Clinical Phase Manual
for
MEDEX Students & Preceptors

Academic Year 2019 – 2020

Released: May 2020

Supersedes all previous versions

July 1, 2019

Dear MEDEX Northwest Student & Clinical Preceptor:

Welcome to MEDEX, a program celebrating fifty years of preparing physician assistants for clinical practice, especially in rural and underserved areas in a wide range of clinical settings. Our perspective on PA education is both comprehensive and historical. MEDEX has a long-term record of providing both clinically relevant didactic curriculum and an appropriate mix of preceptorship and clerkship experiences for primary care PAs.

As MEDEX students and adult learners with professional experience in the medical field, we hope you will enjoy learning as much from your fellow classmates as from your faculty and advisors. Collaboration, communication and respect for others will be keys to your success inside and outside the classroom.

This manual is also meant to inform our clinical preceptors. Thank you for partnering with us to train the next generation of MEDEX physician assistants. We hope you will find this manual helpful to you as you mentor our students. Please feel free to contact us if you have questions as you review this manual.

This Clinical Phase Manual for Students & Preceptors outlines the policies and procedures of the Clinical Phase of PA education at MEDEX. Please be aware that the policies stated within this handbook are subject to change. Should there be a change to policy, you will be notified of any change(s) in writing. I strongly encourage that you read the entire document and maintain a copy that is easily accessible for future reference.

This Clinical Phase Manual for the MEDEX Northwest Physician Assistant Program supersedes any previous student handbook distribution and applies to all students in the Physician Assistant Program regardless of the students' year of matriculation to the Program.

We wish you every success as you work toward your goal of becoming a physician assistant. MEDEX cares deeply about your educational experience, and we look forward to partnering with you for your success.

Sincerely,

Terry Scott, MPA, PA-C, DFAAPA
Assistant Professor
Department of Family Medicine
Program Director/Section Head, MEDEX Northwest

MEDEX Northwest
Department of Family Medicine

MEDEX Seattle
4322 11th Ave NE, Ste 200
Seattle, WA
98105-4608
206-616-4001
Fax 206-616-3889

MEDEX Tacoma
1944 Pacific Ave, Harmon Bldg.
#305
Tacoma, WA 98402-3121
253-692-5950
Fax 253-692-5747

MEDEX Spokane
Schoenberg Center,
800 N. Pearl St
Spokane, WA 99202
509-835-3931
Fax 509-835-4019

MEDEX Alaska / UAA
3211 Providence Dr., Diplomacy
404
Anchorage, AK 99508
907-786-6570
Fax: 907-786-6572

Acknowledgement

This MEDEX Clinical Phase Manual was developed in collaboration with the Clinical Education Committee of the Physician Assistant Education Association (PAEA).

MEDEX NW Clinical Affairs Office Points of Contact:

	Associate Program Director of Clinical Affairs *Marc Hawkins, MPAS, PA-C* *C: 410-507-9780* *hawkins2@uw.edu*		*Clinical Coordinator – Seattle Campus* *Shannon Casey, PA-C* *206-685-9628* *Scasey3@uw.edu*
	Clinical Coordinator – Seattle Campus *Dale Robertson, MPHS, PA-C* *C: 206-403-0271* *dalerob@uw.edu*		*Clinical Coordinator – Tacoma Campus* *Betty Stewart, MPAS, PA-C* *C: 206-473-2369* *tok@uw.edu*
	Clinical Coordinator – Spokane Campus *Patrick Grimm, MPAS, PA-C* *C: 406-600-2199* *patgrimm@uw.edu*		*Clinical Coordinator – Spokane Campus* *Theo Orchard III, MPAS, PA-C* *C: 801-669-4923* *torchard@uw.edu*
	Clinical Coordinator – Anchorage Campus *Katie Copps, BCHS, PA-S* *C: 907-317-6500* *kcopps@uw.edu*		

Clinical Operations Manager:	Sergio Monni	206-685-3323	monnis@uw.edu
Program Coordinator:	Sandy Raynor	206-616-9489	medexcln@uw.edu
Program Coordinator:	Liam Donnelly	206-616-7193	medexsr@uw.edu

Clinical Schedule 2019 - 2020

Transition Week ………………………………………………………….. **SEP 9 – 13, 2019**

Preceptorship 1 …………………………………………………………….. SEP 16, 2019 – JAN 31, 2020

September Clerkship ……………………………………………………. SEP 16 – OCT 11, 2019

October Clerkship ……………………………………………………….. OCT 14 – NOV 08, 2019

November Clerkship …………………………………………………….. NOV 11 – DEC 06, 2019

Formative Exam* ………………………………………………………. **DEC 09, 2019**

Winter Break and Self Study ……………………………………….. **DEC 11, 2019 – JAN 3, 2020**

January Clerkship ………………………………………………………… JAN 06 – JAN 31, 2020

Campus Week 1 ………………………………………………………….. **FEB 03 – FEB 07, 2020**

February Clerkship …………………………………………..………… FEB 10 – MAR 06, 2020

March Clerkship (1-week) …………………………………..…………… MAR 09 – MAR 15, 2020

COVID-19 *i-Human* Curriculum and Self-Study ……………….……..…….. **MAR 16 – JUN 21, 2020**

Preceptorship 2 (3-months) ………………………………………….. JUN 22 – SEP 11, 2020

June Clerkship (3-weeks) ………………………………………….…… JUN 22 – JUL 10, 2020

July Clerkship (3-weeks) ………………………………………….…… JUL 13 – JUL 31, 2020

August Clerkship (3-weeks) ………………………………………….… AUG 03 – AUG 21, 2020

September Clerkship (3-weeks) ………………………………………. AUG 24 – SEP 11, 2020

March Clerkship Make-up (2-weeks) …………………….…………… SEP 14 – SEP 25, 2020

Campus Week #2 (Summative Exams, Capstone, Case Presentations) **SEP 28 – OCT 02, 2020**

Graduation Week	Spokane	Friday OCT 02, 2020
	Anchorage	Saturday OCT 03, 2020
	Tacoma	Monday OCT 05, 2020
	Seattle	Tuesday OCT 06, 2020

Summative Exams Makeup or Retake …………………………………. OCT 12 – OCT 16, 2020

*Please note, the Formative Exam for Clinical Students will take place on December 9, 2019 (+ 1 extra day for accommodated students)

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SECTION ONE: Student & Preceptor

Introduction

MEDEX NW would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this program and the care of your patients. The clinical experiences that students will obtain in your office, clinic or facility are of critical importance to a successful learning experience in the program. The clinical setting *synthesizes* concepts and application of principles for high quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and mentoring example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing PA. Thank you for your commitment to PA education.

MEDEX Northwest Mission, Vision and Values

Mission
MEDEX Northwest, the University of Washington School of Medicine's Physician Assistant Program, is a regional program that educates physician assistants in a proven tradition of excellence committed to educating experienced health personnel from diverse backgrounds to practice medicine with physician supervision. The program provides a broad, competency-based curriculum that focuses on primary care with an emphasis on underserved populations. MEDEX encourages life-long learning to meet ever-changing healthcare needs. As a pioneer in PA education, MEDEX continues to be innovative in identifying, creating, and filling new niches for PAs as a strategy for expanding healthcare access.

Vision
MEDEX Northwest continues its core mission to train highly capable physician assistants who serve the community with uncompromising commitment and compassion. MEDEX students, graduates, faculty and staff are committed to providing access to care in local and regional communities.

MEDEX is a comprehensive program that provides students with the foundational knowledge required to support strong clinical skills. With outstanding education, clinical competency, and leadership skills, MEDEX graduates continue to be in demand in the northwest.

Graduates maintain strong connections to MEDEX Northwest by participating in outreach, admissions, and teaching activities; alumni involvement supports the continued success of the program. Graduates significantly impact the PA profession as leaders engaged in the creation of local and national health care policy.

The MEDEX community will engage in high-level research and scholarly activity. Research and scholarly work produced by MEDEX contributes to improvements in PA education, public health, healthcare policy and patient care.

Values

MEDEX Northwest is an organization that exemplifies professional excellence and embodies the values of respect, openness, collaboration, integrity, and trust. Together we work in service to our students, our community, and the program.

MEDEX Program Goals
- Contribute to regional primary care workforce needs by training culturally-competent PAs for strategic areas of need within the WWAMI region and beyond.
- Maintain a flexible and innovative curriculum capable of responding to the changing healthcare system and the evolution of the PA profession.
- Recruit qualified individuals from minority and disadvantaged backgrounds for careers as physician assistants.
- Utilize community-based clinical preceptorships to develop effective physician–physician assistant relationships.
- Develop, implement and maintain MEDEX decentralized didactic training sites in the region for the purpose of increasing access to physician assistant training.

The clinical year takes students from the classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. To this end, specific goals of the clinical year include:

- apply didactic knowledge to supervised clinical practice,
- develop and sharpen clinical problem-solving skills,
- expand and develop the medical fund of knowledge,
- perfect the art of history taking and physical examination skills,
- sharpen and refine oral presentation and written documentation skills,
- develop an understanding of the PA role in health care delivery,
- prepare for the Physician Assistant National Certifying Exam,
- develop interpersonal skills and professionalism necessary to function as part of a medical team.

Physician Assistant Professional Competencies

In 2012, the updated competencies for the PA profession as defined by the four national physician assistant organizations: PAEA (Physician Assistant Education Association), AAPA (American Academy of Physician Assistants), ARC-PA (Accreditation Review Commission on Education for the Physician Assistant, and the NCCPA (National Commission on Certification of Physician assistants) were released and are summarized in the excerpt below:

"The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies for physician assistants include the effective and appropriate application of medical knowledge; interpersonal and communication skills; patient care; professionalism; practice-based learning and improvement; systems-based practice; as well as an unwavering commitment to continual learning, professional growth, and the physician-PA team for the benefits of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the

practice setting." (NCCPA)

MEDEX and UW Nondiscrimination Policy
There will be no discrimination against any program participant or applicant based on race, ethnicity, religion, national origin, age, disability, veteran status including Vietnam era service or veteran-disabled status, sex or sexual orientation, nor will the university or the training site engage in such discrimination in their employment or personnel policies.

** Physician Assistant Students and Medicare Compliance **
Physician Assistant (PA) students seek to participate fully during clinical rotations, including hands-on participation in patient care. It is essential that such clinical opportunities exist to maximize the student's learning experience and to prepare students to deliver appropriate healthcare services to patients upon graduation. However, clinical training sites may be unsure how student participation in patient care may impact billing.

It is important to note that PA students are not licensed to provide healthcare services. Since they are not licensed providers, their services cannot be billed, except in the circumstances described below. The following definitions and discussion apply specifically to the Medicare program, and may or may not be applicable to other third-party payers.

Centers for Medicare and Medicaid Services
The guidelines published by CMS address primarily the instruction of residents and interns. The discussion related to PA students is limited to the following paragraph.

> Any contribution and participation of a student to the performance of a billable service must be performed in the physical presence of a teaching physician or resident in a service that meets teaching physician billing requirements (other than the review of systems (ROS) and/or past, family, and/or social history (PFSH), which are taken as part of an evaluation and management (EM) service and are not separately billable). Students may document services in the medical record; however, the teaching physician may only refer to the student's documentation of an EM service that is related to the ROS and/or PFSH. The teaching physician may not refer to a student's documentation of physical examination findings or medical decision making in his or her personal note. If the student documents EM services, the teaching physician must verify and re-document the history of present illness and perform and re-document the physical examination and medical decision-making activities of the service. (Excerpted from *Guidelines for Teaching Physicians, Interns and Residents*).

Discussion
Medicare billing is based on the documentation entered by the preceptor (with the possible exception of ancillary services such as ROS and PFSH as listed above), meaning that preceptor-entered documentation must contain sufficient detail to support the claim being submitted. Diagnostic examination and writing chart notes (whether in the record or as shadow notes) are integral to student learning, and preceptors are encouraged to support student participation to the full extent that their demonstrated skills allow. However, the *only* student documentation that a preceptor can use is ROS and PFSH, and the preceptor must confirm that the information that has been recorded is accurate.

Glossary

Student: An individual who participates in an accredited educational program (for example, Medical School) that is not an approved GME Program and who is not considered an intern or resident. Medicare does not pay for any services furnished by these individuals.

Physically Present: When the teaching physician is located in the same room as the patient (or a room that is subdivided with partitioned or curtained areas to accommodate multiple patients) and/or performs a face-to-face service.

Teaching Physician: A physician, other than an intern or resident, who involves residents in the care of his or her patients. Generally, for the service to be payable under the Medicare PFS, he or she must be present during all critical or key portions of the procedure and immediately available to furnish services during the entire services.

MEDEX Didactic Curriculum

The didactic, or classroom, year of the MEDEX curriculum is designed to teach clinical reasoning skills by building a foundation of new clinical knowledge, and then applying this knowledge to clinical situations. Summer quarter is a review of basic scientific concepts. Autumn quarter teaches skills of information gathering in a clinical setting with intensive history and physical exam instruction. Pathophysiology in autumn quarter adds the foundational information needed for understanding disease processes. Winter and spring quarters cover the clinical diagnosis and treatment of diseases and disorders from all organ systems. By the end of spring quarter, students are able to perform a history and physical exam, identify differential diagnoses, arrive at the most likely diagnosis, and formulate a treatment plan for patient complaints that are commonly seen in primary care.

The methodology of teaching in the didactic year changes over the course of the quarters to enhance progressive clinical reasoning skills. All major organ systems are taught once in anatomy and physiology and repeated again in the basic clinical skills and pathophysiology courses. In winter and spring, organ systems are studied in blocks across the courses so that the content of each course is reinforced in the other courses. Summer and autumn are fact- and skills-based courses where memorization and repetition are used to create the foundations needed for clinical care. Winter and spring use increasingly interactive methods for learning that include lectures from experts, small group work, team-based learning, problem-based learning and appreciative inquiry. Clinical reasoning problems are one example of assignments that cross courses to integrate knowledge and mimic patient care by walking through the assessment and treatment of a patient case that unfolds gradually. Faculty members are committed to making class time interesting and engaging while ensuring that all students learn medicine.

Didactic Timeline

Sum	Aut	Wtr	Spr	Sum
Anatomy and Physiology	Pathophysiology	Adult Medicine I	Adult Medicine II	Focused Study (MCHS)
Basic Sciences for P.A.s	Basic Clinical Skills	Maternal Child Health I	Maternal Child Health II	Investigative Skills (MCHS)
	Professional Role Development I	Professional Role Development II	Professional Role Development III	Capstone Project (MCHS)
	Behavioral Medicine I	Behavioral Medicine II	Behavioral Medicine III	
	Technical Skills I	Technical Skills II	Technical Skills III	
		Emergency Medicine I	Emergency Medicine II	
		Patient Management I	Patient Management II	

The MEDEX didactic curriculum and overall schedule can be reviewed on the MEDEX website at: http://depts.washington.edu/medex/pa-program/curriculum/didactic-year/ .

MEDEX Clinical Curriculum

MEDEX maintains and cultivates a substantial pool of potential sites and preceptors throughout the WWAMI region (the UW medical school service region of Washington, Wyoming, Alaska, Montana and Idaho) and expects students to travel during the clinical phase of training. Students entering into their clinical year can expect several exciting and educational experiences while rotating through the five-state service region. There are multiple factors that are taken into consideration when deciding on WWAMI location and the order in which a student completes these rotations.

During the clinical year, students may only engage in clinical rotations with approved sites and preceptors. This is to ensure that sites and preceptors are appropriately vetted including affiliation agreements and that appropriate student liability coverage is provided. Students may not engage in clinical educational activities with any site or preceptor not identified on their clinical placement confirmation documents, without express permission of their MEDEX clinical coordinator. It is permissible for MEDEX preceptors to have students share clinical experience among other license providers within their officially designated practice site of the rotation.

Descriptions of Clinical Year Rotations

Course Number and Description:
MEDEX 466/566 – Family Medicine Preceptorship I (Sep - Jan)
MEDEX 463/563 – Clinical Clerkships I (Sep – Mar)
MEDEX 465/565 – Clinical Clerkships II (Feb – Aug)
MEDEX 467/567 – Family Medicine Preceptorship II (Apr - Aug)

Clinical Timeline

Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Family Practice Preceptorship					C #1	C #2	C #3	C #4		C #5	C #6
C #1	C #2		C #3	C #4	C #5	C #6	Family Practice Preceptorship				
Capstone Project Cont. (MCHS Only)											
					PANCE Preparation Course						

The clinical year is made up of seven clinical rotations from September through August the following year and all students are required to participate in each rotation for a total of 76 credits. Grading for each quarter will be credit/no credit. In order to receive a 'credit' grade, students must have demonstrated passing performance n written assignments, examinations, clinical write-ups, preceptor evaluations, site visit assessments and other assignments.

The core clinical placement, called the preceptorship, is of four months duration in a family medicine environment. The six one-month exposures are known as clerkships. The clerkships are further broken down into the required core rotations: behavioral medicine, emergency medicine, surgery, inpatient and underserved populations; plus, one elective clerkship. Students will either begin the clinical phase with their 4-month preceptorship followed by clerkships, or conversely, begin with clerkships and end with the preceptorship as their last rotation.

Family Medicine Preceptorship – 4 months

Primary care and family medicine lie at the heart of the MEDEX mission. Because of this, the program devotes a sizable portion of time to this rotation. This preceptorship stresses ambulatory primary care with an emphasis on common problems, biopsychosocial issues, preventive care, and introduction to the role of the primary care medical provider. Students may be placed in community clinics, large systems, stand-alone individual provider offices, and small multi-caregiver practices.

During their time in this rotation, they will acquire the skills needed to diagnose and treat their patients using office, hospital, home, or community resources. Students are expected to gain clinical exposure across the span of ages within the Family Medicine preceptorship and for most students, this is the primary environment where they will gain exposure to outpatient women's health and pediatric encounters.

Behavioral Medicine Clerkship – 4 weeks

The behavioral medicine experience offers active and observational involvement in either outpatient clinic settings or inpatient treatment facilities or combinations of both. Placement sites include, but are not limited to, state and federal correctional institutions, substance abuse treatment facilities, and large multi-disciplinary medical centers. The clinical student can expect to see an assortment of psychiatric conditions and complaints (e.g., depression, generalized anxiety disorder, post-traumatic stress disorder, dementia, schizophrenia) and can anticipate being a part of patient evaluation and treatment, which will incorporate counseling (inpatient, outpatient, group, family, couple), medical management, assessment, and provider consultation.

Emergency Medicine Clerkship – 4 weeks

During the emergency medicine rotation, clinical students will be exposed to a wide range of patients; those who present with common outpatient problems (e.g., back pain, headache, minor trauma, upper respiratory tract infections, urinary tract infections) along with potentially critical, life-threatening disease or injury requiring quick therapeutic decisions. Upon completing this experience, the student will have the knowledge, experience, and self-confidence necessary to effectively diagnose and manage patients with the wide range of acute and serious illnesses often encountered in their continued training and future practice.

Surgery Clerkship – 4 weeks

The objective of this rotation is to permit clinical students to develop their knowledge of surgical disease and to enhance their ability to comprehensively manage the problems encountered in surgical patients. Diagnosis, preoperative care and postoperative care will be stressed. The management of surgical emergencies and outpatient follow-up of discharged patients will be included. The student will be involved in operative procedures and will participate in rounds and teaching conferences. This rotation will provide an opportunity for students to further develop their clinical skills in dealing with medical as well as surgical problems and will permit them to consider every aspect of the surgical patient, including differential diagnosis and decision-making, and the basic principles of surgical management.

Inpatient Clerkship – 4 weeks

During this rotation the clinical student will gain the skills required to manage high-acuity medical and surgical patients. They will participate in hospital-based care, refining their history-taking and physical examination skills, diagnostic test interpretation, and treatment protocol comprehension, all while caring for the acutely ill. All students can also expect to participate in daily rounds and training sessions. Other experiences during the inpatient rotation include transport team management, communication with referral physicians, and interaction with a multi-disciplinary team.

Underserved Clerkship – 4 weeks

The underserved rotation is a key focus of the MEDEX program. The goal of this clerkship is to help prepare future medical providers to care for vulnerable and underserved populations. Students can expect to receive real-world experience while treating patients with a higher risk for poor health outcomes due to an inability to access the necessary resources for optimal health and improved quality of life. They can expect a challenging and rewarding exposure in either a rural or urban underserved system. The clerkship includes all aspects of patient care, from examination to treatment, with the added benefit of understanding how such care is delivered in the underserved healthcare environment.

Elective Clerkship – 4 weeks

Clinical students are given the opportunity to participate in an elective one-month medical experience. While it is necessary for the rotation to be medically and physician assistant focused, what this exposure might be is limited only by a student's focus and the program's clinical resources. The decision is commonly influenced by pending certification boards, future employment or career goals. However, it is not unusual for the student to seek continued exposure in a previously completed core clerkship. This potential opportunity is dependent upon adequate access to core rotations among the entire clinical year cohort. Examples of commonly requested electives include but are not limited to orthopedics, cardiology, dermatology, pediatrics, urology, pulmonary and trauma surgery.

Additional Clinical Year Student Requirements

The clinical year also includes two, one-week periods called Campus Week where all students return to their respective campus sites for additional didactic and clinical skills development and assessments. Campus Weeks typically occur in the late-January to mid-February and the mid-June time frame. Students also have a scheduled winter and spring break within the clinical year.

In order to facilitate role transition, students are strongly discouraged from working during the clinical year. Students may be placed on academic warning, or probation or extended in the program if clinic time or academic performance is adversely impacted by outside work.

Among the many requirements for the MEDEX PA program is the master's degree capstone project and most students will continue to work on their capstone during the clinical phase. Students will be expected to produce a finished product of sufficient depth and analytic rigor to demonstrate the independent thought appropriate to clinical master's-level work. Each student's Capstone Project will relate to his or her focused study area. Students will work on their project over five quarters, beginning in the summer between the first (didactic) and second (clinical) years of the PA curriculum.

MEDEX PA students continue in significant self-study preparation throughout the clinical year for their required certification exams upon graduation. Detailed information about the Physician Assistance National Certifying Examination (PANCE) and the National Commission on Certification of Physician assistants (NCCPA) is available at: https://www.nccpa.net/pance-eligibility.

EXXAT Student Training, Education & Placement System (STEPS)

The MEDEX PA Program uses a web-based clinical database called STEPS that is managed by EXXAT. Preceptors and/or clinical sites may have multiple opportunities to engage with EXXAT beginning with request for student capacity, receiving confirmation documentation of student clinical placements, student onboarding documents and ending with electronic submission of student evaluations. Additionally, preceptors will have visibility within EXXAT of student profiles including CVs and other relevant background and documents.

Student Required Patient Encounter Documentation

Throughout the clinical year, students are required to log all patient encounters in EXXAT, which is restricted to non-identifiable patient demographic data, diagnostic ICD-10 codes and CPT codes. During the 4-month preceptorship students shall optimally log 500 or more patient encounters.   During each 1-month clerkship students shall optimally log 60 patient or more patient encounters. In all circumstances, students shall continue to log every patient seen throughout the rotation.

Course Syllabus
THE UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE
MEDEX PHYSICIAN ASSISTANT PROGRAM

Family Medicine Preceptorship

As a student at The University of Washington MEDEX program, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format-oral, verbal, fax, written, or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from this educational program.

Course Description: This clinical rotation is part of a series of supervised clinical practice experience (SCPE) opportunities for students who have completed the didactic phase of the physician assistant curriculum. SCPEs enable students to meet program expectations, and acquire the competencies needed for entry level clinical PA practice. The primary objective of students during this rotation is to receive supervised patient contact and medical management instruction to promote and enhance their clinical skills.

This outpatient primary care rotation will include preventive, acute, and chronic patient encounters that include pediatric care, women's health, and care across the life span.

Course Information:
1. This is a clinical course.
2. Second year physician assistant students are enrolled.
3. Supported by Canvas, Exxat, and Examsoft.
4. Course delivery is primarily clinical encounters but also includes lectures, group activities, and summative activities.

Course Location and Times:
This is a 16-week rotation. See student rotation schedule for specific dates. Clinic hours are determined by the preceptor, and MEDEX, taking into consideration clinic demands, and may include weekends and holidays.

Course Director:
Marc Hawkins, MPAS, PA-C
Office: 4311 11th Ave NE, Ste 205
Office hours: by appointment
Phone : 206-221-8303
Fax : 206-221-5393
Email : hawkins2@uw.edu

Program Email Policy: Every student is issued a University e-mail address upon matriculation. As a standing policy, only the student's University e-mail address will be used for any electronic institutional communications of an official nature. Students are asked to check email daily.

Use of HIPAA-Compliant Email: PA students are considered part of the UW School of Medicine and may not auto-forward UW email away from UW Medicine-approved email servers or store confidential data on these servers.

Course directors are available to answer questions via email. Generally, a reply to all emails will be made in a timely manner.

Required Texts for the entire clinical year:

ECGs Made Easy-Book and Pocket Reference Package. 5th ed.
Bates' Guide to Physical Examination and History Taking. 11th ed.
Tintinalli's Emergency Medicine: Just the Facts, 3rd ed.
Essential Clinical Procedures. 3rd ed.
Behavioral Medicine: A Guide for Clinical Practice. 4th ed.
Dermatology in General Medicine. 8th ed.
Nelson Essentials of Pediatrics. 7th ed.
Mosby's Manual of Diagnostic and Laboratory Tests. 5th ed.
Radiology 101: The Basics and Fundamentals of Imaging. 4th ed.
Tintinalli's Emergency Medicine: A Comprehensive Study Guide. 8th ed.
Pharmacology. 6th ed.
Quick Reference to the Diagnostic Criteria for DSM-V. 5th ed.
Physician Assistant: A Guide to Clinical Practice. 5th ed.
The Clinician's Pocket Reference. 11th ed.
The Patient History: Evidence-Based Approach. 2nd ed.
Harrison's Principles of Internal Medicine. 19th ed.
Medcomic: The Most Entertaining Way to Study Medicine. 2nd ed.
Pocket Guide to Diagnostic Tests. 6th ed.
Unequal Treatment: Confronting Racial & Ethnics Disparities in Healthcare.
Public Health: What It Is and How It Works. 6th ed.
Fundamentals of Anatomy & Physiology. 11th ed.
Study Without Stress. Sage Publications, 2000.
Robbins Basic Pathology. 10th ed.
Musculoskeletal Physical Examination: An Evidenced-Based Approach. 2nd ed.
Wolff K, Johnson RA, et al. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. 8th ed.
Desk Reference to the Diagnostic Criteria From DSM-5.
Guide to Diagnostic Test. 6th ed.

Course Goal: The goal of this course is to provide PA students with the opportunity to work toward mastery of entry level practicing PA competencies in the areas of medical knowledge, interpersonal and communication skills, systems-based practice, patient care, and professionalism in the primary care setting.

Learning Outcomes: On completion of this course, learners will be able to:
1. Demonstrate skills necessary to function in an outpatient primary care setting while treating patients requiring preventive, acute, and chronic medical management, by applying the biopsychosocial model of care with supervision as assessed by meeting expectations on the end of rotation preceptor evaluation with final grade decision determined by the MEDEX program.

2. **Instructional Objectives:**

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
Patient Care (PC) Perform a targeted pediatric patient medical history and appropriate physical examination, and present it to the preceptor. Should include, but is not limited to: assessment of age appropriate developmental milestones; performing a well infant/toddler exam and adolescent exam. Perform a targeted prenatal and gynecologic (women's health) patient medical history and appropriate physical examination, and present it to the preceptor. Should include, but is not limited to: sexual history; contraceptive history; gravidity and parity; ante-partum and post-partum care. Perform a targeted adult patient medical history and appropriate physical examination, and present it to the preceptor. (All adult patients, including women patients that are not prenatal or Ob/Gyn visits.) Perform a targeted geriatric (age 65+) patient medical history and appropriate physical examination, and present it to the preceptor. Should include, but is not limited to: mini-mental status exam (MMSE); evaluation for activities of daily living; polypharmacy review. Construct differential diagnoses and support the most likely diagnosis based on history, physical exam, and laboratory findings for pediatric age patients. Should include, but is not limited to: a pediatric patient presenting with a fever and respiratory complaints; a	PC.01, PC.02, PC.03, PC.04, PC.05, PC.06, PC.07, PC.08, PC.09	See Patient Care section of the Family Medicine Preceptorship student evaluation.

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
dermatological and/or gastrointestinal complaint. Construct differential diagnoses and support the most likely diagnosis based on history, physical exam, and laboratory findings for common prenatal and gynecologic conditions. Should include, but is not limited to: abnormal vaginal bleeding; vaginal discharge; ante-partum and post-partum conditions. Construct differential diagnoses and support the most likely diagnosis based on history, physical exam, and laboratory findings for adult and geriatric (age 65+) patients. (All adult patients, including women patients that are not Ob/Gyn visits.) Manage and document the initial evaluation and follow-up visits with pediatric patients. Should include, but is not limited to: developmental milestones and longitudinal care of chronic conditions; charting normal development and growth; treating an upper respiratory complaint such as asthma; otitis media; a skin rash; nausea and vomiting; diarrhea and/or constipation. Manage and document the initial evaluation and follow-up visits with women's health patients for prenatal and gynecologic care. Should include, but is not limited to: longitudinal care of chronic conditions; a patient experiencing peri-menopausal and menopausal symptoms; screening a patient for a sexually transmitted infection and providing correct treatment. Manage and document the initial evaluation and follow-up visits with adult and geriatric patients. (All adult patients, including women patients that are not prenatal or Ob/Gyn visits.) Should include, but is not limited to: longitudinal care of chronic conditions; upper respiratory complaint; low back pain; hyperlipidemia; hypertension; diabetes mellitus type 2; a skin rash; smoking and its associated complications; obesity and its		

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
associated complications; GERD; UTI; rectal bleeding. Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a generalist PA across the lifespan for patients of any age or gender. Observe, assist with, or perform common procedures performed in the pediatric population. Observe, assist with, or perform common prenatal and gynecologic procedures performed in women's health visits. Observe, assist with, or perform common procedures performed in adult and geriatric populations.		
Knowledge for Practice (KP) Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs across the lifespan for patients of any age or gender (to include infants, children, adolescents, adults, the elderly) and women's health to include prenatal and Ob/Gyn. Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology, and pharmacology across the lifespan for patients of any age or gender (to include infants, children, adolescents, adults, the elderly) and women's health to include prenatal and Ob/Gyn. Generate treatment plans collaboratively, with patient or parent input, for common problems seen in pediatric patients. Should include, but is not limited to: pharmacotherapy; lifestyle modifications; non-medicinal therapies; community resources;	KP.12, KP.10, KP.13, KP.14, KP.15 PB.06, PB.07	See Knowledge for Practice section of the Family Medicine Preceptorship student evaluation.

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
follow-up evaluation; and patient education. Generate treatment plans collaboratively, with patient or caregiver input, for common prenatal and gynecologic health problems. Should include, but is not limited to: pharmacotherapy; lifestyle modifications; non-pharmaceutical therapies; patient education; and indications for consultation of specialists. Generate treatment plans collaboratively, with patient or parent (caregiver) input, for common adult and geriatric health problems. Should include, but is not limited to: pharmacotherapy; lifestyle modifications; non-pharmaceutical therapies; patient education; and indications for consultation of specialists. Collaboratively, with patient or parent input, develop evidence-based health promotion/disease prevention plans. Should include, but is not limited to: immunizations; age appropriate screening; and anticipatory guidance for pediatric age patients. Collaboratively, with patient or caregiver input, develop evidence-based health promotion/disease prevention plans for women's health patients specific to prenatal or Ob/Gyn. Collaboratively, with patient or caregiver input, develop evidence-based health promotion/disease prevention plans for adult and geriatric age patients. (All adult patients, including women patients that are not prenatal or Ob/Gyn visits.)		
Interpersonal and Communication Skills (CS) Demonstrate use of patient centered communication skills during history taking, physical exam, and in use of electronic health records across the lifespan (to include infants, children, adolescents, adults, the elderly) and	CS.01, CS.04, CS.03, CS.05 PB.08	See Communication Skills section of the Family Medicine Preceptorship student evaluation.

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
women's health to include prenatal and Ob/Gyn. Demonstrate collaborative decision making with patients in an outpatient setting across the lifespan (to include infants, children, adolescents, adults, the elderly) and women's health to include prenatal and Ob/Gyn.		
Professionalism (PR) Demonstrate positive educational attitudes, including responsiveness to correction, ability to deal with stress and complexities of the clinical situation. Demonstrate dependability and responsibility. Demonstrate compassion, integrity, and respect for others in the care of patients and families. Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.	PR.01, PR.02, PR.03, PR.04, PR.06	See Personal and Professional Development section of the Family Medicine Preceptorship student evaluation.
Interprofessional Collaboration (IP) Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.	IP.02, IP.03 PB.01	See Interprofessional Collaboration and Practice Based Learning section of the Family Medicine Preceptorship student evaluation.
Personal and Professional Development Recognize that ambiguity is part of clinical health care, and utilize appropriate resources in dealing with uncertainty. Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change**.**	PD.01, PD.02, PD.03, PD.04, PD.05, PD.06, PD.07, PD.08 PB.02, PB.03, PB.05	See Patient Care section of the Family Medicine Preceptorship student evaluation.

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
Systems Based Practice (SB) Advocate for quality patient care and optimal patient care systems and, if the opportunity arises, participate in identifying system errors and implementing potential systems solutions.	SB.01, SB.02, SB.03, SB.04 PB.04, PB.09, PB.10	See Systems Based Practice section of the Family Medicine Preceptorship student evaluation.
Practice Based Learning (PB)		The activities of this domain are covered and evaluated under Knowledge for Practice, Communication Skills, Interprofessional Collaboration, Systems Based Practice, and Personal and Professional Development domains (noted as PB).

Course Syllabus
THE UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE
MEDEX PHYSICIAN ASSISTANT PROGRAM

Family Medicine / Underserved Preceptorship

As a student at The University of Washington MEDEX program, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format-oral, verbal, fax, written, or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from this educational program.

Course Description: This clinical rotation is part of a series of supervised clinical practice experience (SCPE) opportunities for students who have completed the didactic phase of the physician assistant curriculum. SCPEs enable students to meet program expectations, and acquire the competencies needed for entry level clinical PA practice. The primary objective of students during this rotation is to receive supervised patient contact and medical management instruction to promote and enhance their clinical skills. This combined underserved/outpatient primary care rotation will include preventive, acute, and chronic patient encounters that include pediatric care, women's health, and care across the life span.

Course Information:
1. This is a clinical course.
2. Second year physician assistant students are enrolled.
3. Supported by Canvas, Exxat, and Examsoft.
4. Course delivery is primarily clinical encounters but also includes lectures, group activities, and summative activities.

Course Location and Times:
This is a 16-week rotation. See student rotation schedule for specific dates. Clinic hours are determined by the preceptor, and MEDEX, taking into consideration clinic demands, and may include weekends and holidays.

Course Director:
Marc Hawkins, MPAS, PA-C
Office: 4311 11th Ave NE, Ste 205
Office hours: by appointment
Phone : 206-221-8303
Fax : 206-221-5393
Email : hawkins2@uw.edu

Program Email Policy: Every student is issued a University e-mail address upon matriculation. As a standing policy, only the student's University e-mail address will be used for any electronic institutional communications of an official nature. Students are asked to check email daily.

Use of HIPAA-Compliant Email: PA students are considered part of the UW School of Medicine and may not auto-forward UW email away from UW Medicine-approved email servers or store confidential data on these servers.

Course directors are available to answer questions via email. Generally, a reply to all emails will be made in a timely manner.

Required Texts for the entire clinical year:

ECGs Made Easy-Book and Pocket Reference Package. 5th ed.
Bates' Guide to Physical Examination and History Taking. 11th ed.
Tintinalli's Emergency Medicine: Just the Facts. 3rd ed.
Essential Clinical Procedures. 3rd ed.
Behavioral Medicine: A Guide for Clinical Practice. 4th ed.
Dermatology in General Medicine. 8th ed.
Nelson Essentials of Pediatrics. 7th ed.
Mosby's Manual of Diagnostic and Laboratory Tests. 5th ed.
Radiology 101: The Basics and Fundamentals of Imaging. 4th ed.
Tintinalli's Emergency Medicine: A Comprehensive Study Guide. 8th ed.
Pharmacology. 6th ed.
Quick Reference to the Diagnostic Criteria for DSM-V. 5th ed.
Physician Assistant: A Guide to Clinical Practice. 5th ed.
The Clinician's Pocket Reference. 11th ed.
The Patient History: Evidence-Based Approach. 2nd ed.
Harrison's Principles of Internal Medicine. 19th ed.
Medcomic: The Most Entertaining Way to Study Medicine. 2nd ed.
Pocket Guide to Diagnostic Tests. 6th ed.
Unequal Treatment: Confronting Racial & Ethnics Disparities in Healthcare.
Public Health: What It Is and How It Works. 6th ed.
Fundamentals of Anatomy & Physiology. 11th ed.
Study Without Stress. Sage Publications, 2000.
Robbins Basic Pathology. 10th ed.
Musculoskeletal Physical Examination: An Evidenced-Based Approach. 2nd ed.
Wolff K, Johnson RA, et al. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. 8th ed.
Desk Reference to the Diagnostic Criteria From DSM-5.
Guide to Diagnostic Test. 6th ed.

Course Goal: The goal of this course is to provide PA students with the opportunity to work toward mastery of entry level practicing PA competencies in the areas of medical knowledge, interpersonal and communication skills, systems-based practice, patient care, and professionalism in the underserved primary care setting.

Learning Outcomes: On completion of this course, learners will be able to:

1. Demonstrate skills necessary to function in an underserved outpatient primary care setting while treating patients requiring preventive, acute, and chronic medical management, by applying the biopsychosocial model of care with supervision as assessed by meeting expectations on the end of rotation preceptor evaluation with final grade decision determined by the MEDEX program.

2. **Instructional Objectives:**

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
Patient Care (PC) Perform a targeted pediatric patient medical history and appropriate physical examination, and present it to the preceptor. Should include, but is not limited to: assessment of age appropriate developmental milestones, performing a well infant/toddler exam and adolescent exam. Perform a targeted prenatal and gynecologic (women's health) patient medical history and appropriate physical examination, and present it to the preceptor. Should include, but is not limited to: sexual history; contraceptive history; gravidity and parity; ante-partum and post-partum care. Perform a targeted adult patient medical history and appropriate physical examination, and present it to the preceptor. (All adult patients, including women patients that are not prenatal or Ob/Gyn visits.) Perform a targeted geriatric (age 65+) patient medical history and appropriate physical examination, and present it to the preceptor. Should include, but is not limited to, mini-mental status exam (MMSE); evaluation for activities of daily living; polypharmacy review. Construct differential diagnoses and support the most likely diagnosis	PC01, PC.02, PC.03, PC.04, PC.05, PC.06, PC.07, PC.08, PC.09	See Patient Care section of the Family Medicine/ Underserved Preceptorship student evaluation.

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
based on history, physical exam, and laboratory findings for pediatric age patients. Should include, but is not limited to: a pediatric patient presenting with a fever and respiratory complaints; a dermatological and/or gastrointestinal complaint. Construct differential diagnoses and support the most likely diagnosis based on history, physical exam, and laboratory findings for common prenatal and gynecologic conditions. Should include, but is not limited to: abnormal vaginal bleeding; vaginal discharge; ante-partum and post-partum conditions. Construct differential diagnoses and support the most likely diagnosis based on history, physical exam, and laboratory findings for adult and geriatric (age 65+) patients. (All adult patients, including women patients that are not prenatal or Ob/Gyn visits.) Manage and document the initial evaluation and follow-up visits with pediatric patients. Should include, but is not limited to: developmental milestones and longitudinal care of chronic conditions; charting normal development and growth; treating an upper respiratory complaint such as asthma; otitis media; a skin rash; nausea and vomiting; diarrhea and/or constipation. Manage and document the initial evaluation and follow-up visits with women's health patients for prenatal and gynecologic care. Should include, but is not limited to: longitudinal care of chronic conditions; a patient experiencing peri-menopausal and menopausal symptoms; screening a patient for a sexually transmitted infection and providing correct treatment. Manage and document the initial evaluation and follow-up visits with adult and geriatric patients. (All adult patients, including women patients that are not prenatal or Ob/Gyn visits.) Should include, but is not limited to: longitudinal care of chronic		

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
conditions; upper respiratory complaint; low back pain; hyperlipidemia; hypertension; diabetes mellitus type 2; a skin rash; smoking and its associated complications; obesity and its associated complications; GERD; UTI; rectal bleeding. Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a generalist PA across the lifespan for patients of any age or gender (to include infants, children, adolescents, adults, the elderly) and women's health to include prenatal and Ob/Gyn. Observe, assist with, or perform common procedures performed in the pediatric population. Observe, assist with, or perform common prenatal and gynecologic procedures performed in women's health visits. Observe, assist with, or perform common procedures performed in adult and geriatric populations. Select appropriate medical therapy, including diet, activity/behavior modification and drugs across the lifespan (to include infants, children, adolescents, adults, the elderly) and women's health to include prenatal and Ob/Gyn.		

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
Knowledge for Practice (KP) Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs across the lifespan for patients of any age or gender (to include infants, children, adolescents, adults, the elderly) and women's health to include prenatal and Ob/Gyn. Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology, and pharmacology across the lifespan for patients of any age or gender (to include infants, children, adolescents, adults, the elderly) and women's health to include prenatal and Ob/Gyn. Select appropriate cost-effective laboratory tests, radiologic examinations and procedures, to assist in delineating patients' problems (to include infants, children, adolescents, adults, the elderly) and women's health to include prenatal and Ob/Gyn. Generate treatment plans collaboratively, with patient or parent input, for common problems seen in pediatric patients. Should include, but is not limited to: pharmacotherapy; lifestyle modifications; non-medicinal therapies; community resources; follow-up evaluation; and patient education. Generate treatment plans collaboratively, with patient or caregiver input, for common prenatal and gynecologic health problems. Should include, but is not limited to: pharmacotherapy; lifestyle modifications; non-pharmaceutical therapies; patient education; and indications for consultation of specialists. Generate treatment plans collaboratively, with patient or parent	KP.01, KP.04, KP.08, KP.10, KP.12, KP.13, KP.14, KP.15 PB.06, PB.07	See Knowledge for Practice section of the Family Medicine/Underserved Preceptorship student evaluation.

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
(caregiver) input, for common adult and geriatric health problems. Should include, but is not limited to: pharmacotherapy; lifestyle modifications; non-pharmaceutical therapies; patient education; and indications for consultation of specialists. Collaboratively, with patient or parent input, develop evidence-based health promotion/disease prevention plans. Should include, but is not limited to: immunizations; age appropriate screening; and anticipatory guidance for pediatric age patients. Collaboratively, with patient or caregiver input, develop evidence-based health promotion/disease prevention plans for women's health patients specific to prenatal or Ob/Gyn. Collaboratively, with patient or caregiver input, develop evidence-based health promotion/disease prevention plans for adult and geriatric age patients. (All adult patients, including women patients that are not prenatal or Ob/Gyn visits.)		

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
Interpersonal and Communication Skills (CS) Demonstrate use of patient centered communication skills during history taking, physical exam, and in use of electronic health records across the lifespan (to include infants, children, adolescents, adults, the elderly) and women's health to include prenatal and Ob/Gyn. Demonstrate collaborative decision making with patients in an outpatient setting across the lifespan (to include infants, children, adolescents, adults, the elderly) and women's health to include prenatal and Ob/Gyn.	CS.01, CS.02, CS.04, CS.03, CS.05 PB.08	See Communication Skills section of the Family Medicine/ Underserved Preceptorship student evaluation.
Professionalism (PR) Demonstrate positive educational attitudes, including responsiveness to correction, ability to deal with stress and complexities of the clinical situation. Demonstrate dependability and responsibility. Demonstrate compassion, integrity, and respect for others in the care of patients and families. Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.	PR.01, PR.02, PR.03, PR.04, PR.05, PR.06	See Personal and Professional Development section of the Family Medicine/ Underserved Preceptorship student evaluation.
Inter-professional Collaboration (IP) Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.	IP.01, IP.02, IP.03 PB.01	See Interprofessional Collaboration and Practice Based Learning section of the Family Medicine/Underserved student evaluation.

Competency Domain (FM Preceptorship Objectives)	MEDEX Program Competencies	Method of Assessment
Personal and Professional Development Recognize that ambiguity is part of clinical health care, and utilize appropriate resources in dealing with uncertainty. Demonstrate self-awareness of knowledge and skills, and exhibit flexibility in adjusting to new environments and change.	PD.01, PD.02, PD.03, PD.04, PD.05, PD.06, PD.07, PD.08 PB.02, PB.03, PB.05	See Patient Care section of the Family Medicine/Underserved student evaluation.
Systems Based Practice (SB) Advocate for quality patient care and optimal patient care systems and, if the opportunity arises, participate in identifying system errors and implementing potential systems solutions.	SB.01, SB.02, SB.03, SB.04 PB.04, PB.09, PB.10	See Systems Based Practice section of the Family Medicine/Underserved student evaluation.
Practice Based Learning (PB)		The activities of this domain are covered and evaluated under Knowledge for Practice, Communication Skills, Interprofessional Collaboration, Systems Based Practice, and Personal and Professional Development domains (noted as PB)

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Course Syllabus
THE UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE
MEDEX PHYSICIAN ASSISTANT PROGRAM

Behavioral Medicine Clerkship
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As a student at The University of Washington MEDEX program, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format-oral, verbal, fax, written, or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from this educational program.

Course Description: This clinical rotation is part of a series of supervised clinical practice experience (SCPE) opportunities for students who have completed the didactic phase of the physician assistant curriculum. SCPEs enable students to meet program expectations, and acquire the competencies needed for entry level clinical PA practice.

The primary objective of this Behavioral Medicine Clerkship is to receive supervised patient contact and biopsychosocial management instruction, to promote and enhance their clinical skills in a behavioral medicine setting.

Course Information:
1. This is a clinical course.
2. Second year physician assistant students are enrolled.
3. Supported by Canvas, Exxat, and Examsoft.
4. Course delivery is primarily clinical encounters but also includes lectures, group activities, and summative activities.

Course Location and Times:
This is a 4-week clerkship. See student rotation schedule for specific dates. Clinic hours are determined by the preceptor, and MEDEX, taking into consideration clinic demands, and may include weekends and holidays.

Course Director:
Marc Hawkins, MPAS, PA-C
Office: 4311 11th Ave NE, Ste 205
Office hours: by appointment
Phone : 206-221-8303
Fax : 206-221-5393
Email : *hawkins2@uw.edu*

Program Email Policy: Every student is issued a University e-mail address upon matriculation. As a standing policy, only the student's University e-mail address will be used for any electronic institutional communications of an official nature. Students are asked to check email daily.

Use of HIPAA-Compliant Email: PA students are considered part of the UW School of Medicine and may not auto-forward UW email away from UW Medicine-approved email servers or store confidential data on these servers.

Course directors are available to answer questions via email. Generally, a reply to all emails will be made in a timely manner.

Required Texts for the entire clinical year:
ECGs Made Easy-Book and Pocket Reference Package. 5th ed.
Bates' Guide to Physical examination and History Taking. 11th ed.
Tintinalli's Emergency Medicine: Just the Facts, 3rd ed.
Essential Clinical Procedures. 3rd.
Behavioral Medicine: A Guide for Clinical Practice, 4th ed.
Dermatology in General Medicine. 8th ed.
Nelson Essentials of Pediatrics. 7th ed.
Mosby's Manual of Diagnostic and Laboratory Tests. 5th ed.
Radiology 101: The Basics and Fundamentals of Imaging. 4 ed.
Tintinalli's Emergency Medicine: A Comprehensive Study Guide. 8th ed.
Pharmacology. 6th ed.
Quick reference to the Diagnostic Criteria for DSM-V. 5th ed.
Physician assistant: A Guide to Clinical Practice. 5th ed.
The Clinician's Pocket Reference. 11th ed.
The Patient History: Evidence-Based Approach. 2nd ed.
Harrison's Principles of Internal Medicine. 19th ed.
Medcomic: The Most Entertaining Way to Study Medicine 2nd ed.
Pocket Guide to Diagnostic Tests 6th ed.
Unequal Treatment: Confronting Racial & Ethnics Disparities in Healthcare.
Public Health: What it Is and How It Works. 6th ed.
Fundamentals of Anatomy & Physiology. 11th ed.
Study Without Stress. Sage Publications, 2000.
Robbins Basic Pathology, 10th ed.
Musculoskeletal Physical Examination: An Evidenced-Based Approach. 2nd ed.
Wolff K, Johnson RA, et al. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. 8th ed.
Desk Reference to the Diagnostic Criteria From DSM-5.
Guide to Diagnostic Test. 6th ed.

Course Goal: The goal of this course is to provide PA students with the opportunity to work toward mastery of entry level practicing PA competencies in the areas of medical knowledge, interpersonal and communication skills, systems-based practice, patient care and professionalism in the behavioral medicine setting.

Learning Outcomes: On completion of this course, learners will be able to:

1. Demonstrate skills necessary to function in a Behavioral Medicine setting while treating patients using the biopsychosocial model of management with supervision as assessed by meeting expectations on the end of rotation preceptor evaluation with final grade decision determined by the MEDEX program.

2. **Instructional Objectives:**

Competency Domain (Behavioral Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Patient Care (PC) Demonstrate the ability to ask and present to the preceptor, in a sensitive manner about the following: suicide and suicidal ideation; homicidal ideation; abuse; drug and alcohol habits. Perform complete oral presentations that include all the components of a typical psychiatric note with an assessment and evidence based differential diagnosis and treatment plan.	PC.02, PC.03, PC.04, PC.05, PC.06, PC.07	See Patient Care section of the Behavioral Medicine Clerkship student evaluation.
Knowledge for Practice (KP) Identify the major indications for and side effects of medications from each of the major classes used in psychiatry. Collaboratively, with patient input, develop evidence-based health promotion/disease prevention plans for patients of any age or gender in a behavioral medicine setting.	KP.12, KP.10, KP.13, KP.14, KP.15 PB.06, PB.07	See Knowledge for Practice section of the Behavioral Medicine Clerkship student evaluation.

Competency Domain (Behavioral Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Interpersonal and Communication Skills (CS) Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records. Demonstrate collaborative decision making with patients in an outpatient setting.	CS.01, CS.04, CS.03, CS.05 PB.08	See Communication Skills section of the Behavioral Medicine Clerkship student evaluation.
Professionalism (PR) Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation. Demonstrate dependability and responsibility. Demonstrate compassion, integrity, and respect for others in the care of patients and families. Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.	PR.01, PR.02, PR.03, PR.04, PR.06	See Professionalism section of the Behavioral Medicine Clerkship student evaluation.

Competency Domain (Behavioral Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Inter-professional Collaboration (IP) Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.	IP.01, IP.02, IP.03 PB.01	See Interprofessional Collaboration and Practice Based Learning section of the Behavioral Medicine Clerkship student evaluation.
Personal and Professional Development Recognize that ambiguity is part of clinical health care, and utilizes appropriate resources in dealing with uncertainty. Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.	PD.01, PD.02, PD.03, PD.04, PD.05, PD.06, PD.07, PD.08 PB.02, PB.03, PB.05	See Personal and Professional Development section of the Behavioral Medicine Clerkship student evaluation.
Systems Based Practice (SB) Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.	SB.01, SB.02, SB.03, SB.04 PB.04, PB.09, PB.10	See Systems Based Practice section of the Behavioral Medicine Clerkship student evaluation.
Practice Based Learning (PB)		The activities of this domain are covered and evaluated under Knowledge for Practice, Communication Skills, Interprofessional Collaboration, Systems Based Practice, and Personal and Professional Development domains (noted as PB).

Course Syllabus
THE UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE
MEDEX PHYSICIAN ASSISTANT PROGRAM

Emergency Medicine Clerkship

As a student at The University of Washington MEDEX program, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format-oral, verbal, fax, written, or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from this educational program.

Course Description: This clinical rotation is part of a series of supervised clinical practice experience (SCPE) opportunities for students who have completed the didactic phase of the physician assistant curriculum. SCPEs enable students to meet program expectations, and acquire the competencies needed for entry level clinical PA practice.

The primary objective of students during this clerkship is to receive supervised patient contact and urgent/emergent medical management instruction to promote and enhance their clinical skills.

Course Information:
1. This is a clinical course.
2. Second year physician assistant students are enrolled.
3. Supported by Canvas, Exxat, and Examsoft.
4. Course delivery is primarily clinical encounters but also includes lectures, group activities, and summative activities.

Course Location and Times: This is a 4-week clerkship. See student rotation schedule for specific dates. Clinic hours are determined by the preceptor, and MEDEX, taking into consideration clinic demands, and may include weekends and holidays.

Course Director:
Marc Hawkins, MPAS, PA-C
Office: 4311 11th Ave NE, Ste 205
Office hours: by appointment
Phone : 206-221-8303
Fax : 206-221-5393
Email : hawkins2@uw.edu

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Course directors are available to answer questions via email. Generally, a reply to all emails will be made in a timely manner.

Required Texts for the entire clinical year:
ECGs Made Easy-Book and Pocket Reference Package. 5th ed.
Bates' Guide to Physical examination and History Taking. 11th ed.
Tintinalli's Emergency Medicine: Just the Facts, 3rd ed.
Essential Clinical Procedures. 3rd.
Behavioral Medicine: A Guide for Clinical Practice, 4th ed.
Dermatology in General Medicine. 8th ed.
Nelson Essentials of Pediatrics. 7th ed.
Mosby's Manual of Diagnostic and Laboratory Tests. 5th ed.
Radiology 101: The Basics and Fundamentals of Imaging. 4 ed.
Tintinalli's Emergency Medicine: A Comprehensive Study Guide. 8th ed.
Pharmacology. 6th ed.
Quick reference to the Diagnostic Criteria for DSM-V. 5th ed.
Physician assistant: A Guide to Clinical Practice. 5th ed.
The Clinician's Pocket Reference. 11th ed.
The Patient History: Evidence-Based Approach. 2nd ed.
Harrison's Principles of Internal Medicine. 19th ed.
Medcomic: The Most Entertaining Way to Study Medicine 2nd ed.
Pocket Guide to Diagnostic Tests 6th ed.
Unequal Treatment: Confronting Racial & Ethnics Disparities in Healthcare.
Public Health: What it Is and How It Works. 6th ed.
Fundamentals of Anatomy & Physiology. 11th ed.
Study Without Stress. Sage Publications, 2000.
Robbins Basic Pathology, 10th ed.
Musculoskeletal Physical Examination: An Evidenced-Based Approach. 2nd ed.
Wolff K, Johnson RA, et al. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. 8th ed.
Desk Reference to the Diagnostic Criteria From DSM-5.
Guide to Diagnostic Test. 6th ed.

Course Goal: The goal of this course is to provide PA students with the opportunity to work toward mastery of entry level practicing PA competencies in the areas of medical knowledge, interpersonal and communication skills, systems-based practice, patient care and professionalism in the emergency medicine setting.

Learning Outcomes: On completion of this course, learners will be able to:
1. Demonstrate skills necessary to function in an emergency/urgent care setting while treating patients requiring emergent/urgent medical management with supervision as assessed by meeting expectations on the end of rotation preceptor evaluation with final grade decision determined by the MEDEX

program.

2. **Instructional Objectives:**

Competency Domain (Emergency Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Patient Care (PC) Perform a targeted medical history for acute problems, including identifying the full extent and complexities of a patient's past medical history and current social situation, and appropriate physical examination and present it to the preceptor. Construct differential diagnoses for acute problems and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings. Simultaneously manage two to three patients who are in the process of evaluation and treatment (i.e. disposition has yet been determined). Demonstrate an ability to triage their patient involvement in terms of which is more urgent/emergent (e.g., discharging a patient v repairing a laceration first) and to describe the reasoning behind the decision. Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a general PA.	PC.01, PC.02, PC.03, PC.04, PC.05, PC.06, PC.07, PC.08	See Professionalism section of the Emergency Medicine Clerkship student evaluation.

Competency Domain (Emergency Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Knowledge for Practice (KP) Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs. Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology, and pharmacology.	KP.11 PB.06, PB.07	See Knowledge for Practice section of the Emergency Medicine Clerkship student evaluation.
Interpersonal and Communication Skills (CS) Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records. Demonstrate collaborative decision making with patients in an emergency medicine setting.	CS.01, CS.02, CS.04 PB.08	See Communication Skills section of the Emergency Medicine Clerkship student evaluation.

Competency Domain (Emergency Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Professionalism (PR) Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation. Demonstrate dependability and responsibility. Demonstrate compassion, integrity, and respect for others in the care of patients and families. Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.	PR.01, PR.02, PR.03, PR.04	See Professionalism section of the Emergency Medicine Clerkship student evaluation.
Inter-professional Collaboration (IP) Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.	IP.01, IP.02, IP.03 PB.01	See Interprofessional Collaboration and Practice Based Learning section of the Emergency Medicine Clerkship student evaluation.
Personal and Professional Development Recognize that ambiguity is part of clinical health care, and utilizes appropriate resources in dealing with uncertainty. Demonstrate self-awareness of knowledge, skills and exhibit flexibility in adjusting to change.	PD.01, PD.02, PD.03, PD.04, PD.05, PD.06, PD.07, PD.08 PB.02, PB.03, PB.05	See Personal and Professional Development section of the Emergency Medicine Clerkship student evaluation.

Competency Domain (Emergency Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Systems Based Practice (SB) Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.	SB.01, SB.02, SB.03, SB.04 PB.04, PB.09, PB.10	See Systems Based Practice section of the Emergency Medicine Clerkship student evaluation.
Practice Based Learning (PB)		The activities of this domain are covered and evaluated under Knowledge for Practice, Communication Skills, Interprofessional Collaboration, Systems Based Practice, and Personal and Professional Development domains (noted as PB).

Course Syllabus
THE UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE
MEDEX PHYSICIAN ASSISTANT PROGRAM

Inpatient Clerkship

As a student at The University of Washington MEDEX program, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format-oral, verbal, fax, written, or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from this educational program.

Course Description: This clinical rotation is part of a series of supervised clinical practice experience (SCPE) opportunities for students who have completed the didactic phase of the physician assistant curriculum. SCPEs enable students to meet program expectations, and acquire the competencies needed for entry level clinical PA practice.

The primary objective of students during this clerkship is to receive supervised patient contact and medical management instruction to promote and enhance their clinical skills.

Course Information:
1. This is a clinical course.
2. Second year physician assistant students are enrolled.
3. Supported by Canvas, Exxat, and Examsoft.
4. Course delivery is primarily clinical encounters but also includes lectures, group activities, and summative activities.

Course Location and Times:
This is a 4-week clerkship. See student rotation schedule for specific dates. Clinic hours are determined by the preceptor, and MEDEX, taking into consideration clinic demands, and may include weekends and holidays.

Course Director:
Marc Hawkins, MPAS, PA-C
Office: 4311 11th Ave NE, Ste 205
Office hours: by appointment
Phone : 206-221-8303
Fax : 206-221-5393
Email : *hawkins2@uw.edu*

Program Email Policy: Every student is issued a University e-mail address upon matriculation. As a standing policy, only the student's University e-mail address will be used for any electronic institutional communications of an official nature. Students are asked to check email daily.

Use of HIPAA-Compliant Email: PA students are considered part of the UW School of Medicine and may not auto-forward UW email away from UW Medicine-approved email servers or store confidential data on these servers.

Course directors are available to answer questions via email. Generally, a reply to all emails will be made in a timely manner.

Required Texts for the entire clinical year:

ECGs Made Easy-Book and Pocket Reference Package. 5th ed.
Bates' Guide to Physical examination and History Taking. 11th ed.
Tintinalli's Emergency Medicine: Just the Facts, 3rd ed.
Essential Clinical Procedures. 3rd.
Behavioral Medicine: A Guide for Clinical Practice, 4th ed.
Dermatology in General Medicine. 8th ed.
Nelson Essentials of Pediatrics. 7th ed.
Mosby's Manual of Diagnostic and Laboratory Tests. 5th ed.
Radiology 101: The Basics and Fundamentals of Imaging. 4 ed.
Tintinalli's Emergency Medicine: A Comprehensive Study Guide. 8th ed.
Pharmacology. 6th ed.
Quick reference to the Diagnostic Criteria for DSM-V. 5th ed.
Physician assistant: A Guide to Clinical Practice. 5th ed.
The Clinician's Pocket Reference. 11th ed.
The Patient History: Evidence-Based Approach. 2nd ed.
Harrison's Principles of Internal Medicine. 19th ed.
Medcomic: The Most Entertaining Way to Study Medicine 2nd ed.
Pocket Guide to Diagnostic Tests 6th ed.
Unequal Treatment: Confronting Racial & Ethnics Disparities in Healthcare.
Public Health: What it Is and How It Works. 6th ed.
Fundamentals of Anatomy & Physiology. 11th ed.
Study Without Stress. Sage Publications, 2000.
Robbins Basic Pathology, 10th ed.
Musculoskeletal Physical Examination: An Evidenced-Based Approach. 2nd ed.
Wolff K, Johnson RA, et al. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. 8th ed.
Desk Reference to the Diagnostic Criteria From DSM-5.
Guide to Diagnostic Test. 6th ed.

Course Goal: The goal of this course is to provide PA students with the opportunity to work toward mastery of entry level practicing PA competencies in the areas of medical knowledge, interpersonal and communication skills, systems-based practice, patient care and professionalism in the inpatient setting.

Learning Outcomes: On completion of this course, learners will be able to:
1. Demonstrate skills necessary to function in the hospital setting while treating patients requiring inpatient medical management, with supervision as assessed by meeting expectations on the end of rotation preceptor evaluation with final grade decision determined by the MEDEX program.

2. **Instructional Objectives:**

Competency Domain (Inpatient Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Patient Care (PC) Perform a targeted medical history, appropriate physical examination and present it to the preceptor. Construct differential diagnoses and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings. Select appropriate laboratory tests, radiologic examinations and procedures, to assist in delineating patients' problems. Select appropriate medical therapy, including diet, activity modification and drugs. Diagnose and manage a broad range of diseases encountered in inpatient medicine setting including major organ system failures. Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a general PA.	PC.01, PC.02, PC03, PC.04, PC.05, PC.06	See Patient Care section of the Inpatient Medicine Clerkship student evaluation.

Competency Domain (Inpatient Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Knowledge for Practice (KP) Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs. Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology, and pharmacology.	KP.01, KP.04, KP.08 PB.06, PB.07	See Knowledge for Practice section of the Inpatient Medicine Clerkship student evaluation.
Interpersonal and Communication Skills (CS) Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records. Demonstrate collaborative decision making with patients in an inpatient setting.	CS.01, CS.02, CS.03, CS.04, CS.05 PB.08	See Communication Skills section of the Inpatient Medicine Clerkship student evaluation.

Competency Domain (Inpatient Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Professionalism (PR) Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation. Demonstrate dependability and responsibility. Demonstrate compassion, integrity, and respect for others in the care of patients and families. Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.	PR.01, PR.02, PR.03, PR.04, PR.05, PR.06	See Professionalism section of the Inpatient Medicine Clerkship student evaluation.
Inter-professional Collaboration (IP) Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.	IP.01, IP.02, IP.03 PB.01	See Interprofessional Collaboration and Practice Based Learning section of the Inpatient Medicine Clerkship student evaluation.

Competency Domain (Inpatient Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Systems Based Practice (SB) Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.	SB.01, SB.02, SB.03, SB.04 PB.04, PB.09, PB.10	See Systems Based Practice section of the Inpatient Medicine Clerkship student evaluation.
Practice Based Learning (PB)		The activities of this domain are covered and evaluated under Knowledge for Practice, Communication Skills, Interprofessional Collaboration, Systems Based Practice, and Personal and Professional Development domains (noted as PB).

Course Syllabus
THE UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE
MEDEX PHYSICIAN ASSISTANT PROGRAM

Surgery Clerkship

As a student at The University of Washington MEDEX program, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format-oral, verbal, fax, written, or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from this educational program.

Course Description: This clinical rotation is part of a series of supervised clinical practice experience (SCPE) opportunities for students who have completed the didactic phase of the physician assistant curriculum. SCPEs enable students to meet program expectations, and acquire the competencies needed for entry level clinical PA practice.

The primary objective of students during this clerkship is to receive supervised patient contact and the surgical assessment and pre-, intra-operative, and post-operative management instruction to promote and enhance their clinical skills.

Course Information:
1. This is a clinical course.
2. Second year physician assistant students are enrolled.
3. Supported by Canvas, Exxat, and Examsoft.
4. Course delivery is primarily clinical encounters but also includes lectures, group activities, and summative activities.

Course Location and Times:
This is a 4-week clerkship. See student rotation schedule for specific dates. Clinic hours are determined by the preceptor, and MEDEX, taking into consideration clinic demands, and may include weekends and holidays.

Course Director:
Marc Hawkins, MPAS, PA-C
Office: 4311 11ᵗʰ Ave NE, Ste 205
Office hours: by appointment
Phone : 206-221-8303
Fax : 206-221-5393
Email : hawkins2@uw.edu

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Required Texts for the entire clinical year:
ECGs Made Easy-Book and Pocket Reference Package. 5th ed.
Bates' Guide to Physical examination and History Taking. 11th ed.
Tintinalli's Emergency Medicine: Just the Facts, 3rd ed.
Essential Clinical Procedures. 3rd.
Behavioral Medicine: A Guide for Clinical Practice, 4th ed.
Dermatology in General Medicine. 8th ed.
Nelson Essentials of Pediatrics. 7th ed.
Mosby's Manual of Diagnostic and Laboratory Tests. 5th ed.
Radiology 101: The Basics and Fundamentals of Imaging. 4 ed.
Tintinalli's Emergency Medicine: A Comprehensive Study Guide. 8th ed.
Pharmacology. 6th ed.
Quick reference to the Diagnostic Criteria for DSM-V. 5th ed.
Physician assistant: A Guide to Clinical Practice. 5th ed.
The Clinician's Pocket Reference. 11th ed.
The Patient History: Evidence-Based Approach. 2nd ed.
Harrison's Principles of Internal Medicine. 19th ed.
Medcomic: The Most Entertaining Way to Study Medicine 2nd ed.
Pocket Guide to Diagnostic Tests 6th ed.
Unequal Treatment: Confronting Racial & Ethnics Disparities in Healthcare.
Public Health: What it Is and How It Works. 6th ed.
Fundamentals of Anatomy & Physiology. 11th ed.
Study Without Stress. Sage Publications, 2000.
Robbins Basic Pathology, 10th ed.
Musculoskeletal Physical Examination: An Evidenced-Based Approach. 2nd ed.
Wolff K, Johnson RA, et al. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. 8th ed.
Desk Reference to the Diagnostic Criteria From DSM-5.
Guide to Diagnostic Test. 6th ed.

Course Goal: The goal of this course is to provide PA students with the opportunity to work toward mastery of entry level practicing PA competencies in the areas of medical knowledge, interpersonal and communication skills, systems-based practice, patient care and professionalism in the surgical setting.

Learning Outcomes: On completion of this course, learners will be able to:

1. Demonstrate skills necessary to function in the surgical setting while treating patients requiring surgical assessment and pre-, intra-, and post-operative management, with supervision as assessed by meeting expectations on the end of rotation preceptor evaluation with final grade decision determined by the MEDEX program.

2. **Instructional Objectives:**

Competency Domain (Surgery Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Patient Care (PC) Demonstrate a method of focused evaluation, including the approach to workup and preparation of patients for anesthesia and surgical intervention. Demonstrate common surgical techniques, such as basic suturing, intra-operative surgical assisting, and general wound management (post-operative care). Identify the important factors in the diagnosis, workup, and management of common surgical problems. Identify what constitutes appropriate surgical referral by recognition of which problems are clearly surgical, potentially surgical, and those which do not require surgical intervention. Accurately assess patients, particularly postoperatively, for pain and propose a strategy for safe pain management, including the use of multimodal pain therapy. Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a general PA.	PC.01, PC.02, PC.03, PC.04, PC.05, PC.06	See Patient Care section of the Surgery Clerkship student evaluation.

Competency Domain (Surgery Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Knowledge for Practice (KP) Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology, and pharmacology.	KP.01, KP.04, KP.08 PB.06, PB.07	See Knowledge for Practice section of the Surgery Clerkship student evaluation.
Interpersonal and Communication Skills (CS) Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records. Demonstrate collaborative decision making with patients in an inpatient setting.	CS.01, CS.02, CS.03, CS.04, CS.05 PB.08	See Communication Skills section of the Surgery Clerkship student evaluation.
Professionalism (PR) Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation. Demonstrate dependability and responsibility. Demonstrate compassion, integrity, and respect for others in the care of patients and families. Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.	PR.01, PR.02, PR.03, PR.04, PR.05, PR.06	See Professionalism section of the Surgery Clerkship student evaluation.

Competency Domain (Surgery Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Inter-professional Collaboration (IP) Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.	IP.01, IP.02, IP.03 PB.01	See Interprofessional Collaboration and Practice Based Learning section of the Surgery Clerkship student evaluation.
Personal and Professional Development Recognize that ambiguity is part of clinical health care, and utilizes appropriate resources in dealing with uncertainty. Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.	PD.01, PD.02, PD.03, PD.04, PD.05, PD.06, PD.07, PD.08 PB.02, PB.03, PB.05	See Personal and Professional Development section of the Surgery Clerkship student evaluation.
Systems Based Practice (SB) Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.	SB.01, SB.02, SB.03, SB.04 PB.04, PB.09, PB.10	See Systems Based Practice section of the Surgery Clerkship student evaluation.
Practice Based Learning (PB)		The activities of this domain are covered and evaluated under Knowledge for Practice, Communication Skills, Interprofessional Collaboration, Systems Based Practice, and Personal and Professional Development domains (noted as PB).

THE UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE
MEDEX PHYSICIAN ASSISTANT PROGRAM

Underserved Clerkship

As a student at The University of Washington MEDEX program, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format-oral, verbal, fax, written, or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from this educational program.

Course Description: This clinical rotation is part of a series of supervised clinical practice experience (SCPE) opportunities for students who have completed the didactic phase of the physician assistant curriculum. SCPEs enable students to meet program expectations, and acquire the competencies needed for entry level clinical PA practice.

The primary objective of students during this clerkship is to receive supervised patient contact and medical management instruction to promote and enhance their clinical skills amongst and underserved population.

Course Information:
1. This is a clinical course.
2. Second year physician assistant students are enrolled.
3. Supported by Canvas, Exxat, and Examsoft.
4. Course delivery is primarily clinical encounters but also includes lectures, group activities, and summative activities.

Course Location and Times: This is a 4-week clerkship. See student rotation schedule for specific dates. Clinic hours are determined by the preceptor, and MEDEX, taking into consideration clinic demands, and may include weekends and holidays.

Course Director:
Marc Hawkins, MPAS, PA-C
Office: 4311 11th Ave NE, Ste 205
Office hours: by appointment
Phone : 206-221-8303
Fax : 206-221-5393
Email : *hawkins2@uw.edu*

Program Email Policy: Every student is issued a University e-mail address upon matriculation. As a standing policy, only the student's University e-mail address will be used for any electronic institutional communications of an official nature. Students are asked to check email daily.

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Required Texts for the entire clinical year:
ECGs Made Easy-Book and Pocket Reference Package. 5th ed.
Bates' Guide to Physical examination and History Taking. 11th ed.
Tintinalli's Emergency Medicine: Just the Facts, 3rd ed.
Essential Clinical Procedures. 3rd.
Behavioral Medicine: A Guide for Clinical Practice, 4th ed.
Dermatology in General Medicine. 8th ed.
Nelson Essentials of Pediatrics. 7th ed.
Mosby's Manual of Diagnostic and Laboratory Tests. 5th ed.
Radiology 101: The Basics and Fundamentals of Imaging. 4 ed.
Tintinalli's Emergency Medicine: A Comprehensive Study Guide. 8th ed.
Pharmacology. 6th ed.
Quick reference to the Diagnostic Criteria for DSM-V. 5th ed.
Physician assistant: A Guide to Clinical Practice. 5th ed.
The Clinician's Pocket Reference. 11th ed.
The Patient History: Evidence-Based Approach. 2nd ed.
Harrison's Principles of Internal Medicine. 19th ed.
Medcomic: The Most Entertaining Way to Study Medicine 2nd ed.
Pocket Guide to Diagnostic Tests 6th ed.
Unequal Treatment: Confronting Racial & Ethnics Disparities in Healthcare.
Public Health: What it Is and How It Works. 6th ed.
Fundamentals of Anatomy & Physiology. 11th ed.
Study Without Stress. Sage Publications, 2000.
Robbins Basic Pathology, 10th ed.
Musculoskeletal Physical Examination: An Evidenced-Based Approach. 2nd ed.
Wolff K, Johnson RA, et al. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. 8th ed.
Desk Reference to the Diagnostic Criteria From DSM-5.
Guide to Diagnostic Test. 6th ed.

Course Goal: The goal of this course is to provide PA students with the opportunity to work toward mastery of entry level practicing PA competencies in the areas of medical knowledge, interpersonal and communication skills, systems-based practice, patient care and professionalism in an underserved setting.

Learning Outcomes: On completion of this course, learners will be able to:

1. Demonstrate skills necessary to function in an underserved setting while treating patients using the medical and biopsychosocial model of management with supervision as assessed by meeting expectations on the end of rotation preceptor evaluation with final grade decision determined by the MEDEX program.

2. **Instructional Objectives:**

Competency Domain (Underserved Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Patient Care (PC) Describe the full extent and complexities of a patient's past medical history and current social situation and perform a targeted medical history and appropriate physical examination. Construct differential diagnoses and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings. Select appropriate medical therapy, including diet, activity/behavior modification and drugs. Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a general PA.	PC.01, PC.02, PC.03. PC.04, PC.05, PC.06, PC.07, PC.08	See Patient Care section of the Underserved Medicine Clerkship student evaluation.
Collaboratively, with patient input, develop evidence-based health promotion/disease prevention plans for patients of any age or gender.	KP.01, KP.04, KP.08 PB.06, PB.07	See Knowledge for Practice section of the Underserved Medicine Clerkship student evaluation.

Competency Domain (Underserved Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Interpersonal and Communication Skills (CS) Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records. Demonstrate collaborative decisions making with patients in an inpatient setting.	CS.01, CS.02, CS.03, CS.04, CS.05 PB.08	See Communication Skills section of the Underserved Medicine Clerkship student evaluation.
Professionalism (PR) Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation. Demonstrate dependability and responsibility. Demonstrate compassion, integrity, and respect for others in the care of patients and families. Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.	PR.01, PR.02, PR.03, PR.04, PR.05, PR.06	See Professionalism section of the Underserved Medicine Clerkship student evaluation.
Inter-professional Collaboration (IP) Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.	IP.01, IP.02, IP.03 PB.01	See Interprofessional Collaboration and Practice Based Learning section of the Underserved Medicine Clerkship student evaluation.

Competency Domain (Underserved Medicine Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Personal and Professional Development Recognize that ambiguity is part of clinical health care, and utilizes appropriate resources in dealing with uncertainty. Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.	PD.01, PD.02, PD.03, PD.04, PD.05, PD.06, PD.07, PD.08 PB.02, PB.03, PB.05	See Personal and Professional Development section of the Underserved Medicine Clerkship student evaluation.
Systems Based Practice (SB) Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.	SB.01, SB.02, SB.03, SB.04 PB.04, PB.09, PB.10	See Systems Based Practice section of the Underserved Medicine Clerkship student evaluation.
Practice Based Learning (PB)		The activities of this domain are covered and evaluated under Knowledge for Practice, Communication Skills, Interprofessional Collaboration, Systems Based Practice, and Personal and Professional Development domains (noted as PB).

Course Syllabus
THE UNIVERSITY OF WASHINGTON
SCHOOL OF MEDICINE
MEDEX PHYSICIAN ASSISTANT PROGRAM

Elective Clerkship

As a student at The University of Washington MEDEX program, you have a legal and ethical responsibility to safeguard the privacy of all patients and protect confidentiality and security of all health information. Protecting the confidentiality of patient information means protecting it from unauthorized use or disclosure in any format-oral, verbal, fax, written, or electronic/computer. Patient confidentiality is a central obligation of patient care. Any breaches in patient confidentiality or privacy may result in disciplinary action, up to and including dismissal from this educational program.

Course Description: This clinical rotation is part of a series of supervised clinical practice experience (SCPE) opportunities for students who have completed the didactic phase of the Physician assistant curriculum. SCPEs enable students to meet program expectations, and acquire the competencies needed for entry level clinical PA practice.

The primary objective of students during this elective clerkship is to receive supervised patient contact and medical management instruction to promote and enhance their clinical skills, in the clinical specialty area of their choosing.

Course Information:
1. This is a clinical course.
2. Second year physician assistant students are enrolled.
3. Supported by Canvas, Exxat, and Examsoft.
4. Course delivery is primarily clinical encounters but also includes lectures, group activities, and summative activities.

Course Location and Times:
This is a 4-week clerkship. See student rotation schedule for specific dates. Clinic hours are determined by the preceptor, and MEDEX, taking into consideration clinic demands, and may include weekends and holidays.

Course Director:
Marc Hawkins, MPAS, PA-C
Office: 4311 11th Ave NE, Ste 205
Office hours: by appointment
Phone : 206-221-8303
Fax : 206-221-5393
Email: *hawkins2@uw.edu*

Program Email Policy: Every student is issued a University e-mail address upon matriculation. As a standing policy, only the student's University e-mail address will be used for any electronic institutional communications of an official nature. Students are asked to check email daily.

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Course directors are available to answer questions via email. Generally, a reply to all emails will be made in a timely manner.

Required Texts for the entire clinical year:
ECGs Made Easy-Book and Pocket Reference Package. 5th ed.
Bates' Guide to Physical examination and History Taking. 11th ed.
Tintinalli's Emergency Medicine: Just the Facts, 3rd ed.
Essential Clinical Procedures. 3rd.
Behavioral Medicine: A Guide for Clinical Practice, 4th ed.
Dermatology in General Medicine. 8th ed.
Nelson Essentials of Pediatrics. 7th ed.
Mosby's Manual of Diagnostic and Laboratory Tests. 5th ed.
Radiology 101: The Basics and Fundamentals of Imaging. 4 ed.
Tintinalli's Emergency Medicine: A Comprehensive Study Guide. 8th ed.
Pharmacology. 6th ed.
Quick reference to the Diagnostic Criteria for DSM-V. 5th ed.
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Harrison's Principles of Internal Medicine. 19th ed.
Medcomic: The Most Entertaining Way to Study Medicine 2nd ed.
Pocket Guide to Diagnostic Tests 6th ed.
Unequal Treatment: Confronting Racial & Ethnics Disparities in Healthcare.
Public Health: What it Is and How It Works. 6th ed.
Fundamentals of Anatomy & Physiology. 11th ed.
Study Without Stress. Sage Publications, 2000.
Robbins Basic Pathology, 10th ed.
Musculoskeletal Physical Examination: An Evidenced-Based Approach. 2nd ed.
Wolff K, Johnson RA, et al. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology. 8th ed.
Desk Reference to the Diagnostic Criteria From DSM-5.
Guide to Diagnostic Test. 6th ed.

Course Goal: The goal of this course is to provide PA students with the opportunity to work toward mastery of entry level practicing PA competencies in the areas of medical knowledge, interpersonal and communication skills, systems-based practice, patient care and professionalism in this elective clerkship setting.

Learning Outcomes: On completion of this course, learners will be able to:

1. Demonstrate skills necessary to function in an elective clerkship setting while treating patients requiring medical/surgical/biopsychosocial management, with supervision as assessed by meeting expectations on the end of rotation preceptor evaluation with final grade decision determined by the MEDEX program.

2. **Instructional Objectives:**

Competency Domain (Elective Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Patient Care (PC) Perform a targeted medical history, appropriate physical examination and present it to the preceptor. Diagnose a broad range of diseases encountered in this elective by constructing differential diagnoses and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings. Manage common diseases encountered in this elective by selecting appropriate medical therapy, including diet, activity modification and drugs. Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a general PA.	PC.01, PC.02, PC.03, PC.04, PC.05, PC.06, PC.07	See Patient Care section of the Elective Clerkship student evaluation.

Competency Domain (Elective Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Knowledge for Practice (KP) Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs. Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology and pharmacology. Collaboratively, with patient input, develop evidence-based health promotion/disease prevention plans for patients of any age or gender.	KP.01, KP.04, KP.08 PB.06, PB.07	See Knowledge for Practice section of the Elective Clerkship student evaluation.
Interpersonal and Communication Skills (CS) Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records. Demonstrate collaborative decision making with patients in an inpatient setting.	CS.01, CS.02, CS.03, CS.04, CS.05 PB.08	See Communication Skills section of the Elective Clerkship student evaluation.

Competency Domain (Elective Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Professionalism (PR) Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation. Demonstrate dependability and responsibility. Demonstrate compassion, integrity, and respect for others in the care of patients and families. Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.	PR.01, PR.02, PR.03, PR.04, PR.05, PR.06	See Professionalism section of the Elective Clerkship student evaluation.
Inter-professional Collaboration (IP) Functions as a member of the health care team, recognizes the role of a PA and demonstrates effective partnership with others as a member of the health-care team or other professional group.	IP.01, IP.02, IP.03 PB.01	See Interprofessional Collaboration and Practice Based Learning section of the Elective Clerkship student evaluation.
Personal and Professional Development Recognize that ambiguity is part of clinical health care, and utilizes appropriate resources in dealing with uncertainty. Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.	PD.01, PD.02, PD.03, PD.04, PD.05, PD.06, PD.07, PD.08 PB.02, PB.03, PB.05	See Personal and Professional Development section of the Elective Clerkship student evaluation.

Competency Domain (Elective Clerkship Objectives)	MEDEX Program Competencies	Method of Assessment
Systems Based Practice (SB) Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.	SB.01, SB.02, SB.03, SB.04 PB.04, PB.09, PB.10	See Systems Based Practice section of the Elective Clerkship student evaluation.
Practice Based Learning (PB)		The activities of this domain are covered and evaluated under Knowledge for Practice, Communication Skills, Interprofessional Collaboration, Systems Based Practice, and Personal and Professional Development domains (noted as PB)

Clinical Training Site Student Onboarding

Required MEDEX student onboarding documents are typically driven by the clinical site and will typically include: verification of student drug testing, evidence or attestation of a student background check, evidence or attestation of the student's immunization compliance, verification of HIPAA and blood-borne pathogens training.

Preceptor Role

The preceptor is an integral part of the education program. For 50 years the MEDEX program has depended on healthcare mission-driven community providers to offer clinical opportunities and instruction to PA students. The program collaborates with a broad group of licensed providers to act as preceptors – MDs, DOs, physician assistants, nurse practitioners, psychiatrists, clinical pharmacists and others licensed providers. Precepting is an opportunity to give back to the profession by investing in the future of medicine.

Preceptors serve as mentors and role models for the student and through supervision, mentoring, instructing in your area of expertise, evaluation of the student's performance, will help students' perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and therapeutic plan development including a logical approach to further studies and therapy.

MEDEX and UW Nondiscrimination Policy

There will be no discrimination against any program participant or applicant based on race, ethnicity, religion, national origin, age, disability, veteran status including Vietnam era service or veteran-disabled status, sex or sexual orientation, nor will the university or the training site engage in such discrimination in their employment or personnel policies.

Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:
- Orient students to the practice and provide a safe physical location with adequate clinical space and, ideally, computer and internet access. Provide or help to arrange a variety of patient encounters necessary for a patient care–focused learning experience for the student.
- Provide an adequate number of hours (at minimum 32 hours per week) for the student to perform clinical activities in the practice site. During this time the preceptor or an alternatively designated licensed provider must be available for supervision, consultation and teaching.
- Supervise, demonstrate, teach and observe the student in clinical activities in order to develop the student's clinical competencies and to ensure proper patient care.
- Review and countersign student charting (or have designee do so).
- Provide ongoing and timely feedback regarding clinical performance, knowledge base and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the clinical coordinator by submitting mid-rotation and end of rotation evaluation.
- Delegate gradually increasing levels of responsibility to the student for clinical assessment and management as the student's skills develop.

- Notify the program promptly should any problems arise. It is the program's intention to have a completely open and faculty-colleague relationship with the preceptor. Should problems arise, early notification of the MEDEX clinical office (206-616-4001 or medexsr@uw.edu) can result in early problem solving without diminishing the training experience for the student and without putting an onerous burden of responsibility on the preceptor.
- The program recommends at least a bi-weekly review of objectives with the student in order to identify areas of concern, provide specific experiences for the student to resolve any potential problem areas, *i.e.*, appropriate readings, supplemental experiences or observation and completion of student evaluations.
- Allow the student to utilize the problem-oriented medical record system notation including problem lists, medication lists and flow sheets in record-keeping.
- Participate in the evaluation of the student's clinical skills and medical knowledge base and professional role development through the following mechanisms:
  - Facilitate relations between the PA student, office staff and other health professionals in the medical community as well as orient student to policies and procedures in the practice site.
  - Provide direct supervision, observation and teaching in the clinical setting.
  - Offer encouragement and support of student oral case presentations.
  - Discuss issues with faculty as appropriate to evaluate the student's progress and to assist the student's learning process.   (If a site visit is scheduled, set aside adequate time to facilitate this.)
  - Review and countersign student charts, progress notes and history and physical write-ups.
  - Facilitate the student meeting prescribed objectives relevant to the type of setting and/or specialty of the clinical rotation.
  - For Family Medicine Preceptorships, complete the mid-rotation evaluation (at the end of month two), submit to the program for monitoring purposes and review with the student.
  - Complete the final evaluation (for the Family Medicine Preceptorship or the Clerkship), which assesses student performance over the entire rotation, review with the student and submit to the program for final grading purposes. Final evaluations must be submitted by the preceptor within one week of the end of the rotation. MEDEX encourages the preceptor to review evaluations with the student prior to submitting to the program, as a means of providing open and transparent feedback.
  - Oversee the student's compliance with HIPAA-related privacy expectations.

Preceptor–Student Relationship

The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Twitter) should be avoided until the student fully graduates from the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the MEDEX clinical coordinator regarding specific school or university policies regarding this issue.

Orientation and Communicating Student Expectations

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker

transition allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

On the first day of the rotation (or sooner if possible, prior to the rotation), the student should take care of any administrative needs, including obtaining a name badge, computer password, completing any onboarding necessary including paperwork, EMR training, and additional site- specific HIPAA training, as needed.

Early on in the clinical rotation, it is recommended that the preceptor and student should review the rotation objectives plus formulate mutual goals in regard to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations can include but are not limited to:

hours and call schedules (in general, students are expected to work the hours and shifts of the preceptor); interactions with office and professional staff; general attendance; overnight/weekend schedules; participation during rounds and conferences; expectations for clinical care, patient interaction, and procedures; oral presentations; written documentation; assignments; write-ups; anything additional that the preceptor feels is necessary.

Students are expected to communicate with preceptors about any special scheduling needs they may have during the rotation – in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the preceptor and their MEDEX clinical coordinator well in advance of the clinic absence.

Many sites find it helpful to create their own written orientation manual, which is given to the student prior to the first day of the rotation. This helps the students quickly become more efficient. Creating such a site-specific orientation and policy manual can be delegated to the students hosted at the facility, with each subsequent student adding to a document that the site or preceptor might maintain and edit.

Preparing Clinic or Hospital Staff for PA Students
The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient's visit.

Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with or for staff in advance of the student's arrival to discuss:
- student's name.
- student's schedule (when they will be in the office),
- student's expected role in patient care,

- how patients will be scheduled for the student,
- expected effect of the student on office operation: will fewer patients be scheduled... will the preceptor be busier... will the student be assigned an 'office space?

Supervision of the PA Student

During a student's time at the clinic or hospital, the preceptor or assigned co-preceptors must be available for direct supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly assign students to another MD, DO, PA, NP or other licensed provider who will serve as the student's co-preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student, but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where direct supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge.

The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" section. The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.

Informed Patient Consent Regarding Student Involvement in Patient Care

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year.

However, patients must be informed that a physician assistant student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students must be clearly identified by badging as PA students and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Student Liability Insurance

Each MEDEX PA student is fully covered for malpractice or liability insurance by the University of Washington School of Medicine. Students completing a formal clinical rotation with a preceptor or site that may end up

becoming an employer, must maintain a "student" role in the clinic and should not assume responsibilities of an employee until after graduation from the program. This includes appropriate, routine supervision with the preceptor of record and within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided by the university and is important to protect the student, the university and the employer in the case that legal action is sought by a patient. Even more critical is the occasional opportunity, or suggestion, from a potential employer to participate in patient-care activities outside of the formal clinical rotation assignment prior to graduation. While these opportunities may be attractive and are seemingly benign, they must be avoided at all costs, as the university's liability coverage does not cover the student in these circumstances.

In addition, if a PA student is also working in a paid position within a different health-care related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a PA student to represent themselves or participate in the care of any patient outside of the role for which they are otherwise engaged. Liability insurance will not cover any student assuming the "PA student" role outside of an assigned clinical rotation.

Clinical Training Site Medical Record Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the MEDEX clinical coordinator. Students are reminded that the medical record is a legal and HIPAA-protected document. All medical entries must be identified as "student" and must include the PA student's signature (electronic or otherwise) with the designation "PA-S."

The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation in the medical record may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record.

Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of electronic medical records (EMRs) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution's EMR system. In these cases where students have limited or no access to the EM, students should be encouraged by preceptors to hand-write notes, if simply for the student's own edification, which should ideally be reviewed by preceptors whenever possible for feedback.

Medicare Student Documentation Policy

Medicare reimbursement requires limited student participation related to documentation. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must document the history of present illness (HPI), physical exam (PE), and all medical decision-making for proper billing. Following is a link to the Centers for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf

Student Prescription Writing

Students may transmit prescribing information for the preceptor, but the physician must sign all prescriptions. More specifically, the student's name is not to appear on any prescription. For clinical rotation sites that use electronic prescriptions, the preceptor MUST log into the system under his/her own password and personally sign and send the electronic prescription. These guidelines must not be violated by the student or the preceptor.

Expected Progression of PA Student

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses and a plan. As the year continues, they should be able to more effectively come up with an assessment and plan, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should be allowed progressively increasing supervised autonomy.

Student Evaluations

Evaluation of student by the preceptor for all required and elective clinical rotations must be reported to the program within one week after the end of the rotation.

Throughout the clinical year, students will receive a formal evaluation from the preceptor at the end of every clinical rotation and they will complete a formal evaluation of the site and preceptor. During the longer Family Medicine preceptorship, students will also receive and complete a formal evaluation at the mid-way point, or approximately two-months into the four-month rotation. The preceptor's evaluation of the student is designed to promote communication between preceptor and student. The evaluation is completed online as noted in rotation confirmation documentation.

Preceptor evaluations of students during clinical rotations that align with the end of the clinical year, must be submitted not later than the last day of the rotation to facilitate the student's ability to graduate on time.

Over the course of clinical rotations, preceptors are encouraged to discuss strengths and weaknesses in order to inform students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation and assess progress in comparison to other students at the same level.

On required rotations (i.e., core rotations required by the specific institution for all students prior to graduation), a passing evaluation from the preceptor is mandatory. If deemed "not passing," the student may be required to repeat the rotation or undergo procedures specified by MEDEX. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the MEDEX faculty. The program will designate how often evaluations need to be completed.

Preceptors should consider performing brief end-of-rotation evaluations privately with their colleagues and staff to get additional insight into the student's professionalism and effectiveness as a team player with all members of the health care team. These comments are helpful contributions to student evaluations.

Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

At times, there are early and concerning behaviors or challenges in knowledge or skills among students. Preceptors are encouraged to address these early and to consult the MEDEX clinical coordinator when significant questions or concerns occur about students. Earlier consultation allows for potential remediation efforts.

Feedback to Students
While students will receive the formal evaluation from the preceptor during the clinical rotation, it is imperative that students receive regular positive and/or constructive feedback on a daily basis from their preceptors to help develop their clinical performance. Please contact the MEDEX clinical coordinator for specific policies regarding student evaluations.

Program Evaluation of Students and Status on Warning or Probation
The program has strict deadlines for the completion of assignments and all assignments must be submitted according to the timeline provided. These include the completion of rotation assignments, site and preceptor evaluations, patient logs, written assignments, online exams, case presentations, projects and other course assignments. Failure to submit these materials by the designated deadlines may result in an 'Incomplete' grade for that quarter and/or can result in the withdrawal or removal of students from clinical training sites and ultimately the placement of the student on academic warning or probation, and may also delay program completion.

Students who receive a failing evaluation for a clinical rotation may be placed on academic warning, or probation, and may be removed from the clinical site. Typical concerns may include the following: failure to complete and submit written assignments or charting by scheduled deadlines, unsatisfactory progress in professional development, attitudes and professional conduct, unexcused or unexplained absence (including tardiness or early departure) from a clinical site during a scheduled rotation, failure of a site visit, failure to receive a passing 'quarterly evaluation' or 'final evaluation' on a clinical rotation or preceptorship, unprofessional interactions and/or inappropriate behavior at a clinical site, misrepresentation of the student role, practicing with inappropriate or absent supervision, failure to obtain co-signature on patient records.

MEDEX Faculty Clinical Site Visits
The MEDEX Program requires an on-site evaluation of each student at least once during the clinical year. Additionally, MEDEX is required to perform recurring reassessments of partnering clinical sites and preceptors. This is routinely accomplished via a directed faculty visit during the 4-month family medicine preceptorship at the midpoint (or about two months into the rotation) which allows opportunity to remediate concerning competencies or behaviors over the remaining portion of the rotation. During the site visit, MEDEX faculty are required to spend time observing students during patient encounters and reporting to preceptors. Site visitors will also visit clinical staff to evaluate student's professional engagement with the entire healthcare team. Faculty clinical coordinators will collaborate with preceptors in scheduling of clinical site visits. Site visits may also be scheduled anytime during the clinical year at the request of the preceptor, the student or the program.

Student Responsibilities

In order to facilitate role transition, students are strongly discouraged from working during the clinical year. Students may be placed on academic warning, or probation or extended in the program if clinic time or academic performance is adversely impacted by outside work.

In addition to adhering to the standards of professional conduct outlined later in this manual and the Student Handbook, students are expected to perform the following during their clinical rotations:

- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.
- Perform and/or interpret common lab results and diagnostic studies.
- Educate and counsel patients across the lifespan regarding health-related issues.
- Attend clinical rotations as scheduled and additionally participate in grand rounds, lectures, and conferences, if available to them.
- Demonstrate emotional resilience and stability, adaptability, and flexibility during the clinical year.

Students' Responsibilities to the Preceptor, Site and Patients

Students will contact the preceptor two weeks in advance of beginning the clinical assignment to verify the arrangements. Students will maintain the office hours and schedule of the preceptor. Have discussions with and update the preceptor regularly on progress toward meeting the program's objectives and assignments. Schedule meeting(s) as appropriate with the preceptor for completion and discussion of evaluation form(s). Inform the preceptor regularly of student needs. This includes identifying where the student 'is' and 'ought to be' in specific clinical requirements and clinical skills. Show sensitivity to the wishes of the patients and their willingness to share confidences or to have a student be partially responsible for their care.

1. Be aware of and apply HIPAA regulations regarding the privacy of patients' confidential information (see https://www.hhs.gov/hipaa/index.html).
2. Be aware of the way in which the preceptor deals with his or her patients. The student may not wish to adopt the same attitudes and behavior toward the patient; however, if it appears to be an area of potential conflict, it should be discussed before a major problem develops.
3. Complete charting and log <u>all</u> patient encounter's each day before going home.
4. Some preceptors will assign reading lists, exams or projects specific to the site. Complete these preceptor assignments along with the program's assignments.
5. Be appreciative of the office staff.
6. Provide the very best care you can for the patients, which includes saying, 'I don't know, I'll find out' or 'I want the doctor to check this.' At the same time, each student should assert his or her proven skills to the fullest.
7. If conflicts arise, we expect students to attempt to discuss them and resolve them with the preceptor or staff to the best of their ability. If this does not resolve the issue, the student should contact the program.

Students must be clearly identified by badging as PA students and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

Standards of Professional Conduct

As health care practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to: respect, flexibility, academic integrity, honesty and trustworthiness, accountability, cultural competency.

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and the MEDEX PA Program. Preceptors should be familiar with the UW School of Medicine policy on professionalism .

If preceptors observe any concerns about a student's professionalism, please contact the MEDEX clinical coordinator or clinical office as soon as possible.

Blood-Borne Pathogens

In the event that a student sustains a needle-stick injury or other substantial exposure to bodily fluids of another person or other potentially infectious material while on rotation at the training site—or is involved in or present during any incident related to professional liability, claims or other risk management issues—he or she should consult the incident protocol card and the risk management card, both provided by the program. The source patient's HBV, HCV and HIV status will be determined by the training site in the usual manner to the extent possible. The training site does not accept liability for any illness or injury subsequent to such accidental exposure.

Contacts Following Exposure to Blood or Bodily Fluids:
- MEDCON (if not in Seattle ask to be connected to numbers below) 206-543-5560
- UWMC Campus Health (7:30 am – 4:30 pm M-F) 206-598-4848
- UWMC Emergency Department (24 hours) 206-598-4000
- Dr. Doug Paauw (pager) 206-598-6190

The Preceptor – MEDEX Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the MEDEX PA program, preceptors, and the MEDEX clinical coordinator. All members of the team should share contact information.

If a preceptor has a question or concern about a student, they should contact the assigned MEDEX clinical coordinator or the clinical team. The program strives to maintain open faculty– colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem-solving may help to avoid lessening the educational experience.

Preceptor Benefits

Preceptors desiring a volunteer clinical faculty appointment with the University of Washington School of Medicine, Department of Family Medicine should address inquiries to the MEDEX Clinical Team at medexcln@uw.edu. Testimonials from some of our current preceptors can provide a sense of what this experience could mean. Please visit the MEDEX preceptor profile page at:

Volunteer clinical faculty will have access to some unique UW benefits including: a UW email account through UW Computing & Networking, full access to UW Health Sciences Library resources as well as by-name access to UpToDate with available category I CME, educational discounts on computer merchandise at the UW Computer Center, discounted membership at the UW student/faculty gym in Seattle.

Preceptor Development
The following hyperlinks provide handy one-pager guides offering time-tested methods for making the precepting experience as efficient and rewarding as possible:
- **Incorporating Students into Patient Care/Workflow**
- **The One-Minute Preceptor**
- **Ask-Tell-Ask Feedback Model**
- **SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education**
- **Introducing/Orienting a PA Student to Your Practice**
- **Tailoring Clinical Teaching to an Individual Student**

Additional preceptor resources, references and appendix can be found at the end of this document.

SECTION THREE: Student

Introduction to the Clinical Year

https://www.uwmedicine.org/about/policies/professional-conduct

The MEDEX education to this point, has mostly involved competency-based objective-driven concepts and logical correlations, clinical reasoning assessments (CRAs), continuity cases, hands-on technical skills, and patient management problems. The challenges have been immense and often frustrating, and it seems impossible to translate everything into real life and into making decisions about a patient who walks in through a hospital or office door**.**

Now things change. The 4-month family practice preceptorship provides an extended learning experience but even if a student has already completed the preceptorship, he or she will still find clerkships challenging in a very different way. During the 1-month clinical clerkships the student will experience a range of practice settings and patient populations.

First, there are a variety of patients to learn from, examine, make decisions about, educate and support. For example, as often as students have tried to understand all the clinical manifestations of hepatitis, after students treat their first hepatitis patient, he or she will have a better understanding of the issues. But they may have four or five equally interesting patients to manage at the same time. Students will have a framework on which to hang the abstract concepts you learned in the classroom and a chance to work out their own style of patient management. All that they had to remember in the first year of the program has most likely been overwhelming. Having a real patient with a real problem makes remembering much easier.

Second, students are no longer in the classroom. Being in the classroom has its advantages and disadvantages. The advantage is that faculty members are responsible for deciding what students have to learn, deciding how to teach the information, and evaluating student progress. The disadvantage is the flip side of that: who likes to be told what to do all the time or to sit in a classroom? When students begin their clinical education, they see another perspective. Preceptors are primarily health providers, only secondarily teachers. They are responsible to their patients first and to students second. In a sense, the student becomes more of an apprentice. Students are no longer in a passive classroom role, but must take an active role in defining their educational goals and creating an educational experience in which they achieve those goals. The amount students learn in the apprenticeship depends primarily upon themselves.

In the didactic year students studied medicine; now they begin to practice medicine. The classroom phase of the MEDEX program has provided the basic set of skills students will need to begin to make clinical decisions and has helped to develop the medical logic necessary to make those decisions.

To get the most out of the clinical rotations, the program has, as much as possible, prepared preceptors for their role as teacher. Faculty have met with each preceptor, discussed the PA role, objectives of the clinical rotation, evaluation tools, *etc.* Now students must ensure, as much as possible, that they get the most out of the clinical experience.

There is often a kind of testing of students by preceptors. How serious are students about their education? How much initiative are they willing to take? Do they expect to be spoon-fed? Do they demand constant

direction, or do they give the preceptor direction as to how best to meet their educational goals? In a short clerkship and in a busy practice, the preceptor usually will not get to know students in-depth, so first impressions concerning their assertiveness and sense of responsibility for their own education are very important. In a sense, students have to 'hustle' for their education. Obviously, for some students this is more difficult to learn and to do than for others. However, it is an invaluable and necessary skill.

Preceptorship

The MEDEX preceptorship, a four-month Family Medicine rotation is the 'core' MEDEX clinical experience in primary care. Not only does it provide for a long-term mentoring relationship with primary care providers, it also provides the student with the opportunity to be involved with patients for an extended period of time. MEDEX students have particularly valued the relationships they have developed with patients during the preceptorship phase of training.

The preceptorship is designed to provide the student with exposure to a wide variety of primary care problems in a more structured way than is available in the clerkship phase. The patient encounter logs, evaluations, assignments, and faculty site visits allow the program to monitor the student's clinical progress in the world of primary care and also to support professional role development. The four-month preceptorship provides the stability for assessment of personal and professional growth.

The preceptorship is conducted under the supervision of a family practice physician and may involve experiences with other physicians and physician assistants. Students are trained to manage common primary care problems. Students keep records of patient encounters and complete a variety of assignments in addition to their clinical encounters. The preceptorship is 16 weeks in length but may be extended in certain cases to permit a student to reach required performance levels. The educational objectives of preceptorship are:

to expand on the knowledge and skills acquired during the didactic phase with regard to the diagnosis and management commonly encountered primary care problems;
to become familiar with office management, documentation and administrative procedures;
to learn to function as an effective primary care team member and
to meet other objectives specified by the individual practice. All students will receive at least one site visit by a MEDEX faculty member during this experience.

Clerkship

Rotating clerkships offer four-week clinical experiences in a range of institution-based or specialty practice settings. Required clerkships include inpatient medicine, surgery, behavioral medicine, emergency medicine, a required experience in a medically underserved setting and an elective. Each clerkship includes seminars, patient logging and self-study in combination with concentrated clinical experience. Specialty rotations are intended for exposure, not mastery. During a clerkship, student progress is monitored through various tools, including evaluations by clinical instructors, assignments, patient logs, telephone and email communication and site visits.

The Clinical Phase: Goals and Expectations

General Goals
The clinical phase rotations, including the four-month Family Medicine rotation and the six one-month clerkship rotations, are designed to train the physician assistant student to do the following.

- Assess, diagnose and manage common acute problems and chronic primary care problems across the life-span.
- Provide preventive health and health maintenance listed in the national objectives.
- Integrate him- or herself with other members of the health care team.
- Establish medical practice standards.
- Utilize evidence-based principles as part of a physician–PA student team.
- Record and communicate medical data in an organized, intelligent process.
- Identify role limitations and indications for referral and consultation.
- Develop skills and habits necessary to life-long learning.
- Provide compassionate, culturally competent health care to all patients.
- Develop professionally in the role of a PA.

Program's Responsibilities
- Orient the preceptors and students to the structure of the clinical rotation through preliminary site visits and student counselling.
- Serve as a resource in developing the PA role in a specific practice setting. The program is prepared to facilitate the introduction of the PA to the community in general and the medical community specifically.
- Provide malpractice coverage for the student during the preceptorship.
- Maintain regular contact with the student in order to anticipate any problems before they arise and provide the student with a supportive network outside the clinical site.
- Provide ongoing educational opportunities, final exam testing experiences and board review activities.
- Maintain an open dialogue with preceptor and student about the progress of the preceptorship.
- Provide evaluation tools to the preceptor and student to facilitate assessment and future planning in the preceptor site.
- Provide information regarding the process of registration and licensure at the completion of the program.
- Evaluate the Family Medicine Preceptorship with site visit(s) at least once during each preceptorship. Evaluations will be discussed with the student and the preceptor, and suggestions will be made for strengthening the experience as needed.

Students' Responsibilities to the Preceptor, Site and Patients
- Students shall contact the preceptor two weeks in advance of beginning the clinical assignment to verify any specific arrangements.
- Students will maintain the office hours of the preceptor.
- Have discussions with and update the preceptor regularly on progress toward meeting the program's objectives and assignments. Schedule meeting(s) as appropriate with the preceptor for completion and discussion of evaluation form(s).

- Inform the preceptor regularly of student needs. This includes identifying where the student 'is' and 'ought to be' in specific clinical requirements and clinical skills.
- Show sensitivity to the wishes of the patients and their willingness to share confidences or to have a student be partially responsible for their care.
- Be aware of and apply HIPAA regulations regarding the privacy of patients' confidential information. (see https://www.hhs.gov/hipaa/index.html)
- Be aware of the way in which the preceptor deals with his or her patients. The student may not wish to adopt the same attitudes and behavior toward the patient; however, if it appears to be an area of potential conflict, it should be discussed before a major problem develops.
- Complete charting and log <u>every</u> patient encounter each day before going home.
- Some preceptors will assign reading lists, exams or projects specific to the site. Complete these preceptor assignments along with the program's assignments.
- Be appreciative of the office staff.
- Provide the very best care students can for the patients, which includes saying, 'I don't know, I'll find out' or 'I want the doctor to check this.' At the same time, each student should assert his or her proven skills to the fullest.
- If conflicts arise, the program expects students to attempt to discuss them and resolve them with the preceptor or staff to the best of their ability. If this does not resolve the issue, the student should contact the program.

Students' Responsibilities to the Program
- Inform the MEDEX office of unresolved issues immediately.
- Attend all clinical year activities as required.
- Check email every day (within each 24-hour period).
- Complete patient encounter logging daily.
- Plan clinical experience time; set your rotation schedule with your preceptor at the beginning of each month.
- Complete assignments as required by the program and by the preceptor. These will reflect the program's expectations and quotas for a competency-based clinical experience. Specific reading, writing, and/or checklist assignments will be required for each rotation. Students should make copies for their own files before sending assignments to the program.
- Complete any online testing requirements as assigned, e.g. Rosh Review, End of Rotation exams.
- Plan for the two Campus Weeks at your previous didactic campus site. The time commitment will be five full days for each week. Attendance at these activities is mandatory.
- State and national conference attendance is a privilege and students must be in good program standing and <u>receive permission in advance from the program to attend</u>. Refer to the Student Handbook chapter on Contributions to the PA Profession for additional details.
- Have patients and clinic staff complete 360 evaluation forms according to the assigned schedule. Be prepared to review these with the site visitor. These evaluations should be distributed and collected by a third party, typically the MA.
- Prepare for and participate in site visit(s). Complete evaluations of the preceptor and the site visitor.

Students must be clearly identified by badging as PA students and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to

decline student involvement.

In order to facilitate role transition, students are strongly discouraged from working during the clinical year. Students may be placed on academic warning, or probation or extended in the program if clinic time or academic performance is adversely impacted by outside work.

<u>Students' Responsibilities to Themselves</u>
- **Students are responsible for their own clinical progress and for making their needs known to the preceptor and to the program.**
- Schedule adequate time for readings, intensive study, PANCE preparation, and patient encounter log completion.
- Schedule weekly leisure time in order to maintain a healthy balance with school responsibilities.
- Keep all lines of communication open among yourself, family, support groups, the preceptor and the program.
- Keep the Clinical Portfolio, electronic or on paper, up-to-date throughout the year.
- Review the instruction cards: *Procedure following exposure to blood/body fluids* and *Contacts following occupational exposure to blood/body fluids*.

Family Medicine Preceptorship Site Assessments

Because a successful preceptorship requires a close working relationship among preceptor, student and program faculty, a member of the MEDEX faculty visits each potential site to discuss program objectives with the physician and any staff who will be directly involved with the student. Considerations at this site assessment visit include patient mix, commitment to teaching, knowledge of physician assistant roles, utilization, and the plans for monitoring the preceptorship and student safety. If the practice does not provide care in specific basic primary care skills (*e.g.*, pediatrics, women's healthcare, *etc.*), the program requires that exposure be obtained outside of the practice. MEDEX may enlist the help of the preceptor in locating appropriate sites.

<u>Site Visits</u>
A routine student site visit will be scheduled during the preceptorship. The faculty and preceptors are responsible for guiding the student toward becoming a capable, competent PA. Students should ensure that the site visit time is used to deal with any specific problems or needs they may have.

<u>Purpose of the Site Visit</u>
- Observe the student during patient encounters and during preceptor interaction. The faculty member acts as an 'invisible' observer. Students should conduct the encounter as they usually would, consulting the physician, *etc*. The faculty member is not a substitute preceptor. During the course of observation, the faculty member's role includes the following:
  - Observe the student in a variety of patient encounters and, if possible, patient problems that have caused concern.
  - Evaluate student performance relative to program expectations for that time of year, pointing out strengths and weaknesses and making specific suggestions for future work.
  - Note the relationship between the student and the preceptor, and make suggestions for growth when appropriate.

- o Ensure that the student is wearing an appropriate name badge that identifies them as a PA student.
- Discuss with the student any aspects of the preceptorship that may be of concern including balance of clinical requirements, level of clinical responsibilities, preceptor relations, office staff relations, study time and habits, *etc.* The faculty member aims to assist every student with all of these considerations.
- Preceptors often ask about the student's progress relative to program expectations and seek advice about enhancing the learning experience. This cooperation between preceptor and program is essential. It is important to discuss any issues of concern in the preceptor-student relationship during the site visit.
- Update the preceptor on developments in the PA field, including legal issues and program changes, and solicit suggestions for program improvement.
- A copy of the completed report of Clinical Site Visit Evaluation by the MEDEX site visitor will be available to the student. The program encourages the student to share this information with the preceptor. This evaluation will be used to help determine satisfactory completion of required assignments.
- Review patient and staff evaluations as well as the patient logs, as appropriate.
- Review the instruction cards: *Procedure following exposure to blood/body fluids* and *Contacts following occupational exposure to blood/body fluids*

Preparing for the Site Visit
- Work with the preceptor and program to arrange the site visit.
- Schedule a private meeting (usually 20–30 minutes) between preceptor and site visitor for issues identified for discussion
- Schedule a private meeting between student and site visitor for issues identified for discussion.
- Schedule 3-5 patients with a variety of problems for observation by the faculty site visitor.
- Students should be prepared to do a case presentation of a patient that reflects a growing expertise in medical problem-solving.
- Be prepared to review the *Procedure following exposure to blood/body fluids* and provide knowledge of *Contacts following occupational exposure to blood/body fluids*.
- Have patient and staff 360 evaluations and Clinical Portfolio Checklist available for review.
- Students should identify problems they may be having with their progress through the program and be prepared to present them to and discuss them with the site visitor.

Handwritten Notes
Case presentations are an acquired skill and typically follow a standardized SOAP format. To promote acquisition of this skill, the program requires students to generate SOAP notes (separate from the EMR note). During the first two months of the Family Medicine Preceptorship, each student is required to write one typed or handwritten SOAP note each week for the first 2-months, in addition to the electronic charting required by the preceptor. These12 notes will be reviewed by the Clinical faculty during the mid-rotation Site Visit. Resources for writing SOAP notes can be found in the Basic Clinical Skills and Medical Documentation sections of Canvas.

Monitoring the Preceptorship and Clerkships

Faculty Advisement
Each preceptor–PA student team is assigned a MEDEX clinical faculty member and an academic advisor. This connection permits the faculty to maintain regular contact with the student and clinical site.

Student Assignments
Complete the required assignments as listed in this manual. These will reflect the program's expectations and competency-based clinical rotations. Students should make copies of all assignments for their own files before sending them to the program.

Written Assignments
Papers are required. Each paper requires a cover sheet, available on Canvas.

Patient Encounter Log
Students will complete a daily electronic patient encounter log of every patient they see within EXXAT. The patient log allows the faculty to evaluate the student's training, document ARC-PA compliance and make recommendations for additional educational experiences where appropriate. The progress of the teaching at the clinical site can be compared with the original objectives included in the preceptor packet and discussed with the preceptor, including the diversity of patients and setting where patients are seen. Students should sure to insert specific patient encounter logging requirements within EXXAT e.g. attributes and coding.

Additional Assignments
Additional assignments may be required by the preceptor or program that may include journal review, written papers, additional reading, *etc.* **Students are expected to meet additional preceptor assignment expectations.**

Evaluations
Although teaching and learning plans, patient encounter logs and write-ups are designed as tools to standardize and monitor the educational process of clinical training, they are also part of the information used to evaluate students and their development into the professional role. The evaluation activities described below are utilized by the program for the purpose of monitoring as well as determining competency.

Information from all evaluation efforts and completion of assignments are the basis for the decision to pass the student, extend the rotation, place the student on program warning or probation or, in rare instances, dismiss the student from the program. These performance evaluations become a part of the student's permanent record.

Family Medicine Preceptorship Evaluations by the Preceptor

First Evaluation
Preceptors will complete a student evaluation at the end of the second month as part of the planning process to summarize the experiences of months one and two, and to indicate student preparedness for the rotation and recommend ways of strengthening the student's skills and exposure.

Final Evaluation
This is an evaluation of the student's cumulative performance, which includes an assessment of the professional behaviors and attitudes of the student as well as his or her clinical skills. It assesses the student's performance in-depth and states whether the preceptor believes the student has 'passed' or 'failed' the family medicine rotation. This evaluation is due no later than one week after the end of the rotation for the P1 and no later than the last day of a P2. Students should encourage preceptors to share their final evaluation with them before departing the rotation.

Clerkship Evaluation by the Preceptor

Final Evaluation
This is an evaluation of the student's cumulative performance, which includes an assessment of the professional behaviors and attitudes of the student as well as his or her clinical skills. It assesses the student's performance in-depth and states whether the preceptor believes the student has 'passed' or 'failed' that clerkship rotation. This evaluation is due no later than one week after the end of the rotation and no later than the last day of the July Clerkship. Students should encourage preceptors to share their final evaluation with them before departing the rotation.

Evaluations by the Student

Of the Preceptorship
Students must complete evaluations of the preceptor at the end of the second month and within one week of the completion of the P1 and no later than the last day of a P2.

Of the Site Visitor
Students must evaluate the quality of the site visit and the site visitor's interactions by submitting the site visitor evaluation within one week of the visit.

Clerkship Evaluation by the Student
Students must complete an evaluation of the preceptor within one week of the completion of the clerkship rotation and no later than the last day of the July Clerkship.

Additional Clinical Year Requirements and Guidance

ROSH Review Modules

Students are <u>required</u> to participate in regular PANCE preparation through ROSH Review Modules. These are multiple choice review questions designed to assist students in studying for the NCCPA exam. Completion of required systems should be treated as an assignment with required time lines.

Clinical Year Exams
Students are required to return to their didactic campus periodically for additional CAMPUS Week training and/or testing, which will consist of problem-solving activities, clinical reasoning assessments, written examinations, as well as other testing required by the program.

Other Evaluations
Other evaluations may be added as necessary.
The program reserves the right to site visit students at any time in order to assess their progress in clinical training.

Maximize the Student Learning Experience: A Collection of Thoughts

Timing
Clinical rotations and clerkships specifically have their own intrinsic 'biorhythms.' The expectations and demands imposed on students change throughout a clerkship. It is important to develop a sense of clerkship timing so that students can pace their performance and avoid disappointment.

Two Weeks Before Starting
Two weeks before the student is scheduled to start a rotation, students should telephone the precepting clinician in order to verify the arrangements for that assignment. Students should double-check on where they should be and when they should be there for the first day.

On Day One
Students should sit down with their preceptor and <u>review rotation objectives</u> with him or her. Students should share what educational background and experience they already have, their strengths and weaknesses and areas on which they would like to focus.

The first day on a clinical rotation is usually a time of information overload. It's when students are oriented toward logistics, weekly schedules, rules, responsibilities and many new faces. Despite keen learning abilities, there will usually be more details thrown at the student than they can remember. It is no disgrace to take notes. Learning as many of these concrete details as possible on the first day pays off.

Review Objectives with the Preceptor Two or Three Times During the Rotation
If there are clinical problems the student has not seen or skills they are missing, the student should point out that they would like to focus in these areas.

Organize a Seminar Series with the Preceptor
e.g. 'Dr. Pasteur, I'm still confused about treatments for smallpox. Tonight, I plan to read up on smallpox. Tomorrow can we take fifteen minutes to answer some questions I may have? Can you suggest some good articles for me to read?'

Ask Questions

Clinical instructors need to be stimulated; that's why they teach. They also need to know that students are interested in learning. Asking questions meets both these needs and is the primary way that preceptors measure student involvement in their education. Don't be a pest; ask questions at appropriate times, make lists of questions to ask at a later time if the day is too busy. On the other hand, don't be too shy, either. Students should assert themselves. It's scary to jump in with questions—especially when the preceptor is new—but absolutely necessary if the preceptor is going to take students seriously.

Practice Patient Presentations

How students present their patients is a major determining factor in the preceptor's decision about the level of teaching that is best. Case presentations tell the preceptor about students' organizational skills, their ability to make decisions about the importance of different information, and the thoughtfulness with which they approach a problem. Students don't have to know all of the answers; in fact, if they are confused they should say so and say why—that is a sign of critical thinking. <u>Case presentations should follow the SOAP format</u>. <u>Practice between rounds</u>, in the car, walking down the street, in front of a mirror: 'Thirty-one-year old petrified PA student presents complaining of alteration of consciousness beginning in September and....'

Support Each Other

The best of rotations has its share of craziness. Sometimes there will be a classmate in the same institution or in the area; be available for each other to release frustration, share exciting patient case experiences and learn from each other. If there are no other PAs or students around, find someone to share with — tech, nurse, doctor, etc.

Names

Learning names early on is one of the wisest moves a student can make. It markedly accelerates your acceptance by permanent staff. Students should be cognizant of the etiquette for the site, such as who should be addressed by first name and who should be called 'Doctor.'

Parking

If there is not designated parking, it's helpful to find the nooks and crannies where free parking can be found. Also, if the hospital or clinic is in a dangerous neighborhood, it is prudent to know where it's risky or unsafe to walk and if security escorts are available. Find out whether it's safe to leave valuables in a parked car.

Meals

There's more to meals than just knowing where the cafeteria is. Food discounts may be available, and there may be nearby restaurants with better food and cheaper prices. Take-out places with evening delivery are nice to know about when students are on call. Perhaps most important is knowing the caches of free food that students can raid in the middle of the night.

What to Do If Problems Arise

The best way to prevent a major problem from arising is to check a minor problem before it grows. If a problem arises, talk it over with the preceptor immediately. Do not wait until the end of the rotation to tell the preceptor or the MEDEX faculty that a problem has been festering. If the problem is not resolved, or if a student feels uncomfortable talking to the preceptor (if that is part of the problem), then call the clinical faculty immediately.

The faculty will help mediate the problem by suggesting solutions or, when necessary, meeting with the student and the preceptor. Do not hesitate to call the program again if problems are not resolved quickly.

Hospital / Clinic Rotation: First Day Specifics

Facilities Layout
It's helpful to take independent walking tours to assure familiarity with hospital or clinic layout. On the ward students should note the location of supply rooms, dirty/clean utility, staff bathrooms, treatment rooms, offices, dictation booths and the numbering system for patient rooms. Especially note quiet places to which students can escape in order to do write-ups. Off the wards, note the location of conference rooms, lecture halls, house staff lounges, call rooms, cafeteria, snack bars, gift shops, vending machines, labs, medical records, the OR, the ER, the library, parking and good places to hide when there is a need to get away from it all for a few minutes.

Weekly Schedules
Often students are given an electronic schedule. It helps to keep it available the first week. Try to get a feel for what activities are mandatory vs. optional.

Work Responsibilities
These include starting IV lines, drawing blood, patient transport and other types of scut work. Paperwork includes write-ups, chart notes (progress, post-op, *etc*.), lab, x-ray, consult requisitions and discharge summaries. Students are usually responsible for patient presentations and may be required to make periodic reports on clinical topics. Students may be responsible for preparation of conferences by setting up chairs, gathering x-rays, lab data, *etc*. Students may be expected in surgery or clinics to provide extra help.

Ground Rules
These are important, especially during inpatient clerkships. Some rules are so sacred that an innocent mistake can get a student in hot water early on. Rules involve such things as the physician's orders and who signs them, paperwork, supplies, nursing routines, lab, x-ray and EKG services. A student should gain a flavor for the general medicolegal status of PA students on the ward and their usual level of involvement in patient care.

Do Independent Rounds When in the Hospital
Keep notes on each patient, listing diagnoses, physical findings, laboratory studies, treatment, *etc*. When students have a free hour do 'heart rounds'—listen to the hearts of all their patients until they can pick up the gallops, murmurs, arrhythmias, *etc.* If students have a patient with a stroke, do a complete neurological exam each day, and learn the neuro findings as the patient gets worse, stabilizes or improves. Re-examine the alcoholic patient daily until the stigmata of cirrhosis is remembered. Find out which patients have had x-rays, go down to the x-ray department, pull the films and find a cooperative resident or radiologist to read them. Go with the stroke patient to physical therapy, or with the chest pain patient to the EKG stress test lab.

Using students' notes for reference and review, read about the patients they are seeing. Students may have twenty different patients, and obviously can't read about twenty problems. Pick and choose, focusing on problems likely to be encountered in primary care. Leave the zebras for the specialists. Use the rotation objectives as a guide.

Scout Out the Residents

If students work in teaching hospitals they will probably be assigned to a resident team, officially under the supervision of the chief resident. If the chief resident is not adept at teaching, explore the junior staff: second-year residents, interns, even fourth-year medical students—often students find someone who is an exceptionally good teacher.

Do Scut Work

In the hospital, students can start IVs, run down lab tests, find lost charts, arrange for transportation. It saves the preceptor's time, partially pays them back for teaching, and shows that students are really part of the team. If students make the preceptor's life less crazy, he/she will repay with teaching.

Forms

Learn what forms are commonly used to requisition different services and how to fill them out. Some forms, such as blood bank requisitions, must be completed with exacting detail. Helpful hints about ways to minimize paperwork or get it expedited are valuable to discover.

Phone & Other Numbers

Numbers for lab, x-ray, admitting, paging, the ward, pharmacy, ER and OR are helpful. Ask the resident what numbers he or she calls most often and store these numbers on your phone. Find out where the telephone directory is located. Students may need security codes to enter restricted areas.

Typical Day

Get a rundown from someone in the know about how to coordinate a typical day. Such things as what time to arrive, when to order labs, x-rays, *etc.* to get them done by a certain time, what time patients are discharged and the length of daily rounds are useful to know. Also, check on whether there is an expected time-frame for taking care of personal needs such as meal breaks.

Call Schedule

Check to see if there are any obvious conflicts with future dates. The first day is usually the easiest time to juggle call.

Written Assignment Summary

<div align="center">Research Papers and Projects During the Clinical Year</div>

Assignments	Clerkship or Preceptorship	Due Date
Case Presentations	Clerkship	During Campus Week 1 or Graduation Week; see guidelines.
Underserved Populations (You must do this paper in preceptorship if you are fulfilling your underserved requirement during the preceptorship phase.)	Clerkship (unless Preceptorship is the Underserved rotation)	End of Underserved rotation. If the Preceptorship is the Underserved rotation, end of Preceptorship.
Capstone Papers **Students** will complete their capstone write-ups in winter quarter and post a draft presentation in spring		See Capstone Guidelines.

Transition Week

Transition week occurs during the week before clinical rotations begin. This week usually occurs around the middle of September and must be attended at each students' didactic campus. Activities include advisor meetings, a lecture on coding, a discussion of clinical year expectations and other practical information, review of clinical EKG/lab/X-ray skills, an orientation to the inpatient and surgery rotation expectations, an orientation to logging patient encounters and other matters involving EXXAT, an IV practice session, a general medical review, and a variety of other topics that may change overtime.

Campus Weeks

Students will return to the program for two Campus Weeks. These weeks include advisor meetings to review student progress, the Case Presentation (Clerkships), PANCE review lectures, online testing, physical exam testing, Clinical Reasoning skills testing, essay writing, lectures on issues pertaining to entering your new profession and increasing medical knowledge base, end of campus week evaluation tools, other written or online examinations as assigned, instruction on entering the PA profession, and information on job-seeking skills and the physician assistant educational program.

<u>**Campus Week # 1**</u>
Anchorage, Seattle, Spokane, and Tacoma students will be at their respective campuses. Bring the following items:
- Your computer plus chargers for testing.
- Materials for the Case Presentation.
- Medical equipment necessary to perform all phases of a physical exam.
- ***Students are expected to wear professional clothing during the week's activities.***

Campus Week # 2

Anchorage, Seattle, Spokane, and Tacoma students will be at their respective campuses. Bring the following items:

- Your computer plus chargers for testing.
- Medical equipment necessary to perform all phases of a physical exam.
- ***Students are expected to wear professional clothing during the week's activities.***

Advisor/Advisee Meeting Documentation

Date: _____

Advisor Name & Signature: _____   _____

Student Name & Signature: _____   _____

Any Initial Concerns:

Subjective:

_____ Transition to Provider Role

_____ Role Transition Issues

_____ Family/Support System Issues

_____ Study Habits and Plans for taking PANCE

_____ Interaction with Other Students (if applicable)

_____ Economic Concerns

_____ Housing Concerns

Notes:

Objective:

_____ Rotation Attendance

_____ Preparation for post-graduation

_____ Interaction with preceptors

_____ Interaction with clinic faculty/staff during rotations

_____ Assignments (i.e. underserved paper, preceptor's choice paper (bachelor's only), case presentation, etc.)

_____ Capstone (if applicable). Student should also be meeting with Capstone advisor during this week.

_____ Academic Performance

_____ Behaviors

Notes (Assessment and follow-up plans if applicable):

Patient Encounter Logs

PATIENT LOG	Guidelines
Assignment: • EXXAT address: https://apps.exxat.com/CSPS/Dashboard • Enter information daily into the Exxat system. Log each patient encounter as soon as possible in order to ensure accuracy. • Each time a patient is seen, log the encounter. In the outpatient setting, if a patient returns for a second visit, that is a second encounter and students should log the visit. In an inpatient setting, where students will see the same patient daily, each day is considered a new encounter and should be logged as such. • Patients seen when shadowing preceptor are considered patient encounters and students should log them as "observed." • Review records to be sure there is no missing information. • If the Exxat site or the handheld unit is not accessible, students must keep track of each encounter on paper. Students will then need to enter this data online as soon as possible.	Due Date: • Enter/upload *daily* • Optimally, log 500 patient encounters during the FM preceptorship, although logging patient encounters must continue throughout the rotation for every patient encounter. • Optimally, log 60 patient encounters during Clerkship although logging patient encounters should continue throughout the rotation.

1. **Date:** Day of patient encounters. The program wants to know how many patients a student sees daily. Be sure you enter the date of the actual encounter (not a later date if catching up.)

2. **Student, Period and Rotation:** Select *My Placements*, choose the correct rotation, then select *Patient Log* from the To Do List, and select *Add Patient Log*.

3. **Preceptor and Clinical Site:** If the preceptor, co-preceptor or site is not listed in EXXAT, go back to the To Do list, select *Preceptor Information*, click *Add New Preceptor*, and fill in all required fields. It is also important to note the subspecialty type (*e.g.*, the program wants to know when students visit a long-term care setting, *etc*.)

4. **Patient Demographics:** Add appropriate patient information. Note that fields marked with a red asterisk are required fields and must be completed. If the EXXAT website is out of service and students are using paper, keep a sequential numbering of patients seen (for a running total). Remain HIPAA-compliant: do not include actual patient identifiers.

5. It is optimal to participate in and track 500 patient encounters during the preceptorship phase and 60 patient encounters during clerkships. Continue logging every patient encounters up to the last rotation day even if the optimal number has been achieved.

6. **Attributes:** (well-child, prenatal, women's health, etc.)

7. **Reason for Visit:** Select a reason for the patient's visit.

8. **H&P Type:** Select appropriate type from the drop-down menu.

9. **Type of Decision-Making:** Indicate the appropriate level of decision-making for each problem or procedure entered. Medical decision-making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:
   a. the number of possible diagnoses and/or the number of management options that must be considered;
   b. the amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analysed;
   c. the risk of significant complications, morbidity and/or mortality—as well as comorbidities—associated with the patient's presenting problem(s), diagnostic procedure(s), and/or the possible management options.
   d. Four types of medical decision-making are recognized: straightforward, low complexity, moderate complexity and high complexity. To qualify for a given type of decision-making, two of the three elements in the table below must be met or exceeded.
   e. Comorbidities or underlying diseases, in and of themselves, are not considered in selecting a level of evaluation and management services unless their presence significantly increases the complexity of the medical decision-making.

Type of Decision Making	Number of Diagnoses or Management Options	Amount and/or Complexity of Data to be Reviewed	Risk of Complications and/or Morbidity or Mortality
Straightforward	Minimal	Minimal or None	Minimal
Low Complexity	Limited	Limited	Low
Moderate Complexity	Multiple	Moderate	Moderate
High Complexity	Extensive	Extensive	High

10. **Student Participation:** Indicate the level of participation the student had during each encounter.
    a. Preceptor performed greater than 50% of encounter with student present
    b. Preceptor performed less than 50% of encounter with student present
    c. Student performed 75% or more with preceptor supervision and input as needed
    d. Preceptor observed student perform most of encounter with verification of findings
    e. Student observed, preceptor performed most of the encounter

11. **Diagnosis/ICD 10 Codes:** Enter all appropriate ICD codes for the patient encounter in this space. If the proper diagnosis code to enter is not known, use the search tool. Using this tool will take students through the process of diagnosis from general to specific. Students can also use this tool to look up a code by entering it in the search box. If students prefer to look up codes by searching for a specific term, they may use the keyword search tool (shaped like a tablet) to the right of the magnifying glass. If unsure of a code, look it up. Accurate coding is an essential skill for practitioners.

12.   **CPT Codes:** Enter these codes the same way ICD codes are entered. Again, maintaining accurate records is of the utmost importance and depends upon proper coding.

13.   **Procedures:** Pick the procedure from the list.

14.   **Clinical Notes:** Record any necessary notes here, such as referrals to other practitioners or drugs the patient is taking; anything the student feels is pertinent to the record of the patient's visit.

15.   **Encounter Continuity:**
   - **Save Data:** Selecting the "Save" button at the bottom of the screen will save the encounter and return to the main menu. When an entry is saved, Exxat has a prompt to fill in any necessary fields that might have been left blank.
   - **Complete:** Select this link to submit the log for review and to return to the main menu.
   - **Save/Complete & Add New Log:** Select one of these links from the drop-down arrow next to the Save or Complete button if there is another encounter to record after saving or completing the encounter presently being worked on.

16. **Time Sheet**: Students are required to log time spent at the rotation on a daily basis. Please include time spent on educational activities such as Grand Rounds, Morbidity/Mortality Rounds, Residency and Medical lectures, etc. To access the Time-sheets go to *My Placements*, choose the correct rotation, and then choose *Time Sheet* from the To Do List, enter the time by clicking *Add Time* Entry. Add the time for each day of the week. When complete, click the check box verifying all entries and press *Submit Timesheet.*

Appendix A: Resources

A.1   Integrating the Student into a Busy Practice

Integrating the Learner into the Busy Office Practice[1]
This article outlines strategies for effectively integrating a student into a busy practice; it helps answer preceptor questions, including "What do I do if I get behind?" and "What measures can help prevent me from getting behind?" *https://med.emory.edu/opex/preceptors/tips/integrating-learners.html*

Time-Efficient Preceptors in Ambulatory Care Settings[2]
This case-based article gives the reader time-saving and educationally effective strategies for teaching students in the clinical setting.
https://www.ncbi.nlm.nih.gov/pubmed/10875509

A.2   Evaluation and Teaching Strategies

Evaluation Using the GRADE Strategy[3]
This easy-to-use tool provides five simple tips on how to effectively evaluate PA students.
https://cdn.ymaws.com/www.nwrpca.org/resource/resmgr/workforce/Evaluation_using_the_GRADE_S.pdf

The One-Minute Preceptor[4]
This resource outlines five "microskills" essential to clinical teaching.
https://fammedarchives.blob.core.windows.net/imagesandpdfs/fmhub/fm2003/jun03/stevens.pdf

Feedback and Reflection: Teaching Methods for Clinical Settings[5]
This article describes how to use these two clinical teaching methods effectively.
https://uthscsa.edu/gme/documents/FeedbackandReflection.pdf

Characteristics of Effective Clinical Teachers[6]
This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors.
*https://pdfs.semanticscholar.org/5244/0beecd718e744ae26aa16bd215a993dfcc88.pd*f

A.3   Providing Effective Feedback

Getting Beyond "Good Job": How to Give Effective Feedback[7]
This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback.
https://pediatrics.aappublications.org/content/pediatrics/127/2/205.full.pdf

A.4   Managing Difficult Learning Situations

Providing Difficult Feedback: TIPS for the Problem Learner[8]

This article provides an easy-to-use "TIPS" strategy to address difficult learners or learning situations.
https://uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf

A.5   Developing Expectations

Setting Expectations: An Educational Monograph for Community-Based Teachers[9]
This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher.
http://www.snhahec.org/Setting%20%20Expectations.pdf

Appendix B: MEDEX Program Core Competencies and Related Competencies

MEDEX Program Core Competencies and Related Competencies	
Patient Care	
PC.01	Perform all medical, diagnostic, and surgical procedures considered essential for a generalist physician assistant.
PC.02	Gather essential and accurate information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging, and other tests.
PC.03	Organize and prioritize responsibilities to provide care that is safe, effective, and efficient.
PC.04	Interpret laboratory data, imaging studies, and other tests required for the area of practice.
PC.05	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up to date scientific evidence, and clinical judgment.
PC.06	Develop and carry out patient management plans.
PC.07	Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making.
PC.08	Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes.
PC.09	Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health.

	Knowledge for Practice
KP.01	Identify the normal anatomy, development and physiology of major tissues, organs and organ systems.
KP.02	Demonstrate knowledge of the biochemical, molecular, and cellular mechanisms important for maintaining homeostasis.
KP.03	Demonstrate knowledge of the principles of genetics and its application to clinical practice.
KP.04	Demonstrate knowledge of disease pathology, including the gross and histologic appearance of disease.
KP.05	Demonstrate a knowledge of the scientific bases of normal and abnormal human behavior.
KP.06	Demonstrate a knowledge of the effects that environmental stressors have on health, and the inequalities in distribution of and vulnerability to stress across demographic groups.
KP.07	Demonstrate knowledge of key dimensions of health inequities in relation to socioeconomic position, race/ethnicity, gender and sexuality.
KP.08	Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs.
KP.09	Demonstrate an investigatory and analytic approach to clinical situations.
KP.10	Apply established and emerging scientific principles fundamental to health care for patients and populations.
KP.11	Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence based health care.
KP.12	Apply principles of epidemiological science to the identification of health problems, risk factors, treatment strategies, and disease prevention/health promotion efforts for patients and populations.
KP.13	Apply principles of social behavioral sciences to the provision of health care, including the contribution of societal influences to health, care seeking and adherence, and to patient attitudes towards care.
KP.14	Apply principles of population health to the analysis, design, and delivery of health care.
KP.15	Collaborate in the creation, dissemination, application, and / or translation of new health care knowledge and practices.

Practice-Based Learning and Improvement	
PB.01	Identify strengths, deficiencies, and limits in one's knowledge and expertise.
PB.02	Set learning and improvement goals.
PB.03	Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes.
PB.04	Collaboratively analyze practice using quality improvement methods, and implement changes with the goal of practice improvement.
PB.05	Incorporate feedback into daily practice.
PB.06	Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.
PB.07	Use information technology to optimize learning.
PB.08	Participate in the education of patients, families, students, trainees, peers and other health professionals.
PB.09	Obtain and utilize information about individual patients, populations of patients or communities from which patients are drawn to improve care.
PB.10	Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes.

Interpersonal and Communication Skills

CS.01	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
CS.02	Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (see also IP.03).
CS.03	Work effectively with others as a member or leader of a health care team or other professional group.
CS.04	Maintain comprehensive, timely, and legible medical records.
CS.05	Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics.
CS.06	Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions.

Professionalism

PR.01	Demonstrate compassion, integrity, and respect for others.
PR.03	Demonstrate respect for patient privacy and autonomy.
PR.04	Demonstrate accountability to patients, society, and the profession.
PR.05	Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation.
PR.06	Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations.

Systems-Based Practice	
SB.01	Work effectively in various health care delivery settings and systems relevant to one's clinical specialty.
SB.02	Coordinate patient care within the health care system relevant to one's clinical specialty.
SB.03	Advocate for quality patient care and optimal patient care systems.
SB.04	Participate in identifying system errors and implementing potential systems solutions.

Interprofessional Collaboration	
IP.01	Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
IP.02	Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served.
IP.03	Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations.

Personal and Professional Development	
PD.01	PD.01 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors.
PD.02	Demonstrate healthy coping mechanisms to respond to stress.
PD.03	Manage conflict between personal and professional responsibilities.
PD.04	Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior.
PD.05	Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients.
PD.06	Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system.
PD.07	Demonstrate self confidence that puts patients, families, and members of the health care team at ease.
PD.08	Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty.

Appendix C: Evaluation Forms

Student Performance on Family Medicine Preceptorship Objectives

Required Rating of Student Performance:

Please rate your MEDEX student on the following items. We appreciate your honest assessment in order for students to grow in their learning. These items contribute toward *part* of the student's final culminating clinical grade. Preceptors are expected to review this assessment with the student; and students do have the ability to see final ratings. Any sensitive comments should be raised directly with the MEDEX clinical coordinator.

Grading Key:

Any score of 1 is a potential failing grade

Two or more scores of 2 is a potential failing grade

A failing score or N/A will result in a consult with a faculty clinical coordinator, to determine if it is a student performance issue or lack of sufficient opportunities in order to determine what remediation is needed.*

  *Students must see age range and women's health patients.

Assessment criteria are explained for each item. The expectation is that a score of 1 should be reserved for Unsatisfactory performance and a score of 4 for Exemplary or Exceptional performance by the student. When scoring please take into consideration that students are expected to progress over the duration of their rotation series.

PATIENT CARE – across the lifespan to include Pediatrics, Adult, Geriatric, and Women's health care to include prenatal and Ob/Gyn.

(1) Perform targeted medical history to include health promotion, disease prevention, and appropriate physical examination, and present it to the preceptor for patients across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health.

Scale:

1	2	3	4	N/A
Always omits key medical history information and/or physical exam findings	Often omits key medical history information and/or physical exam findings	Usually presents a complete and accurate medical history and important physical exam findings	Consistently presents a complete, accurate, and concise medical history, and physical exam findings in a timely manner	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Pediatric Patients Should include, but is not limited to: assessment of age appropriate developmental milestones, performing a well infant/toddler exam and adolescent exam.					
Infant - Pediatric Patients (age <1)	o 1	o 2	o 3	o 4	o N/A
Child - Pediatric Patients (age 1-10)	o 1	o 2	o 3	o 4	o N/A
Adolescent - Pediatric Patients (age 11-18)	o 1	o 2	o 3	o 4	o N/A

Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Women's Prenatal and Ob/Gyn Health Patients Should include, but is not limited to: sexual history, contraceptive history, gravidity and parity, ante-partum and post-partum care.					
Prenatal - Women's Health Patients	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) All adult patients, including women patients that are not prenatal or Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Should include, but is not limited to, mini-mental status exam (MMSE), evaluation for activities of daily living, polypharmacy review, including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

(2) Construct differential diagnoses and support the most likely diagnosis based on history, physical exam, and laboratory findings for patients across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Does not construct differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Sometimes constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Usually constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Consistently constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Pediatric Patients Should include, but is not limited to: a pediatric patient presenting with a fever and respiratory complaints; a dermatological and/or gastrointestinal complaint.	○ 1	○ 2	○ 3	○ 4	○ N/A
Infant - Pediatric Patients (age <1)	○ 1	○ 2	○ 3	○ 4	○ N/A
Child - Pediatric Patients (age 1-10)	○ 1	○ 2	○ 3	○ 4	○ N/A
Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Women's Prenatal and Ob/Gyn Health Patients Should include, but is not limited to: abnormal vaginal bleeding, vaginal discharge, ante-partum and post-partum conditions.					
Prenatal - Women's Health Patients	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients	○ 1	○ 2	○ 3	○ 4	○ N/A

Adult Patients (age 19 – 64) Includes differential diagnoses for all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Includes differential diagnoses for geriatric patients (age 65+), including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

(3) Manage and document the initial evaluation and follow-up visits with patients across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn, in a family medicine/underserved setting.

Scale:

1	2	3	4	N/A
Contributes nothing to the plans for diagnosis or treatment	Contributes little to the plans for diagnosis or treatment	Usually contributes ideas to the diagnostic or treatment plans	Consistently generates and documents appropriate diagnostic or treatment plans	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Pediatric Patients Should include, but is not limited to: developmental milestones and longitudinal care of chronic conditions; charting normal development and growth; treating an upper respiratory complaint such as asthma; otitis media; a skin rash; nausea and vomiting; diarrhea and/or constipation.					
Infant - Pediatric Patients (age <1)	○ 1	○ 2	○ 3	○ 4	○ N/A
Child - Pediatric Patients (age 1-10)	○ 1	○ 2	○ 3	○ 4	○ N/A
Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Women's Prenatal and Ob/Gyn Health Patients Should include, but is not limited to: longitudinal care of chronic conditions; a patient experiencing peri-menopausal and menopausal symptoms; screening a patient for a sexually transmitted infection and providing correct treatment.					
Prenatal - Women's Health Patients	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits. Should include, but is not limited to: longitudinal care of chronic conditions; upper respiratory complaint; low back pain; hyperlipidemia; hypertension; diabetes mellitus type 2; a skin rash; smoking and its associated complications; obesity and its associated complications; GERD; UTI; rectal bleeding.	○ 1	○ 2	○ 3	○ 4	○ N/A

Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits. Should include, but is not limited to: longitudinal care of chronic conditions; upper respiratory complaint; low back pain; hyperlipidemia; hypertension; diabetes mellitus type 2; a skin rash; smoking and its associated complications; obesity and its associated complications; GERD; UTI; rectal bleeding.	○ 1	○ 2	○ 3	○ 4	○ N/A

(4) Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a generalist PA across the lifespan for patients of any age or gender (to include, infants, children, adolescents, adults, and the elderly, and women's health to include prenatal and Ob/Gyn).

Scale:

1	2	3	4	N/A
Does not demonstrate skills necessary for participation in diagnostic, and therapeutic procedures	Sometimes demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Usually demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Consistently demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Infant - Pediatric Patients (age <1)	○ 1	○ 2	○ 3	○ 4	○ N/A
Child - Pediatric Patients (age 1-10)	○ 1	○ 2	○ 3	○ 4	○ N/A
Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal care.	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients Gynecologic care.	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

(5) Observe, assist with, or perform common procedures performed across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Does not demonstrate skills necessary for participation in common procedures with patient population	Sometimes demonstrates skills necessary for participation in common procedures with patient population	Usually demonstrates skills necessary for participation in common procedures with patient population	Consistently demonstrates skills necessary for participation in common procedures with patient population	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Infant - Pediatric Patients (age <1) Pediatric procedures.	o 1	o 2	o 3	o 4	o N/A
Child - Pediatric Patients (age 1-10) Pediatric procedures.	o 1	o 2	o 3	o 4	o N/A
Adolescent - Pediatric Patients (age 11-18) Pediatric procedures.	o 1	o 2	o 3	o 4	o N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal procedures in women's health visits.	o 1	o 2	o 3	o 4	o N/A
Ob/Gyn - Women's Health Patients Gynecologic procedures in women's health visits.	o 1	o 2	o 3	o 4	o N/A
Adult Patients (age 19 – 64) Adult patient procedures. Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A
Geriatric Patients (age 65+) Geriatric procedures. Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A

KNOWLEDGE FOR PRACTICE - across the lifespan to include Pediatrics, Adult, Geriatric, and Women's health care to include prenatal and Ob/Gyn).

(6) Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs across the lifespan for patients of any age or gender (to include, infants, children, adolescents, adults, the elderly, and women's health to include prenatal and Ob/Gyn).

Scale:

1	2	3	4	N/A
Does not demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Sometimes demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Usually demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Consistently demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

	1	2	3	4	N/A
Infant - Pediatric Patients (age <1)	o 1	o 2	o 3	o 4	o N/A
Child - Pediatric Patients (age 1-10)	o 1	o 2	o 3	o 4	o N/A
Adolescent - Pediatric Patients (age 11-18)	o 1	o 2	o 3	o 4	o N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal care.	o 1	o 2	o 3	o 4	o N/A
Ob/Gyn - Women's Health Patients Gynecologic care.	o 1	o 2	o 3	o 4	o N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A

(7) Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology, and pharmacology of any age or gender (to include, infants, children, adolescents, adults, the elderly, and women's health to include prenatal and Ob/Gyn).

Scale:

1	2	3	4	N/A
Does not accurately interpret or select basic diagnostic tests (eg, routine imaging, basic metabolic panel)	Sometimes accurately interprets and selects basic diagnostic tests	Usually able to interpret and select basic diagnostic tests	Consistently able to interpret and select basic diagnostic tests	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

	1	2	3	4	N/A
Infant - Pediatric Patients (age <1)	o 1	o 2	o 3	o 4	o N/A
Child - Pediatric Patients (age 1-10)	o 1	o 2	o 3	o 4	o N/A
Adolescent - Pediatric Patients (age 11-18)	o 1	o 2	o 3	o 4	o N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal care.	o 1	o 2	o 3	o 4	o N/A

Ob/Gyn - Women's Health Patients Gynecologic care.	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

(8) Generate treatment plans collaboratively, with patient or parent/caregiver input, for common problems seen across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Contributes nothing to treatment plan	Contributes little to the treatment plan	Usually contributes ideas to the treatment plan	Consistently generates and documents appropriate treatment plan	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Pediatric Patients Should include, but is not limited to: pharmacotherapy, lifestyle modifications, non-medicinal therapies, community resources, follow-up evaluation, and patient education.					
Infant - Pediatric Patients (age <1)	○ 1	○ 2	○ 3	○ 4	○ N/A
Child - Pediatric Patients (age 1-10)	○ 1	○ 2	○ 3	○ 4	○ N/A
Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Women's Prenatal and Ob/Gyn Health Patients Should include, but is not limited to: pharmacotherapy, lifestyle modifications, non-pharmaceutical therapies, patient education, and indications for consultation of specialists.					
Prenatal - Women's Health Patients	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits. Should include, but is not limited to: pharmacotherapy, lifestyle modifications, non-pharmaceutical therapies, patient education, and indications for consultation of specialists.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits. Should include, but is not limited to: pharmacotherapy, lifestyle modifications, non-pharmaceutical therapies, patient education, and indications for consultation of specialists.	○ 1	○ 2	○ 3	○ 4	○ N/A

(9) Collaboratively, with patient or parent/caregiver input, develop evidence-based health promotion/disease prevention plans seen across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Never develops health promotion/disease prevention plans for patients	Contributes little to the health promotion/disease prevention plans or neglects appropriate resources to assist in design	Usually uses patient preferences and evidence based resources to create health promotion plans	Consistently uses patient preferences and evidence based resources to create health promotion plans	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Pediatric Patients Should include, but is not limited to: immunizations, age appropriate screening, and anticipatory guidance for pediatric age patients.					
Infant - Pediatric Patients (age <1)	o 1	o 2	o 3	o 4	o N/A
Child - Pediatric Patients (age 1-10)	o 1	o 2	o 3	o 4	o N/A
Adolescent - Pediatric Patients (age 11-18)	o 1	o 2	o 3	o 4	o N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal related.	o 1	o 2	o 3	o 4	o N/A
Ob/Gyn - Women's Health Patients Gynecologic related.	o 1	o 2	o 3	o 4	o N/A

Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A

COMMUNICATION SKILLS - across the lifespan to include Pediatrics, Adult, Geriatric, and Women's health care

(10) Demonstrate use of patient centered communication skills during history taking, physical exam, and in use of electronic health records across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

	1	2	3	4	N/A
Infant - Pediatric Patients (age <1)	○ 1	○ 2	○ 3	○ 4	○ N/A
Child - Pediatric Patients (age 1-10)	○ 1	○ 2	○ 3	○ 4	○ N/A
Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal related.	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients Gynecologic related.	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

(11) Demonstrate collaborative decision making with patients in an outpatient setting across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

	1	2	3	4	N/A
Infant - Pediatric Patients (age <1)	○ 1	○ 2	○ 3	○ 4	○ N/A
Child - Pediatric Patients (age 1-10)	○ 1	○ 2	○ 3	○ 4	○ N/A
Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal related.	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients Gynecologic related.	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

PROFESSIONALISM - across the lifespan to include Pediatrics, Adult, Geriatric, and Women's health care

(12) Demonstrate positive educational attitudes, including responsiveness to correction, ability to deal with stress and complexities of the clinical situation.

Please rate student in general on the following:

Never demonstrates positive educational attitudes	Sometimes demonstrates positive educational attitudes	Usually demonstrates positive educational attitudes	Consistently demonstrates positive educational attitudes
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

(13) Demonstrate dependability and responsibility.

Please rate student in general on the following:

Never starts work nor completes tasks on time	Sometimes starts work and completes tasks on time	Usually starts work and completes tasks on time	Consistently starts work and completes tasks on time
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

(14) Demonstrate compassion, integrity, and respect for others in the care of patients and families.

Please rate student in general on the following:

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

(15) Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.

Please rate student in general on the following:

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

INTERPROFESSIONAL COLLABORATION

(16) Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.

Please rate student in general on the following:

Always disruptive, untrustworthy, or not collaborative	Often disruptive, untrustworthy, or not collaborative	Usually participates as an active member of the team	Consistently enhances team function
o 1	o 2	o 3	o 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

PROFESSIONAL AND PERSONAL DEVELOPMENT

(17) Recognize that ambiguity is part of clinical health care, and utilize appropriate resources in dealing with uncertainty.

Please rate student in general on the following:

Never recognizes ambiguity in health care	Only occasionally recognizes ambiguity in health care, and is not able to deal with ambiguity or preferences	Recognizes ambiguity in health care, but has difficulty in dealing with ambiguity or preferences	Consistently recognizes when ambiguity is present, and helps others deal with these issues
o 1	o 2	o 3	o 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

(18) Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.

Please rate student in general on the following:

Does not recognize limitations and strengths	Has difficulty in recognizing limitations and strengths	Recognizes limitations and strengths, and may be able to develop plans for adjustment or improvement	Consistently recognizes limitations and strengths as well as challenges in new environment. Actively seeks ways to improve and adjust
o 1	o 2	o 3	o 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

SYSTEMS BASED PRACTICE

(19) Advocates for quality patient care and optimal patient care systems and, if the opportunity arises, participates in identifying system errors and implementing potential systems solutions.

Please rate student in general on the following:

Does not recognize opportunities to advocate for quality patient care	Sometimes recognizes opportunities but does not advocate for quality patient care	Usually advocates for quality patient care	Consistently advocates for quality patient care and participates in identifying system errors
o 1	o 2	o 3	o 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Other Evaluation Components

CLINIC READINESS

(20) We would like to better understand how adequately prepared the student was to engage in this rotation upon arrival, on day one.

Please rate the student's preparedness at the beginning of the rotation, in each of the following areas:
Scale: 1 Very Unprepared → 4 Very Well Prepared

      Basic medical history skills
      Physical examination skills
      Oral case presentation skills
      Understanding the role of the PA
      Problem Solving/Critical Thinking
      Factual Knowledge & Concepts
      Knowledge of diagnostic and general lab studies
      Interpretation of basic laboratory tests (e.g., basic endocrine labs, amylase/lipase)
      Professionalism with colleagues
      Professionalism with patients
      Treating a diverse population

(21) Please describe specific areas or skills where MEDEX could better prepare the student prior to rotation.
(comment box)

Suggested Overall Assessment

(22) Fail   Borderline   Pass   Prefer verbal consult with faculty clinical coordinator

Required Summary of Performance

(23) Additional Remarks - Please include any strengths, weaknesses, or critical incidents. (comment box)

(24) Did you discuss this evaluation with the student? (Yes / No)

Student Performance on Family Medicine/Underserved Preceptorship Objectives

Required Rating of Student Performance:
Please rate your MEDEX student on the following items. We appreciate your honest assessment in order for students to grow in their learning. These items contribute toward *part* of the student's final culminating clinical grade. Preceptors are expected to review this assessment with the student; and students do have the ability to see final ratings. Any sensitive comments should be raised directly with the MEDEX clinical coordinator.

Grading Key:
Any score of 1 is a potential failing grade
Two or more scores of 2 is a potential failing grade

A failing score or N/A will result in a consult with a faculty clinical coordinator, to determine if it is a student performance issue or lack of sufficient opportunities in order to determine what remediation is needed.*
   *Students must see age range and women's health patients.

Assessment criteria are explained for each item. The expectation is that a score of 1 should be reserved for Unsatisfactory performance and a score of 4 for Exemplary or Exceptional performance by the student. When scoring please take into consideration that students are expected to progress over the duration of their rotation series.

PATIENT CARE – across the lifespan to include Pediatrics, Adult, Geriatric, and Women's health care to include prenatal and Ob/Gyn

(1) Perform targeted medical history to include health promotion, disease prevention, and appropriate physical examination, and present it to the preceptor for patients across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health.

Scale:

1	2	3	4	N/A
Always omits key medical history information and/or physical exam findings	Often omits key medical history information and/or physical exam findings	Usually presents a complete and accurate medical history and important physical exam findings	Consistently presents a complete, accurate, and concise medical history, and physical exam findings in a timely manner	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Pediatric Patients Should include, but is not limited to: assessment of age appropriate developmental milestones, performing a well infant/toddler exam and adolescent exam.					
Infant - Pediatric Patients (age <1)	o 1	o 2	o 3	o 4	o N/A
Child - Pediatric Patients (age 1-10)	o 1	o 2	o 3	o 4	o N/A
Adolescent - Pediatric Patients (age 11-18)	o 1	o 2	o 3	o 4	o N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Women's Prenatal and Ob/Gyn Health Patients Should include, but is not limited to: sexual history, contraceptive history, gravidity and parity, ante-partum and post-partum care.					
Prenatal - Women's Health Patients	o 1	o 2	o 3	o 4	o N/A
Ob/Gyn - Women's Health Patients	o 1	o 2	o 3	o 4	o N/A
Adult Patients (age 19 – 64) All adult patients, including women patients that are not prenatal or Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A

Geriatric Patients (age 65+) Should include, but is not limited to, mini-mental status exam (MMSE), evaluation for activities of daily living, polypharmacy review, including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

(2) Construct differential diagnoses and support the most likely diagnosis based on history, physical exam, and laboratory findings for patients across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Does not construct differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Sometimes constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Usually constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Consistently constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Pediatric Patients (age 0 – 18) Should include, but is not limited to: a pediatric patient presenting with a fever and respiratory complaints; a dermatological and/or gastrointestinal complaint.					
Infant - Pediatric Patients (age <1)	○ 1	○ 2	○ 3	○ 4	○ N/A
Child - Pediatric Patients (age 1-10)	○ 1	○ 2	○ 3	○ 4	○ N/A
Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Women's Health Patients Should include, but is not limited to: abnormal vaginal bleeding, vaginal discharge, ante-partum and post-partum conditions.					
Prenatal - Women's Health Patients	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Includes differential diagnoses for all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Includes differential diagnoses for geriatric patients (age 65+), including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

(3) Manage and document the initial evaluation and follow-up visits with patients across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn, in a family medicine/underserved setting.

Scale:

1	2	3	4	N/A
Contributes nothing to the plans for diagnosis or treatment	Contributes little to the plans for diagnosis or treatment	Usually contributes ideas to the diagnostic or treatment plans	Consistently generates and documents appropriate diagnostic or treatment plans	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Pediatric Patients (age 0 – 18) Should include, but is not limited to: developmental milestones and longitudinal care of chronic conditions; charting normal development and growth; treating an upper respiratory complaint such as asthma; otitis media; a skin rash; nausea and vomiting; diarrhea and/or constipation.					
Infant - Pediatric Patients (age <1)	○ 1	○ 2	○ 3	○ 4	○ N/A
Child - Pediatric Patients (age 1-10)	○ 1	○ 2	○ 3	○ 4	○ N/A
Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Women's Prenatal and Ob/Gyn Health Patients Should include, but is not limited to: longitudinal care of chronic conditions; a patient experiencing peri-menopausal and menopausal symptoms; screening a patient for a sexually transmitted infection and providing correct treatment.					
Prenatal - Women's Health Patients	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits. Should include, but is not limited to: longitudinal care of chronic conditions; upper respiratory complaint; low back pain; hyperlipidemia; hypertension; diabetes mellitus type 2; a skin rash; smoking and its associated complications; obesity and its associated complications; GERD; UTI; rectal bleeding.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits. Should include, but is not limited to: longitudinal care of chronic conditions; upper respiratory complaint; low back pain; hyperlipidemia; hypertension; diabetes mellitus type 2; a skin rash; smoking and its associated complications; obesity and its associated complications; GERD; UTI; rectal bleeding.	○ 1	○ 2	○ 3	○ 4	○ N/A

(4) Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a generalist PA across the lifespan for patients of any age or gender (to include, infants, children, adolescents, adults, and the elderly, and women's health to include prenatal and Ob/Gyn).

Scale:

1	2	3	4	N/A
Does not demonstrate skills necessary for participation in diagnostic, and therapeutic procedures	Sometimes demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Usually demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Consistently demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

	1	2	3	4	N/A
Infant - Pediatric Patients (age <1)	o 1	o 2	o 3	o 4	o N/A
Child - Pediatric Patients (age 1-10)	o 1	o 2	o 3	o 4	o N/A
Adolescent - Pediatric Patients (age 11-18)	o 1	o 2	o 3	o 4	o N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal care.	o 1	o 2	o 3	o 4	o N/A
Ob/Gyn - Women's Health Patients Gynecologic care.	o 1	o 2	o 3	o 4	o N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A

(5) Observe, assist with, or perform common procedures performed across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Does not demonstrate skills necessary for participation in common procedures with patient population	Sometimes demonstrates skills necessary for participation in common procedures with patient population	Usually demonstrates skills necessary for participation in common procedures with patient population	Consistently demonstrates skills necessary for participation in common procedures with patient population	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

	1	2	3	4	N/A
Infant - Pediatric Patients (age <1) Pediatric procedures.	o 1	o 2	o 3	o 4	o N/A
Child - Pediatric Patients (age 1-10) Pediatric procedures	o 1	o 2	o 3	o 4	o N/A

	1	2	3	4	N/A
Adolescent - Pediatric Patients (age 11-18) Pediatric procedures.	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal procedures in women's health visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients Gynecologic procedures in women's health visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Adult patient procedures. Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

(6) Select appropriate medical therapy, including diet, activity/behavior modification and drugs across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Does not select appropriate medical therapy, generates and documents appropriate diagnostic or treatment plans	Sometimes selects appropriate medical therapy, generates and documents appropriate diagnostic or treatment plans	Usually selects appropriate medical therapy, generates and documents appropriate diagnostic or treatment plans	Consistently selects appropriate medical therapy, generates and documents appropriate diagnostic or treatment plans	Insufficient contact or cannot assess

If you indicated a "1" or N/A please explain (comment box). Clinical coordinator will be contacted.

Rate student on each of the following patient populations:

	1	2	3	4	N/A
Infant - Pediatric Patients (age <1)	○ 1	○ 2	○ 3	○ 4	○ N/A
Child - Pediatric Patients (age 1-10)	○ 1	○ 2	○ 3	○ 4	○ N/A
Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal care.	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients Gynecologic care.	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

KNOWLEDGE FOR PRACTICE - across the lifespan to include Pediatrics, Adult, Geriatric, and Women's health care to include prenatal and Ob/Gyn

(7) Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs across the lifespan for patients of any age or gender (to include, infants, children, adolescents, adults, the elderly, and women's health to include prenatal and Ob/Gyn).

Scale:

1	2	3	4	N/A
Does not demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Sometimes demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Usually demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Consistently demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Infant - Pediatric Patients (age <1)	○ 1	○ 2	○ 3	○ 4	○ N/A
Child - Pediatric Patients (age 1-10)	○ 1	○ 2	○ 3	○ 4	○ N/A
Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal care.	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients Gynecologic care.	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

(8) Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology, and pharmacology of any age or gender (to include, infants, children, adolescents, adults, the elderly, and women's health to include prenatal and Ob/Gyn).

Scale:

1	2	3	4	N/A
Does not accurately interpret or select basic diagnostic tests (eg, routine imaging, basic metabolic panel)	Sometimes accurately interprets and selects basic diagnostic tests	Usually able to interpret and select basic diagnostic tests	Consistently able to interpret and select basic diagnostic tests	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Infant - Pediatric Patients (age <1)	○ 1	○ 2	○ 3	○ 4	○ N/A
Child - Pediatric Patients (age 1-10)	○ 1	○ 2	○ 3	○ 4	○ N/A
Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A

Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal care.	o 1	o 2	o 3	o 4	o N/A
Ob/Gyn - Women's Health Patients Gynecologic care.	o 1	o 2	o 3	o 4	o N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A

(9) Select appropriate cost-effective laboratory tests, radiologic examinations and procedures, to assist in delineating patients' problems (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Does not accurately interpret or select cost-effective basic diagnostic tests (eg, routine imaging, basic metabolic panel)	Sometimes accurately interprets and selects cost-effective basic diagnostic tests	Usually able to interpret and select cost-effective basic diagnostic tests	Consistently able to interpret and select cost-effective basic diagnostic tests	Insufficient contact or cannot assess

If you indicated a "1" or N/A please explain (comment box). Clinical coordinator will be contacted.

Rate student on each of the following patient populations:

Infant - Pediatric Patients (age <1)	o 1	o 2	o 3	o 4	o N/A
Child - Pediatric Patients (age 1-10)	o 1	o 2	o 3	o 4	o N/A
Adolescent - Pediatric Patients (age 11-18)	o 1	o 2	o 3	o 4	o N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal care.	o 1	o 2	o 3	o 4	o N/A
Ob/Gyn - Women's Health Patients Gynecologic care.	o 1	o 2	o 3	o 4	o N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A

(10) Generate treatment plans collaboratively, with patient or parent/caregiver input, for common problems seen across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Contributes nothing to treatment plan	Contributes little to the treatment plan	Usually contributes ideas to the treatment plan	Consistently generates and documents appropriate treatment plan	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Pediatric Patients Should include, but is not limited to: pharmacotherapy, lifestyle modifications, non-medicinal therapies, community resources, follow-up evaluation, and patient education.					
Infant - Pediatric Patients (age <1)	o 1	o 2	o 3	o 4	o N/A
Child - Pediatric Patients (age 1-10)	o 1	o 2	o 3	o 4	o N/A
Adolescent - Pediatric Patients (age 11-18)	o 1	o 2	o 3	o 4	o N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Women's Prenatal and Ob/Gyn Health Patients Should include, but is not limited to: pharmacotherapy, lifestyle modifications, non-pharmaceutical therapies, patient education, and indications for consultation of specialists.					
Prenatal - Women's Health Patients	o 1	o 2	o 3	o 4	o N/A
Ob/Gyn - Women's Health Patients	o 1	o 2	o 3	o 4	o N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits. Should include, but is not limited to: pharmacotherapy, lifestyle modifications, non-pharmaceutical therapies, patient education, and indications for consultation of specialists.	o 1	o 2	o 3	o 4	o N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits. Should include, but is not limited to: pharmacotherapy, lifestyle modifications, non-pharmaceutical therapies, patient education, and indications for consultation of specialists.	o 1	o 2	o 3	o 4	o N/A

(11) Collaboratively, with patient or parent/caregiver input, develop evidence-based health promotion/disease prevention plans seen across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Never develops health promotion/disease prevention plans for patients	Contributes little to the health promotion/disease prevention plans or neglects appropriate resources to assist in design	Usually uses patient preferences and evidence based resources to create health promotion plans	Consistently uses patient preferences and evidence based resources to create health promotion plans	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Pediatric Patients Should include, but is not limited to: immunizations, age appropriate screening, and anticipatory guidance for pediatric age patients.					
Infant - Pediatric Patients (age <1)	o 1	o 2	o 3	o 4	o N/A
Child – Pediatric Patients (age 1-10)	o 1	o 2	o 3	o 4	o N/A
Adolescent – Pediatric Patients (age 11-18)	o 1	o 2	o 3	o 4	o N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal – Women's Health Patients Prenatal related.	o 1	o 2	o 3	o 4	o N/A
Ob/Gyn – Women's Health Patients Gynecologic related.	o 1	o 2	o 3	o 4	o N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	o 1	o 2	o 3	o 4	o N/A

COMMUNICATION SKILLS - across the lifespan to include Pediatrics, Adult, Geriatric, and Women's health care

(12) Demonstrate use of patient centered communication skills during history taking, physical exam, and in use of electronic health records across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn..

Scale:

1	2	3	4	N/A
Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Infant - Pediatric Patients (age <1)	o 1	o 2	o 3	o 4	o N/A
Child - Pediatric Patients (age 1-10)	o 1	o 2	o 3	o 4	o N/A

Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal related.	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients Gynecologic related.	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

(13) Demonstrate collaborative decision making with patients in an outpatient setting across the lifespan (to include, infants, children, adolescents, adults, and the elderly) and women's health to include prenatal and Ob/Gyn.

Scale:

1	2	3	4	N/A
Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Rate student on each of the following patient populations:

Infant - Pediatric Patients (age <1)	○ 1	○ 2	○ 3	○ 4	○ N/A
Child - Pediatric Patients (age 1-10)	○ 1	○ 2	○ 3	○ 4	○ N/A
Adolescent - Pediatric Patients (age 11-18)	○ 1	○ 2	○ 3	○ 4	○ N/A
Women's Health Patients – If not prenatal or Ob/Gyn related use Adult or Geriatric for general women's health care					
Prenatal - Women's Health Patients Prenatal related.	○ 1	○ 2	○ 3	○ 4	○ N/A
Ob/Gyn - Women's Health Patients Gynecologic related.	○ 1	○ 2	○ 3	○ 4	○ N/A
Adult Patients (age 19 – 64) Includes all adult patients, including women patients that are not prenatal or Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A
Geriatric Patients (age 65+) Includes all geriatric patients, age 65 and older, including women patients that are not Ob/Gyn visits.	○ 1	○ 2	○ 3	○ 4	○ N/A

PROFESSIONALISM - across the lifespan to include Pediatrics, Adult, Geriatric, and Women's health care

(14) Demonstrate positive educational attitudes, including responsiveness to correction, ability to deal with stress and complexities of the clinical situation.

Please rate student in general on the following:

Never demonstrates positive educational attitudes	Sometimes demonstrates positive educational attitudes	Usually demonstrates positive educational attitudes	Consistently demonstrates positive educational attitudes
o 1	o 2	o 3	o 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

(15) Demonstrate dependability and responsibility.

Please rate student in general on the following:

Never starts work nor completes tasks on time	Sometimes starts work and completes tasks on time	Usually starts work and completes tasks on time	Consistently starts work and completes tasks on time
o 1	o 2	o 3	o 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

(16) Demonstrate compassion, integrity, and respect for others in the care of patients and families.

Please rate student in general on the following:

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
o 1	o 2	o 3	o 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

(17) Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.

Please rate student in general on the following:

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Always disrespectful or intolerant of others
o 1	o 2	o 3	o 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

INTERPROFESSIONAL COLLABORATION

(18) Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.

Please rate student in general on the following:

Always disruptive, untrustworthy, or not collaborative	Often disruptive, untrustworthy, or not collaborative	Usually participates as an active member of the team	Consistently enhances team function
○ 1	○ 2	○ 3	○ 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

PROFESSIONAL AND PERSONAL DEVELOPMENT

(19) Recognize that ambiguity is part of clinical health care, and utilize appropriate resources in dealing with uncertainty.

Please rate student in general on the following:

Never recognizes ambiguity in health care	Only occasionally recognizes ambiguity in health care, and is not able to deal with ambiguity or preferences	Recognizes ambiguity in health care, but has difficulty in dealing with ambiguity or preferences	Consistently recognizes when ambiguity is present, and helps others deal with these issues
○ 1	○ 2	○ 3	○ 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

(20) Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.

Please rate student in general on the following:

Does not recognize limitations and strengths	Has difficulty in recognizing limitations and strengths	Recognizes limitations and strengths, and may be able to develop plans for adjustment or improvement	Consistently recognizes limitations and strengths as well as challenges in new environment. Actively seeks ways to improve and adjust
○ 1	○ 2	○ 3	○ 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

SYSTEMS BASED PRACTICE

(21) Advocates for quality patient care and optimal patient care systems and, if the opportunity arises, participates in identifying system errors and implementing potential systems solutions.

Please rate student in general on the following:

Does not recognize opportunities to advocate for quality patient care	Sometimes recognizes opportunities but does not advocate for quality patient care	Usually advocates for quality patient care	Consistently advocates for quality patient care and participates in identifying system errors
○ 1	○ 2	○ 3	○ 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

Other Evaluation Components

CLINIC READINESS

(22) We would like to better understand how adequately prepared the student was to engage in this rotation upon arrival, on day one.

Please rate the student's preparedness at the beginning of the rotation, in each of the following areas:
Scale: 1 Very Unprepared → 4 Very Well Prepared

> Basic medical history skills
> Physical examination skills
> Oral case presentation skills
> Understanding the role of the PA
> Problem Solving/Critical Thinking
> Factual Knowledge & Concepts
> Knowledge of diagnostic and general lab studies
> Interpretation of basic laboratory tests (e.g., basic endocrine labs, amylase/lipase)
> Professionalism with colleagues
> Professionalism with patients
> Treating a diverse population

(23) Please describe specific areas or skills where MEDEX could better prepare the student prior to rotation.
(comment box)

Suggested Overall Assessment

(24) Fail   Borderline   Pass   Prefer verbal consult with faculty clinical coordinator

Required Summary of Performance

(25) Additional Remarks - Please include any strengths, weaknesses, or critical incidents. (comment box)

(26) Did you discuss this evaluation with the student? (Yes / No)

Student Performance on Behavioral Medicine Clerkship Objectives

Required Rating of Student Performance:

Please rate your MEDEX student on the following items. We appreciate your honest assessment in order for students to grow in their learning. These items contribute toward *part* of the student's final culminating clinical grade. Preceptors are expected to review this assessment with the student; and students do have the ability to see final ratings. Any sensitive comments should be raised directly with the MEDEX clinical coordinator.

Grading Key:
Any score of 1 is a potential failing grade
Two or more scores of 2 is a potential failing grade

A failing score or N/A will result in a consult with a faculty clinical coordinator, to determine if it is a student performance issue or lack of sufficient opportunities in order to determine what remediation is needed.

Assessment criteria are explained for each item. The expectation is that a score of 1 should be reserved for Unsatisfactory performance and a score of 4 for Exemplary or Exceptional performance by the student. When scoring please take into consideration that students are expected to progress over the duration of their rotation series.

PATIENT CARE:

Demonstrate the ability to ask and present to the preceptor, in a sensitive manner about the following: suicide and suicidal ideation; homicidal ideation; abuse; drug and alcohol habits.

Always omits key medical history information	Often omits key medical history information	Usually presents a complete and accurate medical history	Consistently presents a complete, accurate, and concise medical history, in a timely manner	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Perform complete oral presentations that include all the components of a typical psychiatric note with an assessment and evidence based differential diagnosis and treatment plan.

Contributes nothing to the plans for diagnosis or treatment	Contributes little to the plans for diagnosis or treatment	Usually contributes ideas to the diagnostic or treatment plans	Consistently generates and documents appropriate diagnostic or treatment plans	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

KNOWLEDGE FOR PRACTICE

Identify the major indications for and side effects of medications from each of the major classes used in psychiatry.

Does not Identify the major indications for and side effects of medications	Sometimes able to Identify the major indications for and side effects of medications	Usually able to Identify the major indications for and side effects of medications	Consistently able to identify the major indications for and side effects of medications	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Generate a treatment plan: Collaboratively, with patient input, develop evidence-based health promotion/disease prevention plans for patients of any age or gender in a behavioral medicine setting.

Never develops health promotion/disease prevention plans for patients	Contributes little to the health promotion/disease prevention plans or neglects appropriate resources to assist in design	Usually uses patient preferences and evidence based resources to create health promotion plans	Consistently uses patient preferences and evidence based resources to create health promotion plans	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

COMMUNICATION SKILLS
Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Demonstrate collaborative decision making with patients in an outpatient setting.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

PROFESSIONALISM

Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation.

Never demonstrates positive educational attitudes	Sometimes demonstrates positive educational attitudes	Usually demonstrates positive educational attitudes	Consistently demonstrates positive educational attitudes
o 1	o 2	o 3	o 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate dependability and responsibility.

Never starts work and completes tasks on time	Sometimes starts work and completes tasks on time	Usually starts work and completes tasks on time	Consistently starts work and completes tasks on time
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate compassion, integrity, and respect for others in the care of patients and families.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

INTERPROFESSIONAL COLLABORATION
Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.

Always disruptive, untrustworthy, or not collaborative	Often disruptive, untrustworthy, or not collaborative	Usually participates as an active member of the team	Consistently enhances team function
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

SYSTEMS BASED PRACTICE
Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.

Does not recognize opportunities to advocate for quality patient care	Sometimes recognizes opportunities but does not advocate for quality patient care	Usually advocates for quality patient care	Consistently advocates for quality patient care and participates in identifying system errors
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

PROFESSIONAL AND PERSONAL DEVELOPMENT

Recognize that ambiguity is part of clinical health care, and utilizes appropriate resources in dealing with uncertainty.

Never recognizes ambiguity in health care	Only occasionally recognizes ambiguity in health care, and is not able to deal with ambiguity or preferences	Recognizes ambiguity in health care, but has difficulty in dealing with ambiguity or preferences	Consistently recognizes when ambiguity is present, and helps others deal with these issues
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.

Does not recognize limitations and strengths	Has difficulty in recognizing limitations and strengths	Recognizes limitations and strengths, and may be able to develop plans for adjustment or improvement	Consistently recognizes limitations and strengths as well as challenges in new environment. Actively seeks ways to improve and adjust
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Other Evaluation Components

CLINIC READINESS

We would like to better understand how adequately prepared the student was to engage in this rotation upon arrival, on day one.

Please rate the student's preparedness at the beginning of the rotation, in each of the following areas:
(Scale: 1 Very Unprepared → 4 Very Well Prepared)

Basic medical history skills
Physical examination skills
Oral case presentation skills
Understanding the role of the PA
Problem Solving/Critical Thinking
Factual Knowledge & Concepts
Knowledge of diagnostic and general lab studies
Interpretation of basic laboratory tests (e.g., basic endocrine labs, amylase/lipase)
Professionalism with colleagues
Professionalism with patients
Treating a diverse population

Readiness Comments - Please describe specific areas or skills where MEDEX could better prepare the student prior to rotation.

Suggested Overall Assessment

Fail   Borderline   Pass   Prefer verbal consult with faculty clinical coordinator

Required Summary of Performance

Additional Remarks - Please include any strengths, weaknesses, or critical incidents.

Student is compliant with appropriate ID badge that identifies them as a PA student. (Yes / No)

Did you discuss this evaluation with the student? (Yes / No)

Student Performance on Emergency Medicine Clerkship Objectives

Required Rating of Student Performance:

Please rate your MEDEX student on the following items. We appreciate your honest assessment in order for students to grow in their learning. These items contribute toward *part* of the student's final culminating clinical grade. Preceptors are expected to review this assessment with the student; and students do have the ability to see final ratings. Any sensitive comments should be raised directly with the MEDEX clinical coordinator.

Grading Key:
Any score of 1 is a potential failing grade
Two or more scores of 2 is a potential failing grade

A failing score or N/A will result in a consult with a faculty clinical coordinator, to determine if it is a student performance issue or lack of sufficient opportunities in order to determine what remediation is needed.*
   *Students must see age range and women's health patients.

Assessment criteria are explained for each item. The expectation is that a score of 1 should be reserved for Unsatisfactory performance and a score of 4 for Exemplary or Exceptional performance by the student. When scoring please take into consideration that students are expected to progress over the duration of their rotation series.

PATIENT CARE:

(1) Perform a targeted medical history for acute problems including identifying the full extent and complexities of a patient's past medical history and current social situation, and appropriate physical examination and present it to the preceptor.

Always omits key medical history information and/or physical exam findings	Often omits key medical history information and/or physical exam findings	Usually presents a complete and accurate medical history and important physical exam findings	Consistently presents a complete, accurate, and concise medical history, and physical exam findings, in a timely manner	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

(2) Construct differential diagnoses for acute problems and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings.

Does not construct differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Sometimes constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Usually constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Consistently constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

(3) Simultaneously manage two to three patients who are in the process of evaluation and treatment (i.e. disposition has yet been determined).

Contributes nothing to the plans for diagnosis or treatment	Contributes little to the plans for diagnosis or treatment	Usually contributes ideas to the diagnostic or treatment plans	Consistently generates and documents appropriate diagnostic or treatment plans for multiple patients	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

(4) Demonstrate an ability to triage their patient involvement in terms of which is more urgent/emergent (e.g., discharging a patient v repairing a laceration first) and to describe the reasoning behind the decision.

Contributes nothing to the plans for diagnosis or treatment	Contributes little to the plans for diagnosis or treatment	Usually contributes ideas to the diagnostic or treatment plans	Consistently generates and explains appropriate diagnostic or treatment plans	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

(5) Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a general PA.

Does not demonstrate skills necessary for participation in diagnostic, and therapeutic procedures	Sometimes demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Usually demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Consistently demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

KNOWLEDGE FOR PRACTICE

(6) Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs.

Does not demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Sometimes demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Usually demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Consistently demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

(7) Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology, and pharmacology.

Does not accurately interpret or select basic diagnostic tests (e.g., routine imaging, basic metabolic panel)	Sometimes accurately interprets and selects basic diagnostic tests	Usually able to interpret and select basic diagnostic tests	Consistently able to interpret and select basic diagnostic tests	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

COMMUNICATION SKILLS

(8) Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
○ 1	○ 2	○ 3	○ 4	○ N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

(9) Demonstrate collaborative decision making with patients in an emergency medicine setting.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
○ 1	○ 2	○ 3	○ 4	○ N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

PROFESSIONALISM

(10) Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation.

Never demonstrates positive educational attitudes	Sometimes demonstrates positive educational attitudes	Usually demonstrates positive educational attitudes	Consistently demonstrates positive educational attitudes
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

(11) Demonstrate dependability and responsibility.

Never starts work nor completes tasks on time	Sometimes starts work and completes tasks on time	Usually starts work and completes tasks on time	Consistently starts work and completes tasks on time
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

(12) Demonstrate compassion, integrity, and respect for others in the care of patients and families.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

(13) Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

INTERPROFESSIONAL COLLABORATION

(14) Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.

Always disruptive, untrustworthy, or not collaborative	Often disruptive, untrustworthy, or not collaborative	Usually participates as an active member of the team	Consistently enhances team function
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

SYSTEMS BASED PRACTICE

(15) Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.

Does not recognize opportunities to advocate for quality patient care	Sometimes recognizes opportunities but does not advocate for quality patient care	Usually advocates for quality patient care	Consistently advocates for quality patient care and participates in identifying system errors
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

PROFESSIONAL AND PERSONAL DEVELOPMENT

(16) Recognize that ambiguity is part of clinical health care, and utilizes appropriate resources in dealing with uncertainty.

Never recognizes ambiguity in health care	Only occasionally recognizes ambiguity in health care, and is not able to deal with ambiguity or preferences	Recognizes ambiguity in health care, but has difficulty in dealing with ambiguity or preferences	Consistently recognizes when ambiguity is present, and helps others deal with these issues
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

(17) Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.

Does not recognize limitations and strengths	Has difficulty in recognizing limitations and strengths	Recognizes limitations and strengths, and may be able to develop plans for adjustment or improvement	Consistently recognizes limitations and strengths as well as challenges in new environment. Actively seeks ways to improve and adjust
○ 1	○ 2	○ 3	○ 4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Other Evaluation Components

CLINIC READINESS

(18) We would like to better understand how adequately prepared the student was to engage in this rotation upon arrival, on day one.

Please rate the student's preparedness at the beginning of the rotation, in each of the following areas:
(Scale: 1 Very Unprepared → 4 Very Well Prepared)

> Basic medical history skills
> Physical examination skills
> Oral case presentation skills
> Understanding the role of the PA
> Problem Solving/Critical Thinking
> Factual Knowledge & Concepts
> Knowledge of diagnostic and general lab studies
> Interpretation of basic laboratory tests (e.g., basic endocrine labs, amylase/lipase)
> Professionalism with colleagues
> Professionalism with patients
> Treating a diverse population

(19) Please describe specific areas or skills where MEDEX could better prepare the student prior to rotation.
(comment box)

Suggested Overall Assessment

(20) Fail   Borderline   Pass   Prefer verbal consult with faculty clinical coordinator

Required Summary of Performance

(21) Additional Remarks - Please include any strengths, weaknesses, or critical incidents.

(22) Did you discuss this evaluation with the student? (Yes / No)

Student Performance on Inpatient Medicine Clerkship Objectives

Required Rating of Student Performance:

Please rate your MEDEX student on the following items. We appreciate your honest assessment in order for students to grow in their learning. These items contribute toward *part* of the student's final culminating clinical grade. Preceptors are expected to review this assessment with the student; and students do have the ability to see final ratings. Any sensitive comments should be raised directly with the MEDEX clinical coordinator.

Grading Key:
Any score of 1 is a potential failing grade
Two or more scores of 2 is a potential failing grade

A failing score or N/A will result in a consult with a faculty clinical coordinator, to determine if it is a student performance issue or lack of sufficient opportunities in order to determine what remediation is needed.

Assessment criteria are explained for each item. The expectation is that a score of 1 should be reserved for Unsatisfactory performance and a score of 4 for Exemplary or Exceptional performance by the student. When scoring please take into consideration that students are expected to progress over the duration of their rotation series.

PATIENT CARE:

Perform targeted medical history to include health promotion, disease prevention, and appropriate physical examination, and present it to the preceptor.

Always omits key medical history information and/or physical exam findings	Often omits key medical history information and/or physical exam findings	Usually presents a complete and accurate medical history and important physical exam findings	Consistently presents a complete, accurate, and concise medical history, and physical exam findings, in a timely manner	Insufficient contact or cannot assess
○ 1	○ 2	○ 3	○ 4	○ N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Construct differential diagnoses and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings.

Does not construct differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Sometimes constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Usually constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Consistently constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Insufficient contact or cannot assess
○ 1	○ 2	○ 3	○ 4	○ N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Select appropriate laboratory tests, radiologic examinations and procedures, to assist in delineating patients' problems.

Contributes nothing to the plans for diagnosis or treatment	Contributes little to the plans for diagnosis or treatment	Usually contributes ideas to the diagnostic or treatment plans	Consistently generates and documents appropriate diagnostic or treatment plans	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Select appropriate medical therapy, including diet, activity modification and drugs.

Contributes nothing to the plans for diagnosis or treatment	Contributes little to the plans for diagnosis or treatment	Usually contributes ideas to the diagnostic or treatment plans	Consistently generates and documents appropriate diagnostic or treatment plans	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Diagnose and manage a broad range of diseases encountered in inpatient medicine setting including major organ system failures.

Always omits key medical history information and/or physical exam findings	Usually omits key medical history information and/or physical exam findings	Usually presents a complete and accurate medical history and important physical exam findings	Consistently presents a complete, accurate, and concise medical history, physical exam findings, and relevant diagnostic studies in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a general PA.

Does not demonstrate skills necessary for participation in diagnostic, and therapeutic procedures	Sometimes demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Usually demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Consistently demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

KNOWLEDGE FOR PRACTICE

Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs.

Does not demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Sometimes demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Usually demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Consistently demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology, and pharmacology.

Does not accurately interpret or select basic diagnostic tests (eg, routine imaging, basic metabolic panel)	Sometimes accurately interprets and selects basic diagnostic tests	Usually able to interpret and select basic diagnostic tests	Consistently able to interpret and select basic diagnostic tests	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

COMMUNICATION SKILLS

Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Demonstrate collaborative decision making with patients in an inpatient setting.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner, in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

PROFESSIONALISM

Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation.

Never demonstrates positive educational attitudes	Sometimes demonstrates positive educational attitudes	Usually demonstrates positive educational attitudes	Consistently demonstrates positive educational attitudes
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate dependability and responsibility.

Never starts work and completes tasks on time	Sometimes starts work and completes tasks on time	Usually starts work and completes tasks on time	Consistently starts work and completes tasks on time
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate compassion, integrity, and respect for others in the care of patients and families.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

INTERPROFESSIONAL COLLABORATION

Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.

Always disruptive, untrustworthy, or not collaborative	Often disruptive, untrustworthy, or not collaborative	Usually participates as an active member of the team	Consistently enhances team function
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

SYSTEMS BASED PRACTICE

Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.

Does not recognize opportunities to advocate for quality patient care	Sometimes recognizes opportunities but does not advocate for quality patient care	Usually advocates for quality patient care	Consistently advocates for quality patient care and participates in identifying system errors
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

PROFESSIONAL AND PERSONAL DEVELOPMENT

Recognize that ambiguity is part of clinical health care, and utilizes appropriate resources in dealing with uncertainty.

Never recognizes ambiguity in health care	Only occasionally recognizes ambiguity in health care, and is not able to deal with ambiguity or preferences	Recognizes ambiguity in health care, but has difficulty in dealing with ambiguity or preferences	Consistently recognizes when ambiguity is present, and helps others deal with these issues
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.

Does not recognize limitations and strengths	Has difficulty in recognizing limitations and strengths	Recognizes limitations and strengths, and may be able to develop plans for adjustment or improvement	Consistently recognizes limitations and strengths as well as challenges in new environment. Actively seeks ways to improve and adjust
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Other Evaluation Components

CLINIC READINESS

We would like to better understand how adequately prepared the student was to engage in this rotation upon arrival, on day one.

Please rate the student's preparedness at the beginning of the rotation, in each of the following areas:
(Scale: 1 Very Unprepared → 4 Very Well Prepared)

> Basic medical history skills
> Physical examination skills
> Oral case presentation skills
> Understanding the role of the PA
> Problem Solving/Critical Thinking
> Factual Knowledge & Concepts
> Knowledge of diagnostic and general lab studies
> Interpretation of basic laboratory tests (e.g., basic endocrine labs, amylase/lipase)
> Professionalism with colleagues
> Professionalism with patients
> Treating a diverse population

Readiness Comments - Please describe specific areas or skills where MEDEX could better prepare the student prior to rotation.

Suggested Overall Assessment

Fail   Borderline   Pass   Prefer verbal consult with faculty clinical coordinator

Required Summary of Performance

Additional Remarks - Please include any strengths, weaknesses, or critical incidents.

Student is compliant with appropriate ID badge that identifies them as a PA student. (Yes / No)

Did you discuss this evaluation with the student? (Yes / No)

Student Performance on Surgery Clerkship Objectives

Required Rating of Student Performance:
Please rate your MEDEX student on the following items. We appreciate your honest assessment in order for students to grow in their learning. These items contribute toward *part* of the student's final culminating clinical grade. Preceptors are expected to review this assessment with the student; and students do have the ability to see final ratings. Any sensitive comments should be raised directly with the MEDEX clinical coordinator.

Grading Key:
Any score of 1 is a potential failing grade
Two or more scores of 2 is a potential failing grade

A failing score or N/A will result in a consult with a faculty clinical coordinator, to determine if it is a student performance issue or lack of sufficient opportunities in order to determine what remediation is needed.*
   *Students must see age range and women's health patients.

Assessment criteria are explained for each item. The expectation is that a score of 1 should be reserved for Unsatisfactory performance and a score of 4 for Exemplary or Exceptional performance by the student. When scoring please take into consideration that students are expected to progress over the duration of their rotation series.

PATIENT CARE:

(1) Demonstrate a method of focused evaluation, including the approach to workup and preparation of patients for anesthesia and surgical intervention.

Always omits key medical history information and/or physical exam findings	Often omits key medical history information and/or physical exam findings	Usually presents a complete and accurate medical history and important physical exam findings	Consistently presents a complete, accurate, and concise medical history, and physical exam findings, in a timely manner	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicated a "1" or N/A please explain (comment box). Clinical coordinator will be contacted.

(2) Demonstrate common surgical techniques, such as basic suturing, intra-operative surgical assisting, and general wound management (post-operative care).

Never demonstrates common surgical techniques	Sometimes demonstrates common surgical techniques, such as basic suturing, intra-operative surgical assisting, and general wound management (post-operative care).	Usually demonstrates common surgical techniques, such as basic suturing, intra-operative surgical assisting, and general wound management (post-operative care).	Consistently demonstrates common surgical techniques, such as basic suturing, intra-operative surgical assisting, and general wound management (post-operative care).	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicated a "1" or N/A please explain (comment box). Clinical coordinator will be contacted.

(3) Identify the important factors in the diagnosis, workup, and management of common surgical problems.

Does not identify the important factors in the diagnosis, workup, and management of common surgical problems	Sometimes able to identify the important factors in the diagnosis, workup, and management of common surgical problems	Usually able to identify the important factors in the diagnosis, workup, and management of common surgical problems	Consistently able to identify the important factors in the diagnosis, workup, and management of common surgical problems	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicated a "1" or N/A please explain (comment box). Clinical coordinator will be contacted.

(4) Identify what constitutes appropriate surgical referral by recognition of which problems are clearly surgical, potentially surgical, and those which do not require surgical intervention.

Does not identify what constitutes appropriate surgical referral by recognition of which problems are clearly surgical, potentially surgical, and those which do not require surgical intervention	Sometimes able to identify what constitutes appropriate surgical referral by recognition of which problems are clearly surgical, potentially surgical, and those which do not require surgical intervention	Usually able to identify what constitutes appropriate surgical referral by recognition of which problems are clearly surgical, potentially surgical, and those which do not require surgical intervention	Consistently able to identify what constitutes appropriate surgical referral by recognition of which problems are clearly surgical, potentially surgical, and those which do not require surgical intervention	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicated a "1" or N/A please explain (comment box). Clinical coordinator will be contacted.

(5) Accurately assess patients, particularly postoperatively, for pain and propose a strategy for safe pain management, including the use of multimodal pain therapy.

Does not accurately assess patients, particularly postoperatively, for pain and propose a strategy for safe pain management, including the use of multimodal pain therapy	Sometimes able to accurately assess patients, particularly postoperatively, for pain and propose a strategy for safe pain management, including the use of multimodal pain therapy	Usually able to accurately assess patients, particularly postoperatively, for pain and propose a strategy for safe pain management, including the use of multimodal pain therapy	Consistently able to accurately assess patients, particularly postoperatively, for pain and propose a strategy for safe pain management, including the use of multimodal pain therapy	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicated a "1" or N/A please explain (comment box). Clinical coordinator will be contacted.

(6) Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a general PA.

Does not demonstrate skills necessary for participation in diagnostic, and therapeutic procedures	Sometimes demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Usually demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Consistently demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Insufficient contact or cannot assess
o 1	o 2	o 3	o 4	o N/A

If you indicated a "1" or N/A please explain (comment box). Clinical coordinator will be contacted.

KNOWLEDGE FOR PRACTICE

(7) Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology, and pharmacology.

Does not accurately interpret or select basic diagnostic tests (e.g., routine imaging and basic metabolic panel)	Sometimes accurately interprets and selects basic diagnostic tests	Usually able to interpret and select basic diagnostic tests	Consistently able to interpret and select basic diagnostic tests	Insufficient contact or cannot assess
○ 1	○ 2	○ 3	○ 4	○ N/A

If you indicated a "1" or N/A please explain (comment box). Clinical coordinator will be contacted.

COMMUNICATION SKILLS

(8) Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
○ 1	○ 2	○ 3	○ 4	○ N/A

If you indicated a "1" or N/A please explain (comment box). Clinical coordinator will be contacted.

(9) Demonstrate collaborative decision making with patients in a surgical setting.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
○ 1	○ 2	○ 3	○ 4	○ N/A

If you indicated a "1" or N/A please explain (comment box). Clinical coordinator will be contacted.

PROFESSIONALISM

(10) Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation.

Never demonstrates positive educational attitudes	Sometimes demonstrates positive educational attitudes	Usually demonstrates positive educational attitudes	Consistently demonstrates positive educational attitudes
○ 1	○ 2	○ 3	○ 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

(11) Demonstrate dependability and responsibility.

Never starts work nor completes tasks on time	Sometimes starts work and completes tasks on time	Usually starts work and completes tasks on time	Consistently starts work and completes tasks on time
○ 1	○ 2	○ 3	○ 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

(12) Demonstrate compassion, integrity, and respect for others in the care of patients and families.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
○ 1	○ 2	○ 3	○ 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

(13) Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
○ 1	○ 2	○ 3	○ 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

INTERPROFESSIONAL COLLABORATION

(14) Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.

Always disruptive, untrustworthy, or not collaborative	Often disruptive, untrustworthy, or not collaborative	Usually participates as an active member of the team	Consistently enhances team function
○ 1	○ 2	○ 3	○ 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

SYSTEMS BASED PRACTICE

(15) Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.

Does not recognize opportunities to advocate for quality patient care	Sometimes recognizes opportunities but does not advocate for quality patient care	Usually advocates for quality patient care	Consistently advocates for quality patient care and participates in identifying system errors
○ 1	○ 2	○ 3	○ 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

PROFESSIONAL AND PERSONAL DEVELOPMENT

(16) Recognize that ambiguity is part of clinical health care, and utilizes appropriate resources in dealing with uncertainty.

Never recognizes ambiguity in health care	Only occasionally recognizes ambiguity in health care, and is not able to deal with ambiguity or preferences	Recognizes ambiguity in health care, but has difficulty in dealing with ambiguity or preferences	Consistently recognizes when ambiguity is present, and helps others deal with these issues
○ 1	○ 2	○ 3	○ 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

(17) Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.

Does not recognize limitations and strengths	Has difficulty in recognizing limitations and strengths	Recognizes limitations and strengths, and may be able to develop plans for adjustment or improvement	Consistently recognizes limitations and strengths as well as challenges in new environment. Actively seeks ways to improve and adjust
○ 1	○ 2	○ 3	○ 4

If you indicated a "1" please explain (comment box). Clinical coordinator will be contacted.

Other Evaluation Components

CLINIC READINESS

(18) We would like to better understand how adequately prepared the student was to engage in this rotation upon arrival, on day one.

Please rate the student's preparedness at the beginning of the rotation, in each of the following areas:
(Scale: 1 Very Unprepared → 4 Very Well Prepared)

>   Basic medical history skills
>   Physical examination skills
>   Oral case presentation skills
>   Understanding the role of the PA
>   Problem Solving/Critical Thinking
>   Factual Knowledge & Concepts
>   Knowledge of diagnostic and general lab studies
>   Interpretation of basic laboratory tests (e.g., basic endocrine labs, amylase/lipase)
>   Professionalism with colleagues
>   Professionalism with patients
>   Treating a diverse population

(19) Please describe specific areas or skills where MEDEX could better prepare the student prior to rotation.
(comment box)

Suggested Overall Assessment

(20) Fail   Borderline   Pass   Prefer verbal consult with faculty clinical coordinator

Required Summary of Performance

(21) Additional Remarks - Please include any strengths, weaknesses, or critical incidents.

(22) Did you discuss this evaluation with the student? (Yes / No)

Student Performance on Underserved Clerkship Objectives

Required Rating of Student Performance:
Please rate your MEDEX student on the following items. We appreciate your honest assessment in order for students to grow in their learning. These items contribute toward *part* of the student's final culminating clinical grade. Preceptors are expected to review this assessment with the student; and students do have the ability to see final ratings. Any sensitive comments should be raised directly with the MEDEX clinical coordinator.

Grading Key:
Any score of 1 is a potential failing grade
Two or more scores of 2 is a potential failing grade

A failing score or N/A will result in a consult with a faculty clinical coordinator, to determine if it is a student performance issue or lack of sufficient opportunities in order to determine what remediation is needed.

Assessment criteria are explained for each item. The expectation is that a score of 1 should be reserved for Unsatisfactory performance and a score of 4 for Exemplary or Exceptional performance by the student. When scoring please take into consideration that students are expected to progress over the duration of their rotation series.

PATIENT CARE:

Describe the full extent and complexities of a patient's past medical history and current social situation and perform targeted medical history to include health promotion, disease prevention, and appropriate physical examination, and present it to the preceptor.
.

Always omits key medical history information and/or physical exam findings	Often omits key medical history information and/or physical exam findings	Usually presents a complete and accurate medical history and important physical exam findings	Consistently presents a complete, accurate, and concise medical history, and physical exam findings, in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Construct differential diagnoses and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings.

Does not construct differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Sometimes constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Usually constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Consistently constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Select appropriate medical therapy, including diet, activity/behavior modification and drugs.

Does not select appropriate medical therapy, generates and documents appropriate diagnostic or treatment plans	Sometimes selects appropriate medical therapy, generates and documents appropriate diagnostic or treatment plans	Usually selects appropriate medical therapy, generates and documents appropriate diagnostic or treatment plans	Consistently selects appropriate medical therapy, generates and documents appropriate diagnostic or treatment plans	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a general PA.

Does not demonstrate skills necessary for participation in diagnostic, and therapeutic procedures	Sometimes demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Usually demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Consistently demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

KNOWLEDGE FOR PRACTICE

Select appropriate cost-effective laboratory tests, radiologic examinations and procedures, to assist in delineating patients' problems.

Does not accurately interpret or select cost-effective basic diagnostic tests (eg, routine imaging, basic metabolic panel)	Sometimes accurately interprets and selects cost-effective basic diagnostic tests	Usually able to interpret and select cost-effective basic diagnostic tests	Consistently able to interpret and select cost-effective basic diagnostic tests	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Generate a treatment plan: Collaboratively, with patient input, develop evidence-based health promotion/disease prevention plans for patients of any age or gender.

Never develops health promotion/disease prevention plans for patients	Contributes little to the health promotion/disease prevention plans or neglects appropriate resources to assist in design	Usually uses patient preferences and evidence based resources to create health promotion plans	Consistently uses patient preferences and evidence based resources to create health promotion plans	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

COMMUNICATION SKILLS

Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Demonstrate collaborative decision making with patients

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

PROFESSIONALISM

Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation.

Never demonstrates positive educational attitudes	Sometimes demonstrates positive educational attitudes	Usually demonstrates positive educational attitudes	Consistently demonstrates positive educational attitudes
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate dependability and responsibility.

Never starts work and completes tasks on time	Sometimes starts work and completes tasks on time	Usually starts work and completes tasks on time	Consistently starts work and completes tasks on time
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate compassion, integrity, and respect for others in the care of patients and families.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

INTERPROFESSIONAL COLLABORATION

Functions as a member of the health care team, recognizes the role of a PA, and demonstrates effective partnership with others as a member of the health-care team or other professional group.

Always disruptive, untrustworthy, or not collaborative	Often disruptive, untrustworthy, or not collaborative	Usually participates as an active member of the team	Consistently enhances team function
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

SYSTEMS BASED PRACTICE

Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.

Does not recognize opportunities to advocate for quality patient care	Sometimes recognizes opportunities but does not advocate for quality patient care	Usually advocates for quality patient care	Consistently advocates for quality patient care and participates in identifying system errors
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

PROFESSIONAL AND PERSONAL DEVELOPMENT

Recognize that ambiguity is part of clinical health care, and utilizes appropriate resources in dealing with uncertainty.

Never recognizes ambiguity in health care	Only occasionally recognizes ambiguity in health care, and is not able to deal with ambiguity or preferences	Recognizes ambiguity in health care, but has difficulty in dealing with ambiguity or preferences	Consistently recognizes when ambiguity is present, and helps others deal with these issues
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.

Does not recognize limitations and strengths	Has difficulty in recognizing limitations and strengths	Recognizes limitations and strengths, and may be able to develop plans for adjustment or improvement	Consistently recognizes limitations and strengths as well as challenges in new environment. Actively seeks ways to improve and adjust
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Other Evaluation Components
CLINIC READINESS

We would like to better understand how adequately prepared the student was to engage in this rotation upon arrival, on day one.

Please rate the student's preparedness at the beginning of the rotation, in each of the following areas:
(Scale: 1 Very Unprepared → 4 Very Well Prepared)

Basic medical history skills
Physical examination skills
Oral case presentation skills
Understanding the role of the PA
Problem Solving/Critical Thinking
Factual Knowledge & Concepts
Knowledge of diagnostic and general lab studies
Interpretation of basic laboratory tests (e.g., basic endocrine labs, amylase/lipase)
Professionalism with colleagues
Professionalism with patients
Treating a diverse population

Readiness Comments - Please describe specific areas or skills where MEDEX could better prepare the student prior to rotation.

Suggested Overall Assessment

Fail   Borderline   Pass   Prefer verbal consult with faculty clinical coordinator

Required Summary of Performance

Additional Remarks - Please include any strengths, weaknesses, or critical incidents.

Student is compliant with appropriate ID badge that identifies them as a PA student. (Yes / No)

Did you discuss this evaluation with the student? (Yes / No)

Student Performance on Elective Clerkship Objectives

Required Rating of Student Performance:

Please rate your MEDEX student on the following items. We appreciate your honest assessment in order for students to grow in their learning. These items contribute toward *part* of the student's final culminating clinical grade. Preceptors are expected to review this assessment with the student; and students do have the ability to see final ratings. Any sensitive comments should be raised directly with the MEDEX clinical coordinator.

Grading Key:
Any score of 1 is a potential failing grade
Two or more scores of 2 is a potential failing grade

A failing score or N/A will result in a consult with a faculty clinical coordinator, to determine if it is a student performance issue or lack of sufficient opportunities in order to determine what remediation is needed.

Assessment criteria are explained for each item. The expectation is that a score of 1 should be reserved for Unsatisfactory performance and a score of 4 for Exemplary or Exceptional performance by the student. When scoring please take into consideration that students are expected to progress over the duration of their rotation series.

PATIENT CARE

Perform targeted medical history to include health promotion, disease prevention, and appropriate physical examination, and present it to the preceptor.

Always omits key medical history information and/or physical exam findings	Often omits key medical history information and/or physical exam findings	Usually presents a complete and accurate medical history and important physical exam findings	Consistently presents a complete, accurate, and concise medical history, and physical exam findings, in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Diagnose a broad range of diseases encountered in this elective by constructing differential diagnoses and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings.

Does not construct differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Sometimes constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Usually constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Consistently constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Manage common diseases encountered in this elective by selecting appropriate medical therapy, including diet, activity modification and drugs.

Contributes nothing to the plans for diagnosis or treatment	Contributes little to the plans for diagnosis or treatment	Usually contributes ideas to the diagnostic or treatment plans	Consistently generates and documents appropriate diagnostic or treatment plans	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a general PA.

Does not demonstrate skills necessary for participation in diagnostic, and therapeutic procedures	Sometimes demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Usually demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Consistently demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

KNOWLEDGE FOR PRACTICE

Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs.

Does not demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Sometimes demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Usually demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Consistently demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology, and pharmacology.

Does not accurately interpret or select basic diagnostic tests (eg, routine imaging, basic metabolic panel)	Sometimes accurately interprets and selects basic diagnostic tests	Usually able to interpret and select basic diagnostic tests	Consistently able to interpret and select basic diagnostic tests	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Generate a treatment plan: Collaboratively, with patient input, develop evidence-based health promotion/disease prevention plans for patients of any age or gender.

Never develops health promotion/disease prevention plans for patients	Contributes little to the health promotion/disease prevention plans or neglects appropriate resources to assist in design	Usually uses patient preferences and evidence based resources to create health promotion plans	Consistently uses patient preferences and evidence based resources to create health promotion plans	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

COMMUNICATION SKILLS

Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

Demonstrate collaborative decision making with patients.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicate a "1" or N/A please explain and a clinical coordinator will follow-up.

PROFESSIONALISM

Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation.

Never demonstrates positive educational attitudes	Sometimes demonstrates positive educational attitudes	Usually demonstrates positive educational attitudes	Consistently demonstrates positive educational attitudes
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate dependability and responsibility.

Never starts work and completes tasks on time	Sometimes starts work and completes tasks on time	Usually starts work and completes tasks on time	Consistently starts work and completes tasks on time
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate compassion, integrity, and respect for others in the care of patients and families.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

INTERPROFESSIONAL COLLABORATION

Functions as a member of the health care team, recognizes the role of a PA and, demonstrates effective partnership with others as a member of the health-care team or other professional group.

Always disruptive, untrustworthy, or not collaborative	Often disruptive, untrustworthy, or not collaborative	Usually participates as an active member of the team	Consistently enhances team function
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

SYSTEMS BASED PRACTICE

Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.

Does not recognize opportunities to advocate for quality patient care	Sometimes recognizes opportunities but does not advocate for quality patient care	Usually advocates for quality patient care	Consistently advocates for quality patient care and participates in identifying system errors
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

PROFESSIONAL AND PERSONAL DEVELOPMENT

Recognize that ambiguity is part of clinical health care, and utilizes appropriate resources in dealing with uncertainty.

Never recognizes ambiguity in health care	Only occasionally recognizes ambiguity in health care, and is not able to deal with ambiguity or preferences	Recognizes ambiguity in health care, but has difficulty in dealing with ambiguity or preferences	Consistently recognizes when ambiguity is present, and helps others deal with these issues
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.

Does not recognize limitations and strengths	Has difficulty in recognizing limitations and strengths	Recognizes limitations and strengths, and may be able to develop plans for adjustment or improvement	Consistently recognizes limitations and strengths as well as challenges in new environment. Actively seeks ways to improve and adjust
1	2	3	4

If you indicate a "1" please explain and a clinical coordinator will follow-up.

Other Evaluation Components

CLINIC READINESS

We would like to better understand how adequately prepared the student was to engage in this rotation upon arrival, on day one.

Please rate the student's preparedness at the beginning of the rotation, in each of the following areas:
(Scale: 1 Very Unprepared → 4 Very Well Prepared)

> Basic medical history skills
> Physical examination skills
> Oral case presentation skills
> Understanding the role of the PA
> Problem Solving/Critical Thinking
> Factual Knowledge & Concepts
> Knowledge of diagnostic and general lab studies
> Interpretation of basic laboratory tests (e.g., basic endocrine labs, amylase/lipase)
> Professionalism with colleagues
> Professionalism with patients
> Treating a diverse population

Readiness Comments - Please describe specific areas or skills where MEDEX could better prepare the student prior to rotation.

Suggested Overall Assessment

Fail   Borderline   Pass   Prefer verbal consult with faculty clinical coordinator

Required Summary of Performance

Additional Remarks - Please include any strengths, weaknesses, or critical incidents.

Student is compliant with appropriate ID badge that identifies them as a PA student. (Yes / No)

Did you discuss this evaluation with the student? (Yes / No)

Site Visitor Evaluation of Student

(Completed by MEDEX Faculty)

Date of visit:	MEDEX Faculty:	Student:
Preceptor of Record (full name):	Preceptor Title:	
Site:	Location:	

1. Date of Site Assessment:

2. Patient Logging Report Reviewed:

Exposure Preparedness

	Yes	No
3. Student has Exposure Procedure Card		
4. Student has Exposure Contact Numbers Card		
5. Exposure potentiality reviewed with student?		
a) Procedures of clinical site		
b) Procedures of UW/MEDEX		
6. Student is aware of exposure procedures and knows contact numbers.		

Student Experience

7. Site Visitor – Please review the following.
   - Average hours per week
   - Average number of patients per day
   - Variety & complexity of patient problems
   - Types of settings of patient visits (MUA, community clinic, critical access, migrant health, IHS, correctional medicine)
   - Age range across the lifespan and women's health patients

8. Comments (optional note-taking)

Patient Logging Report

Site Visitor – Please reference the Patient Logging Report and chart notes and review coding and general quality with student.

    9. Patient Logging Report (satisfactory/unsatisfactory)
    10. Chart Notes Quality (accuracy, use of codes)   (satisfactory/unsatisfactory)

11. Document if there is misalignment with Patient Logging Report or challenges with coding or general quality of notes.

Teaching/Instruction

12. Comments on quality and methods of teaching during their rotation (optional)

Computer Access at the Clinical Setting(s)

	Full	Limited	None
13. Access to clinic EMR	☐	☐	☐
14. Access to medical references/ UW Libraries	☐	☐	☐
15. Access to internet to access assignments	☐	☐	☐

16. Comments on technology challenges (optional)

Assignment Check-In

	Not Begun	In Progress	Completed	N/A
17. Capstone	☐	☐	☐	☐
18. Underserved paper	☐	☐	☐	☐
19. ROSH reviews	☐	☐	☐	☐
20. PackRAT Performance	☐	☐	☐	☐
21. Preceptor's assignment	☐	☐	☐	☐

22. Comments on Progress of Assignments (optional)

Observation of Students

23. Clinical Setting of Student Observations
Please check all that apply
☐ Clinic
☐ Hospital
☐ ER
☐ Other:

24. Number of patient interactions site visitor observed during this visit

25. Types of patient problems observed during this site visit:

26. Student is compliant with appropriate ID badge that identifies them as a PA student
☐ Yes ☐ No

SITE VISITOR ASSESSMENT OF STUDENT PERFORMANCE/SKILLS

Grading Key:
Any score of 1 is a potential failing grade
Two or more scores of 2 is a potential failing grade

A failing score or N/A will result in a consult with a faculty clinical coordinator, to determine if it is a student performance issue or lack of sufficient opportunities in order to determine what remediation is needed.

Assessment criteria are explained for each item. The expectation is that a score of 1 should be reserved for Unsatisfactory performance and a score of 4 for Exemplary or Exceptional performance by the student. When scoring please take into consideration that students are expected to progress over the duration of their rotation series.

PATIENT CARE:

27. Perform a targeted medical history, appropriate physical examination and present it to the preceptor.

Always omits key medical history information and/or physical exam findings	Often omits key medical history information and/or physical exam findings	Usually presents a complete and accurate medical history and important physical exam findings	Consistently presents a complete, accurate, and concise medical history, physical exam findings, in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

28. Describe the full extent and complexities of a patient's past medical history and current social situation and perform a targeted medical history and appropriate physical examination.

Always omits key medical history information and/or physical exam findings	Often omits key medical history information and/or physical exam findings	Usually presents a complete and accurate medical history and important physical exam findings	Consistently presents a complete, accurate, and concise medical history, physical exam findings, in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

29. Construct differential diagnoses and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings.

Does not construct differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Sometimes constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Usually constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Consistently constructs differential diagnoses that support the most likely diagnosis based on history, physical exam, and laboratory findings	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

30. Select appropriate medical therapy, including diet, activity/behavior modification and drugs.

Does not select appropriate medical therapy, generates and documents appropriate diagnostic or treatment plans	Sometimes selects appropriate medical therapy, generates and documents appropriate diagnostic or treatment plans	Usually selects appropriate medical therapy, generates and documents appropriate diagnostic or treatment plans	Consistently selects appropriate medical therapy, generates and documents appropriate diagnostic or treatment plans	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

31. Manage and document the initial evaluation and follow-up visits with patients needing longitudinal care such as chronic disease and pregnancy, in a family medicine/underserved setting.

Contributes nothing to the plans for diagnosis or treatment	Contributes little to the plans for diagnosis or treatment	Usually contributes ideas to the diagnostic or treatment plans	Consistently generates and documents appropriate diagnostic or treatment plans	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

32. Formulate differential diagnoses, propose initial diagnostic evaluation, and offer and document management plans for patients with common acute presentations within the framework of family medicine.

Contributes nothing to the plans for diagnosis or treatment	Contributes little to the plans for diagnosis or treatment	Usually contributes ideas to the diagnostic or treatment plans	Consistently generates and documents appropriate diagnostic or treatment plans	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

33. Demonstrates skills necessary for participation in diagnostic, and therapeutic procedures that are considered essential for a general PA.

Does not demonstrate skills necessary for participation in diagnostic, and therapeutic procedures	Sometimes demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Usually demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Consistently demonstrates skills necessary for participation in diagnostic, and therapeutic procedures	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

KNOWLEDGE FOR PRACTICE

34. Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs.

Does not demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Sometimes demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Usually demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Consistently demonstrates knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

35. Through the appropriate selection and interpretation of imaging and laboratory tests demonstrate knowledge of the basic principles of anatomy, pathophysiology, and pharmacology.

Does not accurately interpret or select basic diagnostic tests (eg, routine imaging, basic metabolic panel)	Sometimes accurately interprets and selects basic diagnostic tests	Usually able to interpret and select basic diagnostic tests	Consistently able to interpret and select basic diagnostic tests	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

36. Select appropriate cost-effective laboratory tests, radiologic examinations and procedures, to assist in delineating patients' problems.

Does not accurately interpret or select cost-effective basic diagnostic tests (eg, routine imaging, basic metabolic panel)	Sometimes accurately interprets and selects cost-effective basic diagnostic tests	Usually able to interpret and select cost-effective basic diagnostic tests	Consistently able to interpret and select cost-effective basic diagnostic tests	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

37. Generate a treatment plan: Collaboratively, with patient input, develop evidence-based health promotion/disease prevention plans for patients of any age or gender in a family medicine/underserved setting.

Never develops health promotion/disease prevention plans for patients	Contributes little to the health promotion/disease prevention plans or neglects appropriate resources to assist in design	Usually uses patient preferences and evidence based resources to create health promotion plans	Consistently uses patient preferences and evidence based resources to create health promotion plans	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

COMMUNICATION SKILLS

38. Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

39. Demonstrate collaborative decision making with patients in an outpatient setting.

Often demonstrates poor communication, and misses patients' and families' concerns	Sometimes demonstrates poor communication, and misses patients' and families' concerns	Usually communicates clearly with patients and families and recognizes their concerns	Consistently communicates clearly with patients and families and actively solicits their concerns, in a timely manner	Insufficient contact or cannot assess
1	2	3	4	N/A

If you indicated a "1" or N/A please explain.

PROFESSIONALISM

40. Demonstrate positive educational attitudes, including responsive to correction, ability to deal with stress and complexities of the clinical situation.

Never demonstrates positive educational attitudes	Sometimes demonstrates positive educational attitudes	Usually demonstrates positive educational attitudes	Consistently demonstrates positive educational attitudes
1	2	3	4

If you indicated a "1" please explain.

41. Demonstrate dependability and responsibility.

Never starts work and completes tasks on time	Sometimes starts work and completes tasks on time	Usually starts work and completes tasks on time	Consistently starts work and completes tasks on time
1	2	3	4

If you indicated a "1" please explain.

42. Demonstrate compassion, integrity, and respect for others in the care of patients and families.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
1	2	3	4

If you indicated a "1" please explain.

43. Demonstrate compassion, integrity, and respect for others in interactions with the health care team and communities.

Always disrespectful or intolerant of others	Often disrespectful or intolerant of others	Usually polite and respectful	Consistently respectful, empathetic and compassionate
1	2	3	4

If you indicated a "1" please explain.

INTERPROFESSIONAL COLLABORATION

44. Functions as a member of the health care team, recognizes the role of a PA and demonstrates effective partnership with others as a member of the health-care team or other professional group.

Always disruptive, untrustworthy, or not collaborative	Often disruptive, untrustworthy, or not collaborative	Usually participates as an active member of the team	Consistently enhances team function
1	2	3	4

If you indicated a "1" please explain.

SYSTEMS BASED PRACTICE

45. Advocates for quality patient care and optimal patient care systems and, if opportunity arises, participates in identifying system errors and implementing potential systems solutions.

Does not recognize opportunities to advocate for quality patient care	Sometimes recognizes opportunities but does not advocate for quality patient care	Usually advocates for quality patient care	Consistently advocates for quality patient care and participates in identifying system errors
1	2	3	4

If you indicated a "1" please explain.

PROFESSIONAL AND PERSONAL DEVELOPMENT

46. Recognize that ambiguity is part of clinical health care, and utilizes appropriate resources in dealing with uncertainty.

Never recognizes ambiguity in health care	Only occasionally recognizes ambiguity in health care, and is not able to deal with ambiguity or preferences	Recognizes ambiguity in health care, but has difficulty in dealing with ambiguity or preferences	Consistently recognizes when ambiguity is present, and helps others deal with these issues
1	2	3	4

If you indicated a "1" please explain.

47. Demonstrate self-awareness of knowledge and skills, and exhibits flexibility in adjusting to new environments and change.

Does not recognize limitations and strengths	Has difficulty in recognizing limitations and strengths	Recognizes limitations and strength, and may be able to develop plans for adjustment or improvement	Consistently recognizes limitations and strengths as well as challenges in new environment. Actively seeks way to improve and adjust
1	2	3	4

If you indicated a "1" please explain.

Clinical Competencies Development

48. Strengths:

49. Deficiencies:

50. Recommendations/Plan (summary):

51. **Please rate the student on your overall suggested site visitor assessment.**

Criteria
• Fail – unable to meet standards of clinical competency; continued failure of clinical competencies and/or professional behaviors after repeated advisement/teaching. Follow-up Site Visit required. • Borderline – demonstrates mild to moderate deficits in clinical competence and/or professional behaviors; repeated difficulty even after repeated advisement/teaching. Follow-up Site Visit required. • Pass – demonstrates clinical competence and/or professional behaviors appropriate to clinical series.

☐ Fail – Review Required	☐ Borderline	☐ Pass

52. Need additional site visit?   ☐ Yes   ☐ No

REVIEW
53. Did you discuss this evaluation with the student?   ☐ Yes   ☐ No

SITE ASSESSMENT
Selected questions to be filled out by Site Visitor

54. Does the practice site offer students sufficient office and physical space for the students to engage in clinical practice and have computer access (EMR, medical resources, e-mail)?   ☐ Yes   ☐ No

55. Does the precepting provider understand the role of a PA and will the office staff be accepting of a PA student?
☐ Yes   ☐ No

56. Is the preceptor willing to allow progressive autonomy of the student as competencies develop over the course of the clinical rotation?   ☐ Yes ☐ No

57. Including patient encounter experience that includes a span of patient acuity and diversity?   ☐ Yes   ☐ No

Student Final Evaluation of Clerkships

Please rate the following items pertaining to your Clerkship experience.

Rotation experience involved:
(Scale: 1 Strongly Disagree → 5 Strongly Agree)
1. Diversity of patients (i.e., age, gender, socio-economic status).
2. Diversity of diseases and conditions.
3. Level of complexity of diseases and conditions.
4. Opportunity to observe and participate in a variety of medical procedures.
5. Opportunity to exercise clinical judgment in the care of patients.
6. Opportunity to interact in a meaningful way with other healthcare professionals (e.g. physicians, nursing staff, technicians, social work, physical therapy)

The clinical site/facility:
(Scale: 1 Strongly Disagree → 5 Strongly Agree)
7. Supported excellent patient care.
8. Provided experience in use of electronic medical records.
9. Provided a broad range of training opportunities (i.e., participation in clinical procedures, exposure to formal rounds, didactic content presentations, preceptor requested assignments).

Adequate opportunity was provided to:
(Scale: 1 Strongly Disagree → 5 Strongly Agree)
10. Apply your clinical skills and knowledge at a level that was appropriate to your experience.
11. Apply your clinical skills and knowledge at a level that was appropriate to your role as a physician assistant in training.

Your Preceptor:
(Scale: 1 Strongly Disagree → 5 Strongly Agree)
12. Accepted you as a contributing member of the healthcare team.
13. Adequately supervised patient interactions.
14. Was collegial in feedback or discussions regarding patient care.
15. Listened attentively during patient presentations.
16. Allowed you to present completely.
17. Provided constructive feedback on your presentations.
18. Was supportive and provided helpful mentoring.

19. If you rated your preceptor with any ratings of 3 or below please Explain.

CLINIC AND STAFF
(Scale: 1 Strongly Disagree → 5 Strongly Agree)
20. The clinical site provided a safe environment to practice.
21. Healthcare professional addressed patients with appropriate level(s) of respect.
22. Clinic staff addressed me with appropriate respect.
23. The organizational culture of the clinical site was positive and supportive.

OVERALL

24. This rotation provided opportunities to meet the instructional objectives.
(Scale: 1 Strongly Disagree → 5 Strongly Agree)

25. Would you recommend this preceptor to fellow students? (yes/no)
26. Would you recommend this clinical site to fellow students? (yes/no)

COMMENTS

27. Please describe strengths of this rotation's training experience.
28. Please describe any challenges or suggested improvements for this rotation.

CLINIC READINESS

To help us understand your preparedness for this rotation please respond to the following question.
29. Your MEDEX education and training adequately prepared you for this clinical rotation?
(Scale: 1 Strongly Disagree → 5 Strongly Agree)

Please honestly rate your skills in the following areas. Your experience during your rotation is to learn. We do not expect you to rate yourself "very well prepared", especially during your early rotations. Your ratings will not affect your grade. Your responses help inform the MEDEX curriculum.

30. Please self-reflect and rate your preparedness <u>at this point in your training</u>, in each of the following areas:
(Scale: 1 Very Unprepared → 4 Very Well Prepared)

   Basic medical history skills
   Physical examination skills
   Oral case presentation skills
   Understanding the role of the PA
   Problem Solving/Critical Thinking
   Factual Knowledge & Concepts
   Knowledge of diagnostic and general lab studies
   Interpretation of basic laboratory tests (e.g., basic endocrine labs, amylase/lipase)
   Professionalism with colleagues
   Professionalism with patients
   Treating a diverse population

31. Please describe specific areas or skills where MEDEX could better prepare you for this rotation.

Student Final Evaluation of Preceptorship

Please rate the following items pertaining to your Family Medicine Rotation (Preceptorship) experience.

Rotation experience involved:
(Scale: 1 Strongly Disagree → 5 Strongly Agree)
1. Diversity of patients (i.e., age, gender, socio-economic status).
2. Diversity of diseases and conditions.
3. Level of complexity of diseases and conditions.
4. Opportunity to observe and participate in a variety of medical procedures.
5. Opportunity to exercise clinical judgment in the care of patients.
6. Opportunity to interact in a meaningful way with other healthcare professionals (e.g. physicians, nursing staff, technicians, social work, physical therapy)

The clinical site/facility:
(Scale: 1 Strongly Disagree → 5 Strongly Agree)
7. Supported excellent patient care.
8. Provided experience in use of electronic medical records.
9. Provided a broad range of training opportunities (i.e., participation in clinical procedures, exposure to formal rounds, didactic content presentations, preceptor requested assignments).

Adequate opportunity was provided to:
(Scale: 1 Strongly Disagree → 5 Strongly Agree)
10. Apply your clinical skills and knowledge at a level that was appropriate to your experience.
11. Apply your clinical skills and knowledge at a level that was appropriate to your role as a physician assistant in training.

Your Preceptor:
(Scale: 1 Strongly Disagree → 5 Strongly Agree)
12. Accepted you as a contributing member of the healthcare team.
13. Adequately supervised patient interactions.
14. Was collegial in feedback or discussions regarding patient care.
15. Listened attentively during patient presentations.
16. Allowed you to present completely.
17. Provided constructive feedback on your presentations.
18. Was supportive and provided helpful mentoring.

19. If you rated your preceptor with any ratings of 3 or below please Explain.

CLINIC AND STAFF
(Scale: 1 Strongly Disagree → 5 Strongly Agree)
20. The clinical site provided a safe environment to practice.
21. Healthcare professional addressed patients with appropriate level(s) of respect.
22. Clinic staff addressed me with appropriate respect.
23. The organizational culture of the clinical site was positive and supportive.

OVERALL
24. This rotation provided opportunities to meet the instructional objectives.
(Scale: 1 Strongly Disagree → 5 Strongly Agree)

25. Would you recommend this preceptor to fellow students? (yes/no)
26. Would you recommend this clinical site to fellow students? (yes/no)

COMMENTS

27. Please describe strengths of this rotation's training experience.

28. Please describe any challenges or suggested improvements for this rotation.

29. Please describe specific areas or skills where MEDEX could better prepare your for this rotation.