communication. The student must develop techniques in communication which result in a continuing two-way relationship in which the student accumulates information and at the same time generates confidence and understanding.

The outcome of this interaction should be a relationship of mutual trust and confidence, which in turn leads to intelligent cooperation from the patient. Forming effective and trusting relationships is one of the most difficult of human skills and cannot be something learned "once and for all." Rather, this is learned over a lifetime of interacting with patients. For this reason, the students arrive having spent time learning the basics of interviewing and some of the fundamental techniques involved in counseling.

The goal during these one-week clinical rotations is to synthesize earlier learning so that, when presented with an actual patient, the student can provide a setting wherein:

- Patient feels confident and trustful enough to relate the problem to the student.
- Student is sensitive, accepting, and knowledgeable enough to understand the patient and their problems.
- Student, patient and preceptor work toward a solution to the problem, which is mutually agreeable to all.

Developing good interpersonal skills with other health care professionals is necessary for the success of the team approach to medical care. Professional development requires a working knowledge of other health care team members' roles, responsibilities, and particular areas of expertise. It requires sensitivity to the partial overlapping and possible sharing of responsibilities with other health care professionals, as well as an acceptance of the limits placed on one's own profession.

STUDENT GUIDELINES

Student to Clinic: An important factor in determining the overall success of your clinical rotation experience will be the relationship established between you and your preceptor. This relationship should ideally be open, honest, and fair from both sides. You should keep a number of things in mind:

- You will be a "short term" part of an established medical practice in an established community. What for you is a one time learning experience is a way of life and livelihood for your preceptor. The patients you see are the preceptor's patients.
- There is a fine line between assertiveness and aggression.
- Confidence is great. Over-confidence can quite literally be fatal.
- The following are two old axioms worth repeating: "No question is a dumb question if you do not know the answer." "'Tis better to ask than to screw up."

The staff of the clinic or hospital can be tremendous aids to your learning. Each person has a special field of expertise and a unique outlook on patient care. Staff members often make the difference between a pleasant or an unhappy rotation. Cultivate their friendships. Seek out their help and expertise. Your efforts will be greatly rewarded.

- Smile.
- Give people the credit and respect due them.
- Help out where and when you can. If a particular task is not beneath their dignity, then it should not be beneath yours.
- Each clinic or hospital has ways of doing things that fit the situation and personnel. Be careful about suggesting changes. This is not your role!

Student to Patient: Only a few "big" items here:

- Remember the first law of medicine – *Primum non nocere* (First of all, do no harm).
- Remember that the patient at the other end of the stethoscope is a person, too.
- The patients did not come in to be dazzled with your scholarly dissertations and knowledge of medical terms. They came for help. Something in their world is not right. It may not be what they complain about. Your job is to find the problem and to help them solve it. If your native intelligence shines through to impress them, consider it a bonus.
- If you do not know what is wrong with a patient, then, "I don't know" is an acceptable diagnosis. Send for reinforcements.

Student: We know that you are intelligent and capable. The patients do not. We have lots of test scores and letters of recommendation to go by. The patient has only your appearance and your manners on which to base a judgment. Their confidence in you is an essential part of the therapeutic relationship.

GRADING POLICY

Successful completion of the C.A.R.E. Week experience and assignments constitutes 10% of the Quarter grade for Professional Role Development. The C.A.R.E. Week Clinic must be completed satisfactorily in order to receive a quarter grade for Professional Role Development. This includes both satisfactory completion of the written assignments and a passing evaluation for the clinical experience.

Grading will be based on the following:

- Attendance
- Timely and satisfactory completion of assignments

Written Assignments

You have one week after your last day in clinic to turn in all written assignments. These assignments will be graded as Pass/Fail. Failure to turn in an assignment will result in failure of the C.A.R.E. Week experience and a grade of Incomplete for the quarter. Appropriate ways to accomplish removal of an Incomplete for written assignments will be a joint decision of the Student Progress Committee and the Clinical Education Office.

Clinical Performance

Students who receive a less than satisfactory grade on their clinical performance for the Care Weeks will also receive a grade of Incomplete for the quarter. Those students will be required to make up the clinical week at another site and must receive a passing grade for the experience prior to starting their clinical year.

ASSIGNMENT SUMMARY

STUDENTS ARE REQUIRED TO COMPLETE THE FOLLOWING ASSIGNMENTS FOR THEIR ONE-WEEK CLINICS:

Due Dates: All assignments are due one week after the end of your clinic.

- 1) Evaluation by Student** – The student completes an evaluation of the rotation site. This form must be submitted with the packet.
- 2) Evaluation by Preceptor** – The Preceptor completes an evaluation of the student. If possible, the preceptor should review the evaluation with the student. Student may submit the evaluation or the Preceptor can mail or fax the evaluation to the MEDEX office. If faxing, please send the form to the Seattle office at 206.616.3889.
- 3) Reflection Paper** -- Write a paper on your inpatient/specialty clinical experience covering **ALL** of the following topics:
 - Briefly describe the community and patient population
 - Analysis of the role of the clinic in the community
 - Discuss the access to care challenges in this clinic and the role of the preceptor
 - Describe the relationship between precepting physician and PA

Paper Details: No less than 3 full pages and no more than 4 pages in length. 12-point font (use a “standard” font such as Times or Palatino). Double-spaced. Margins: 1 to 1.25 inches top, bottom, left, and right. Papers will not be returned if they do not meet the above criteria. Submit a printed copy with packet.

- 4) Debriefing Session** -- During the first week of spring quarter you will be involved in a debriefing session. You should be prepared to discuss the following regarding your experience in a primary care setting:
 - Describe the clinic to which you were assigned (location, population served, provider mix) plus any other issues you feel important. Bring photos of the clinic, the community, your preceptor and at least one of yourself “in action.”
 - Bring an “artifact” of the community, the clinic or the preceptor - i.e. something that represents a part of your experience.
 - Most important thing you learned about the PA profession “in action.” Briefly describe the setting and the utilization of PAs at your C.A.R.E. Week site.
 - Most important thing you learned.
 - Most important thing that you learned about yourself.
 - Describe the relationship between the PA and the precepting physician.
 - Discuss how providers utilize available resources to maximize efficiency in clinic.
 - Discuss examples of evidence-based medicine that you observed.
- 5) Patient Log** – You are required to keep a patient log (page 13) in which you will list the age, gender, race of the patient as well as their chief complaint and working diagnosis. Do not list any identifying information about the patient that would violate HIPAA guidelines. You will not hand in this patient log, but are required to bring it to Transition Week in August 2014. The data from your patient log will be used during training of the Typhon system.

C.A.R.E. Week Assignments Cover Page

Student Name _____

Preceptor Name _____

Clinic Name _____

Faculty Reviewer _____

(Determined by MEDEX)

SUBMITTED BY STUDENT:

Items included in this packet (in this order):

- ☐ Evaluation by Student
☐ Evaluation of Student by Supervising Clinician OR ☐ Sent by preceptor
☐ Reflection Paper

Student Comments:

REVIEWED BY FACULTY:

Evaluation by Student	Pass / Fail
Evaluation of Student by Supervising Clinician	Pass / Fail
Reflection Paper	Pass / Fail

Debriefing Session	Pass / Fail
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ASSIGNMENTS COMPLETE:	YES / NO
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OVERALL GRADE:	PASS / FAIL
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FACULTY COMMENTS:

C.A.R.E. WEEK EVALUATION BY STUDENT

MEDEX and the participating clinics would like to make your C.A.R.E. Week experiences as valuable and useful as possible. Please complete this clinic evaluation for the clinic you visit and return it to the clinical office at the end of your C.A.R.E. Week. This information will be used to provide feedback to the clinical instructors and to evaluate this site for future use.

STUDENT: _____ CLINIC: _____

PRECEPTOR: _____

	<u>Yes</u>	<u>No</u>	<u>Mixed Feelings</u>
Were you expected and made to feel welcome?	_____	_____	_____
Did you receive adequate supervision and teaching from the clinical supervisor?	_____	_____	_____
Were you allowed to write on charts?	_____	_____	_____
Would you recommend using this site/clinical instructor again?	_____	_____	_____

REQUIRED: Is there anything about this site that makes it either a good or a poor site for future use? Please be specific. Continue on reverse if needed.

REQUIRED: Please assess your strengths and weakness at this stage in your clinical and professional development. Continue on reverse if needed.

STRENGTHS

WEAKNESSES

STUDENT EVALUATION BY SUPERVISING CLINICIAN

Student: _____ Clinic: _____

Preceptor: _____

Please rate the student in each of the following categories.

	Excellent	Good	Adequate	Definite Gaps
Basic Knowledge	5	4	3	2
History Taking Skills (if applicable)	5	4	3	2
Physical Exam Skills (if applicable)	5	4	3	2
Charting Skills (shadow or patient record)	5	4	3	2
Time Management Skills	5	4	3	2
Problem Solving Skills	5	4	3	2
Case Presentation	5	4	3	2
Rapport/Communication	5	4	3	2
Punctuality/Dependability	5	4	3	2
Knowledge of Personal Limits	5	4	3	2
Appearance/Professionalism	5	4	3	2
Interaction with Clinic Personnel	5	4	3	2
Acceptance by Patients	5	4	3	2

COMMENTS:

Final Grade:

____ Exceptional ____ Pass ____ Borderline ____ Fail

Assess this student's strengths and weaknesses at this stage in her/his clinical and professional development. Continue on reverse side if needed.

STRENGTHS

WEAKNESSES

Please return completed signed evaluation form with the student or fax to: (206) 616-3889. *One evaluation per student.*

Student signature / date

Evaluator signature / date



Cover Sheet for C.A.R.E. Week Reflection Paper Specialty/Inpatient Setting

Student Name _____

Preceptor Name _____

Clinic Name _____

Write a paper on your inpatient/specialty clinical experience covering **ALL** of the following topics:

- Briefly describe the community and patient population
- Analysis of the role of the clinic in the community
- Discuss the access to care challenges in this clinic and the role of the preceptor
- Describe the relationship between precepting physician and PA

Papers will not be accepted if they do not meet these criteria.

____ Not less than 3 full pages and not more than 4 pages in length. **

____ 12 point font (use a “standard” font such as Times or Palatino). **

____ Double-spaced. Margins: 1 to 1.25 inches for top, bottom, left, and right. **

Separate grades are given for Content and Style. Students are required to receive a passing grade on both aspects of the assignment.

CONTENT

- _____ 4.0 Outstanding paper.
- _____ 3.5 Good paper.
- _____ 3.0 Satisfactory paper.
- _____ 2.5 Minimal effort and/or achievement. See checklist.
Resubmission required. Please contact Keren Wick for help
<khw@u.washington.edu>
- _____ Fail.
Resubmission required. Contact Keren Wick for help
<khw@u.washington.edu>

STYLE (FORMAT/GRAMMAR)

- _____ 4.0 Outstanding paper.
- _____ 3.5 Good paper.
- _____ 3.0 Satisfactory paper.
- _____ 2.5 Minimal effort and/or achievement. See checklist.
Resubmission required. Please contact Keren Wick for help
<khw@u.washington.edu>
- _____ Fail.
Resubmission required. Contact Keren Wick for help
<khw@u.washington.edu>

C.A.R.E. WEEK

DEBRIEFING

Family Medicine Setting

In addition to the assignments outlined in your C.A.R.E. Week materials, be prepared to give a 10 minute team "debriefing" to your classmates. You should include the following:

1. Describe the clinic to which you were assigned (location, population served, provider mix) plus any other issues you feel important. Bring photos of the clinic, the community, your preceptor and at least one of yourself "in action."
2. Bring an "artifact" of the community, the clinic or the preceptor - i.e. something that represents a part of your experience.
3. Most important thing you learned about the PA profession "in action". Briefly describe the setting and the utilization of PAs at your C.A.R.E. Week site.
4. Most important thing you learned.
5. Most important thing that you learned about yourself.
6. What Health Promotion activities did you see? Population based?

Patient Log Sheet

KEEP THIS SHEET- YOU ARE REQUIRED TO BRING IT TO TRANSITION WEEK
FOR TYPHON TRAINING

Date	Age	Gender	Race	Chief Complaint	Working Diagnosis

Make as many copies of this page as necessary to capture information on all patients you see during CARE Week.

MEDEX Northwest Division of Physician Assistant Studies University of Washington

- **National Background Check:** All students have complied with School of Medicine National Background Check requirement. Verification will be provided by the student at your request.
- **Blood Borne Pathogen Training:** All MEDEX students will have completed training in Universal Precautions prior to participation in Clinical Rotations.
- **Health Insurance Portability and Accountability Act (HIPAA):** All students will have completed HIPAA training prior to participation in Clinical Rotations.
- **Immunizations:** All students have complied with the School of Medicine required immunizations for Health Science Students. A list of the required immunizations is provided below. Verification will be provided by the student at your request.

Required Immunizations for Health Sciences Students

MEASLES (RUBEOLA): ALL students entering the university must provide proof of immunity to measles *prior to registration*. **Health Sciences students are exempt from this mandate until after their in-person immunization review.** The requirement is for TWO vaccine doses or a positive antibody titer. The doses must have been received after 12 months of age and at least one month apart. They must have been given after 1/1/68 and not given with immune globulin. Persons born before 1/1/57 must have proof of one vaccine dose or a positive antibody titer.

MUMPS: TWO immunizations (regardless of birth year), a positive antibody titer, or *documented physician-diagnosed* history of the disease will meet the requirement.

RUBELLA: Proof of one immunization or a positive antibody titer is necessary. History of the disease is not acceptable.

HEPATITIS B: Immunization is *required* for all students who have contact with patients or with human blood, tissue and/or body fluids. In addition, an antibody titer is required after completion of the series to prove immunity. Please note that this is now a “universal vaccine”, *recommended for everyone*.

TETANUS-DIPHTHERIA-PERTUSSIS: A basic childhood series and a booster within the last ten years are required. The recommended booster is the new Tdap (tetanus-diphtheria-acellular pertussis) vaccine, but a booster of the traditional Td (tetanus-diphtheria) vaccine is also acceptable. If 2 or more years has elapsed since the last Td, then a Tdap booster is recommended.

VARICELLA (CHICKEN POX): In this case, a history of the disease, if verified by the health care provider, is acceptable. Otherwise, a positive antibody titer or proof of two doses of vaccine, at least one month apart, is necessary. **Students who have documentation of only one vaccine dose will need to receive a 2nd “catch-up” booster dose.**

TUBERCULOSIS SCREENING: *In addition* to a current PPD skin test *within 2 months* of the start of the program, *another* PPD is required within the last year; otherwise a 2-step PPD must be done. History of BCG is *not* a contraindication to PPD testing. If student has had a *documented* positive TB skin test in the past, they must bring records specifying the test, chest X-ray report, and details of any prescribed medication(s). **Annual PPD skin testing is required. An annual symptom review is required for students with a documented history of positive skin test.**

Universal Precautions

All students enrolled in the University of Washington School of Medicine must complete the School's program on universal precautions. The purpose of this program is to ensure that you have been informed of the appropriate handling of blood, tissues, and body fluids during your training.

Opportunities for training in universal precautions will be included in the student orientation. As part of your professional development, you will be responsible for incorporating these into your routine practice while in-patient care situations and for being certain that you understand what is available at each clinical experience.

If you are in a situation where you have had an occupational exposure to blood or body fluids, you can contact the following resources for assistance:

- MEDCON
1-800-326-5300
- UWMC Campus Health Services
(206) 598-4848
(7:30 AM to 4:00 PM; M-F)
- UWMC Emergency Department
(206) 598-4000
- Dr. Amy Baernstein (206) 663-1909 (pager)
- Dr. Doug Paauw (206) 598-6190 (pager)

http://www.hopkins-aids.edu/guidelines/pep/gl_pep.html

If you are away from Seattle hospitals and incur bills for testing and counseling or prophylactic treatment for an occupational exposure to blood or body fluids, you may send the bills in confidence to:

Kathryn Waddell
Director of Budget and Administration
Health Sciences Administration
Room C-314, Health Sciences Building
University of Washington
Box 356355
Seattle, WA 98185-6355
(206) 543-7918 (206) 543-3473 (FAX)