MEDEX Physician Assistant Program

University of Washington School of Medicine

Clinical Phase

Student Clinical Training Manual

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 service.

Introduction to Preceptorship

Welcome to the clinical phase!

The MEDEX preceptorship, a four-month Family Medicine rotation, is an important part of MEDEX training. 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 us 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.

Introduction to Clerkship

In the didactic year you studied medicine; now you begin to practice medicine. The classroom phase of the MEDEX program has provided you with the basic set of skills you will need to begin to make clinical decisions and has helped you develop the medical logic necessary to make those decisions. Up until this point, your learning has mostly been about concepts and logical correlations, a few 'dry runs' with simulated patients and patient management problems, and a few days in clinic. The challenges have been immense and often frustrating, and it seems impossible to translate all that you have learned into real life, into making decisions about a patient who walks in through a hospital or office door.

Now things change. Even if you have already completed your preceptorship, you will still find clerkships challenging in a very different way. During the clinical clerkships you will experience a range of practice settings and patient populations.

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

Second, you 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 you have to learn, deciding how to teach you the information, and evaluating your 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 you begin your clinical education you see another perspective. Your preceptors are primarily health providers, only secondarily teachers. They are responsible to their patients first and to you second. In a sense you are less of a student and more of an apprentice. You are no longer in a passive classroom role, but must take an active role in defining your educational goals and creating an educational experience in which you achieve those goals. The amount you learn in your apprenticeship depends primarily upon you.

Get the most out of your clinical rotations. As much as possible, the program has prepared your preceptors for their role as teacher: we have met with each preceptor, discussed the PA role, objectives of your clinical rotation, evaluation tools, *etc.* Now you must ensure, as much as possible, that you get the most out of your clinical experience.

There is always a kind of testing of students by preceptors. How serious are you about your education? How much initiative are you willing to take? Do you expect to be spoon-fed? Do you demand constant direction, or do you give the preceptor direction as to how best to meet your educational goals? In a short clerkship and in a busy practice, the preceptor usually will not get to know you in-depth, so first impressions concerning your assertiveness and sense of

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responsibility for your own education are very important. In a sense, you have to 'hustle' for your 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.

The Clinical Phase: Goals and Expectations

I.   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.

1. Assess, diagnose and manage common acute problems and chronic primary care problems across the life-span.

2. Provide preventive health and health maintenance listed in the national objectives.

3. Integrate him- or herself with other members of the health care team.

4. Establish medical practice standards.

5. Utilize evidence-based principles as part of a physician–PA student team.

6. Record and communicate medical data in an organized, intelligent process.

7. Identify role limitations and indications for referral and consultation.

8. Develop skills and habits necessary to life-long learning.

9. Provide compassionate, culturally competent health care to all patients.

10. Develop professionally in the role of a PA.

Additional Goals Unique to the Preceptorship

The intensive MEDEX primary care preceptorship remains the foundation of our primary care training. The program is committed to identifying preceptors who have both an appropriate patient mix of primary care problems and enough time for attention to teaching. The preceptor–PA student relationship is designed to provide the mentoring that is necessary to teach the art of medicine.

II.   Responsibilities

A.   Preceptor's Responsibilities

1. 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.

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2. Provide an adequate number of hours (at least 32 hours per week) for the student to perform clinical activities in the practice site. During this time the preceptor or a designated alternate must be available for supervision, consultation and teaching.

3. Supervise, demonstrate, teach and observe the student in clinical activities in order to develop the student's skills and to ensure proper patient care.

4. Review and countersign student charting (or have designee do so).

5. Spend a few minutes each day in a candid summary discussion with the student as to whether each is meeting the others' needs and expectations, and what changes, if any, need to be made in their roles and relationships.

6. Delegate gradually increasing levels of responsibility to the student for clinical assessment and management as the student's skills develop.

7. Notify the program promptly should any problems arise. It is the program's intention to have a completely open faculty-colleague relationship with the preceptor faculty. Should problems arise, early notification of the MEDEX clinical office (206-616-4001 or medexsr@uw.edu) will result in early problem solving without diminishing the training experience for the student and without putting an onerous burden of responsibility on the preceptor.

8. Schedule time (the program recommends at least one hour per month for preceptorships and more frequently for clerkships) to review objectives with the student in order to identify areas of concern and 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.

9. Allow the student to utilize the problem-oriented medical record system notation including problem lists, medication lists and flow sheets in record-keeping.

10. Participate in the evaluation of the student's clinical skills and medical knowledge base through the following mechanisms.
    - 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 30 minutes to facilitate this.)
    - Review and countersign student charts, progress notes and history and physical write-ups on patients seen.
    - For Family Medicine Preceptorships, complete First 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 <u>must</u> be submitted by the preceptor within one week of the end of the rotation. MEDEX encourages the preceptor to review evaluations with our student prior to submitting to the program, as a means of providing open and transparent feedback.

11. Oversee the student's compliance with HIPAA-related privacy expectations.

12. Facilitate relations between this PA student and the office staff in the practice site, as well as other health professionals in the medical community.

B.   <u>The Program's Responsibilities</u>

1. Orient the preceptors and students to the structure of the clinical rotation through preliminary site visits and student counselling.

2. 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.

3. Provide malpractice coverage for the student during the preceptorship.

4. 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.

5. Provide on-going educational opportunities, final exam testing experiences and board review activities.

6. Maintain an open dialogue with preceptor and student about the progress of the preceptorship.

7. Provide evaluation tools to the preceptor and student to facilitate assessment and future planning in the preceptor site.

8. Provide information regarding the process of registration and licensure at the completion of the program.

Additional Responsibilities Unique to the Preceptorship

9. 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.

C.   Students' Responsibilities to the Preceptor, Site and Patients

1. Students will contact the preceptor two weeks in advance of beginning the clinical assignment to verify the arrangements.

2. Students will maintain the office hours of the preceptor.

3. 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).

4. 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.

5. 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.

6. Be aware of and apply HIPAA regulations regarding the privacy of patients' confidential information (see https://www.hhs.gov/hipaa/index.html).

7. 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.

8. Complete charting and log patient encounters each day before going home.

9. Some preceptors will assign reading lists, exams or projects specific to the site. Complete these preceptor assignments along with the program's assignments.

10. Be appreciative of the office staff.

11. 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.

12. 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.

D.   Students' Responsibilities to the Program

1. Inform the MEDEX office of unresolved issues immediately.

2. Attend all clinical year activities as required.

3. Check email every day (within each 24-hour period).

4. Complete patient encounter logging daily.

5. Plan clinical experience time; set your rotation schedule with your preceptor at the beginning of each month.

6. 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.

7. Complete any online testing requirements as assigned, e.g. Rosh Review, End of Rotation exams.

8. Plan for the two Campus Weeks at your didactic campus. The time commitment will be five days for each week. Attendance at these activities is mandatory.

9. State and national conference attendance is a privilege and students must be in good program standing and receive permission in advance from the program to attend. Refer to the Student Handbook chapter on Contributions to the PA Profession for additional details.

10. Have patients and clinic staff complete 360 evaluation forms according to the assigned schedule. Be prepared to review these with the site visitor. 360 evaluations should be distributed and collected by a third party, typically the MA.

11. Prepare for and participate in site visit(s). Complete evaluations of the preceptor and the site visit(s).

E. <u>Students' Responsibilities to Themselves</u>

1. **Students are responsible for their own clinical progress** and for making their needs known to the preceptor and to the program.

2. Schedule adequate time for readings, intensive study, PANCE preparation, and patient encounter log completion.

3. Schedule weekly leisure time in order to maintain a healthy balance with your school responsibilities.

4. Keep all lines of communication open among yourself, family, support groups, your preceptor and the program.

5. Keep the Clinical Portfolio, electronic or on paper, up-to-date throughout the year.

6. Review the instruction cards: *Procedure following exposure to blood/body fluids* and *Contacts following occupational exposure to blood/body fluids*.

III. **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 approval 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, gynecology, *etc.*), the program requires that exposure be obtained outside of the practice. MEDEX will enlist the help of the preceptor in locating appropriate sites.

IV. **Site Visits**

Periodic site visits are scheduled as needed 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.

A. Purpose of the Site Visit

1. 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:
   a. Observe the student in a variety of patient encounters and, if possible, patient problems that have caused concern.
   b. Evaluate student performance relative to program expectations for that time of year, pointing out strengths and weaknesses and making specific suggestions for future work.
   c. Note the relationship between the student and the preceptor, and make suggestions for growth when appropriate.

2. 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.

3. 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.

4. Update the preceptor on developments in the PA field, including legal issues and program changes, and solicit suggestions for program improvement.

5. A copy of the completed report of Clinical Site Visit Evaluation by the MEDEX site visitor will be sent 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.

6. Review patient and staff evaluations as well as the patient logs, as appropriate.

7. Review the instruction cards: *Procedure following exposure to blood/body fluids* and *Contacts following occupational exposure to blood/body fluids*.

B.   Preparing for the Site Visit

1. Work with the preceptor and program to arrange the site visit.

2. Schedule a private meeting (usually 20–30 minutes) between preceptor and site visitor for issues identified for discussion.

3. Schedule a private meeting between student and site visitor for issues identified for discussion.

4. Schedule 3-4 patients with a variety of problems for observation by the faculty site visitor.

5. Students should be prepared to do a case presentation of a patient that reflects a growing expertise in medical problem-solving.

6. Handwritten Notes: During the first two months of the Family Medicine Preceptorship, each student is required to write three handwritten SOAP notes each week, in addition to the electronic charting required by the preceptor. These 24 notes will be reviewed by the Clinical Coordinator during the Site Visit. Resources for writing SOAP notes can be found in the Basic Clinical Skills and Medical Documentation sections of Canvas.

7. 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.

8. Have patient and staff 360 evaluations and Clinical Portfolio Checklist available for review.

9. Be prepared to review the *Procedure following exposure to blood/body fluids* and provide knowledge of *Contacts following occupational exposure to blood/body fluids*.

V. **Monitoring the Preceptorship and Clerkships**

A. Faculty Advisement

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

B. 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.

1. Written Assignments

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

2. Patient Encounter Log

Students will complete an electronic patient encounter log daily. The patient log allows the faculty to evaluate the student's training 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 seen.

3. Additional Assignments

Additional assignments may be required by the preceptor or program that may include journal review, written papers, additional reading, *etc*.

C. 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.

1. Family Medicine Preceptorship Evaluations by the Preceptor

    a. *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 recommend ways of strengthening the student's skills and exposure.

    b. *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.

2. 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.

3. Preceptorship Evaluations by the Student

    a. *Of the Preceptor.* Students will complete evaluations of the preceptor at the end of the second month and at the completion of the family medicine preceptorship.

    b. *Of the Site Visitor.* Within one week of each site visit, the student will evaluate the quality of the site visit and the site visitor's interactions.

4. Clerkship Evaluation by the Student

    Students will complete an evaluation of the site at the end of each clerkship rotation.

5. *ROSH Review Questions.* Students are required 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.

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6. Clinical Year Exams

   Students are required to return to their didactic campus periodically for testing. Testing will consist of problem-solving, clinical skills assessment, and physical examination skills as appropriate, as well as other testing required by the program.

7. Other Evaluations

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

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Maximize Your Learning Experience

On Day One sit down with your preceptor and review your objectives with him or her. State what educational background and experience you already have, your strengths and weaknesses and areas on which you would like to focus.

Review your objectives with your preceptor two or three times during the rotation. If there are clinical problems you have not seen or skills you are missing, point out that you would like to focus in these areas.

Organize your own seminar series with your 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'll 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 you are interested in learning. Asking questions meets both these needs and is the primary way that preceptors measure your involvement in your 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. Assert yourself. It's scary to jump in with questions—especially when the preceptor is new to you—but absolutely necessary if the preceptor is going to take you seriously.

Practice your patient presentations. How you present your patients is a major determining factor in your preceptor's decision about the level of teaching that is best for you. Presentations tell your preceptor about your organizational skills, your ability to make decisions about the importance of different information, and the thoughtfulness with which you approach a problem. You don't have to know all of the answers; in fact, if you are confused say so and say why—that is a sign of thinking. Practice between rounds, 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....'

Do your own rounds when you are in the hospital. Keep notes on each patient, listing diagnoses, physical findings, laboratory studies, treatment, *etc*. When you have a free hour do 'heart rounds'—listen to the hearts of all your patients until you can pick up the gallops, murmurs, arrhythmias, *etc*. If you have a patient with a stroke, do a complete neurological exam each day, and learn the neuro findings as he or she gets worse, stabilizes or improves. Re-examine your alcoholic patient daily until you'll never forget the stigmata of cirrhosis. 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 with you. Go with your stroke patient to physical therapy, or with your chest pain patient to the EKG stress test lab.

Using your notes for reference and review, read about the patients you are seeing. You may have twenty different patients, and obviously can't read about twenty problems. Pick and choose,

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focusing on problems you are likely to encounter in primary care. Leave the zebras for the specialists. Use the rotation objectives as a guide.

Scout out the residents. If you work in teaching hospitals you 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 you find someone who is an exceptionally good teacher.

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

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 on call for each other to release frustration, share exciting cases, decompensate at the College Inn (or local equivalent). If there are no other PAs or students around, find someone to share with — tech, nurse, doctor, etc.

Clerkship Timing

Clerkships 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 you can pace your performance and avoid disappointment.

Two Weeks Before Starting

Two weeks before you are scheduled to start the rotation, telephone the precepting clinician in order to verify the arrangements for your assignment. Double-check on where you should be and when you should be there for your first day.

First Day In General

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

First Day Specifics

1. **Facilities Layout.** It's helpful to take walking tours on your own to assure your familiarity with hospital or clinic layout. On the ward you 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 you can escape in order to do your 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 you need to get away from it all for a few minutes.

2. **Weekly Schedules.** Often you 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.

3. **Ground Rules.** These are important. Some rules are so sacred that an innocent mistake can get you in hot water early on. Rules involve such things as physicians' 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.

4. **Work Responsibilities.** These include starting lines, drawing blood, patient transport and other types of scut. Paperwork includes write-ups, chart notes (progress, post-op, *etc.*), lab, x-ray, consult requisitions and discharge summaries. You are usually responsible for patient presentations and may be required to make periodic reports on clinical topics. You may be responsible for preparation of

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conferences by setting up chairs, gathering x-rays, lab data, *etc*. You may be expected in surgery or clinics to provide extra help.

5. 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.

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

7. 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.

8. 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.

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

10. 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 your parked car.

11. 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 you are on call. Perhaps most important is knowing the caches of free food that you can raid in the middle of the night.

12. 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 your 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 you feel uncomfortable talking to the preceptor (if that is part of the problem), then call your clinical faculty immediately. The faculty will help mediate the problem by suggesting solutions for you to try or, when necessary, meeting with you and the preceptor. Do not hesitate to call the program again if problems are not resolved quickly.

Written Assignment Summary

RESEARCH PAPERS AND PROJECTS DURING THE CLINICAL YEAR

Assignments	Clerkship or Preceptorship	Due Date
Preceptor's Choice **(BCHS/Certificate Students only)**	Preceptorship only	Final day of Family Medicine Preceptorship.
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 **MCHS Students** will complete their capstone write-ups in spring quarter		See Capstone Guidelines.

Campus Weeks

You will return to the program for two Campus Weeks. These weeks include advisor meetings to review your progress, your 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 your medical knowledge base, end of campus week evaluation tools, other written or online examinations as assigned, instruction on entering your new profession, and information on job-seeking skills and your physician assistant training program.

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 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 which may change overtime.

Campus Week 1

Anchorage, Seattle, Spokane, and Tacoma students will be at their respective campuses. Bring the following items with you:
- Your computer for testing.
- Your 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 with you:
- Your computer 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 & Student - Place Signatures Below**

Advisor: _____   _____

Student: _____   _____

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 you should log the visit. In an inpatient setting, where you 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 you should log them as "observed." • Review records to be sure there is no missing information. • If the Exxat site or your handheld unit is not accessible, you must keep track of each encounter on paper. You will then need to enter this data online as soon as possible.	Due Date: • Enter/upload *daily* Minimum due: • 500 patient encounters for preceptorship. • Each clerkship has its own minimum requirements • Continue to record through the last day at your site.

1. **Date:** Day of patient encounters. We want to know how many patients you see daily. Be sure you enter the date of the actual encounter (not a later date if you are 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 your 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.*, we want to know when you 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 you are using paper, keep a sequential numbering of patients seen (for a running total). Remain HIPAA-compliant: do not include actual patient identifiers.

   MEDEX requires that you see a minimum of 500 patient encounters during the preceptorship phase. Continue logging in patients up to your last preceptorship or clerkship day.

5. **Visit Information:**

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

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

- **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:
    - the number of possible diagnoses and/or the number of management options that must be considered;
    - the amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analyzed;
    - 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.

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.

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

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

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

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

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

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

10. **Encounter Continuity:**
    o **Save Data:** Selecting the "Save" button at the bottom of the screen will save your encounter and return you to the main menu. When you choose to save an entry, Exxat will prompt you to fill in any necessary fields you might have left blank.
    o **Complete:** Select this link to submit the log for review and to return to the main menu.
    o **Save/Complete & Add New Log:** Select one of these links from the drop-down arrow next to the Save or Complete button if you would like to record another encounter after saving or completing the encounter you are presently working on.

11. **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 your time by clicking *Add Time* Entry. Add your time for each day of the week. When complete, click the check box verifying all entries and press *Submit Timesheet*.

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

Family Medicine Preceptorship

Course Description: This clinical rotation is part of a series of supervised clinical practice experiences (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, Exaat, 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:

ECG's 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 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 preventative, 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) Collaboratively, with patient input, develop evidence-based health promotion/disease prevention plans for patients of any age or gender in a family medicine setting. Propose initial diagnostic evaluation and offer management plans for patients with common acute presentations in a family medicine setting. Manage initial evaluation and follow-up visits with patients needing longitudinal care such as chronic diseases and pregnancy, in a family medicine setting. Participate in all medical, diagnostic, and surgical procedures considered essential for a general PA.	PC01, PC.02, PC.03, PC.04, PC.05, PC.06, PC.07, PC.08 and PC.09	Students receive formative and summative feedback by the preceptor at months 2 and 4 of this preceptorship. The following categories of the evaluation corresponds to this domain: 1. History taking skills. 2. PE skills. 3. Lab and test skills. 4. Integrative skills. 5. Written skills. 6. Oral skills. 7. Management skills. 8. Ability to perform clinical procedures MEDEX site visitor also evaluates the student in this domain.

Competency Domain (FM preceptorship objectives)	MEDEX Program Competencies	Method of Assessment
Knowledge for Practice (KP) Collaboratively, with patient input, develop evidence-based health promotion/disease prevention plans for patients of any age or gender in a family medicine setting.	KP.12, KP.10, KP.13, KP.14, KP.15	Students receive formative and summative feedback by the preceptor at months 2 and 4 of this preceptorship. The following categories of the evaluation corresponds to this domain: 1. Knowledge of Basic Medicine MEDEX site visitor also evaluates the student in this domain.
Practice Based Learning and Improvement (PBL&I) Discuss the principles of care within the framework of family medicine specialty. Discuss the critical role of family medicine PAs within any health care system.	PB.03, PB.05, PB.06, PB.07, PB.08, PB.09, PB.10	Students receive formative and summative feedback by the preceptor at months 2 and 4 of this preceptorship. The following categories of the evaluation corresponds to this domain: 1. Understanding the PA role

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, use of electronic health records, and collaborative decisions making in an outpatient setting. Work effectively with others as a member of the health-care team or other professional group.	CS.01, CS.04, CS.03, CS.05 SB.01, SB.02, SB.03, SB.04	Students receive formative and summative feedback by the preceptor at months 2 and 4 of this preceptorship. The following categories of the evaluation corresponds to this domain: 1. Interaction with Patient 2. Interaction with other Health Professional MEDEX site visitor also evaluates the student in this domain.
Professionalism (PR) Demonstrate professionalism in the care of patients and families, and in interactions with the health care team and communities.	PR.01, PR.02, PR.03, PR.04, PR.06	Students receive formative and summative feedback by the preceptor at months 2 and 4 of this preceptorship. The following categories of the evaluation corresponds to this domain: 1. Dependability 2. Initiative 3. Integrity 4. Appearance MEDEX site visitor also evaluates the student in this domain.

Competency Domain (FM preceptorship objectives)	MEDEX Program Competencies	Method of Assessment
Inter-professional Collaboration (IP) Discuss the critical role of family medicine PAs within any health care system.	IP.02, IP.03	Students receive formative and summative feedback by the preceptor at months 2 and 4 of this preceptorship. The following categories of the evaluation corresponds to this domain: 1. Understanding the PA role
Personal and Professional Development Demonstrate self-awareness of knowledge, skills and exhibit flexibility in adjusting to change. Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty.	PD.01, PD.02, PD.03, PD.04, PD.05, PD.06, PD.07, PD.08	Students receive formative and summative feedback by the preceptor at months 2 and 4 of this preceptorship. The following categories of the evaluation corresponds to this domain: 1. Self Confidence 2. Behaviors

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

Behavioral 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 experiences (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, Exaat, 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:
> ECG's 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 an Behavioral medicine setting while treating

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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 in a sensitive manner about the following: suicide and suicidal ideation; homicidal ideation; abuse; drug and alcohol habits. Perform two complete oral presentations that include all the components of a typical psychiatric admission note with an assessment and evidence based differential diagnosis and treatment plan.	PC.02, PC.03, PC.04, PC.05, PC.06, PC.07	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. History taking skills. 2. PE skills. 3. Lab and test skills. 4. Integrative skills. 5. Written skills. 6. Oral skills. 7. Management skills.
Knowledge for Practice (KP) Identify the major indications for and side effects of medications from each of the major classes used in psychiatry.	KP.08	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Knowledge of Basic Medicine

Competency Domain (Behavioral Medicine Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Interpersonal and Communication Skills (CS) Demonstrate the ability to work effectively as part of a multidisciplinary mental treatment team Demonstrate the ability to ask in a sensitive manner about the following: suicide and suicidal ideation; homicidal ideation; abuse; drug and alcohol habits. Demonstrate the ability to accurately identify, understand and reflect the emotions a patient is experiencing.	CS.02, CS.03, CS04, CS.05, CS.06	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Interaction with Patient 2. Interaction with other Health Professional
Professionalism (PR) Demonstrate compassion, integrity, and respect for others.	PR.01, PR.02, PR.03	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Dependability 2. Initiative 3. Integrity 4. Appearance

Competency Domain (Behavioral Medicine Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Inter-professional Collaboration (IP) Demonstrate the ability to work effectively as part of a multidisciplinary mental treatment team.	IP.01	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Understanding the PA role.
Personal and Professional Development Recognize that ambiguity is a part of the provision of clinical care.	PD.08	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Self Confidence 2. Behaviors

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 experiences (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, Exaat, 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:
   ECG's 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) Describe the full extent and complexities of a patient's past medical history and current social situation. Manage timely patient evaluation, treatment, re-examination, and disposition. Assess patient understanding about workup and treatment, admission or discharge, and when appropriate, follow up and return precautions. Develop an appropriate differential diagnosis for a variety of patient presentations. Simultaneously manage two to three patients who are in the process of evaluation and treatment (i.e., no disposition has yet been determined). Consistently demonstrate an ability to triage their patient involvement in terms of which is more urgent (e.g., discharging a patient v repairing a laceration first) and to describe the reasoning behind their decision.	PC.01, PC.02, PC.03, PC.04, PC.05, PC.06, PC.07, PC.08	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. History taking skills. 2. PE skills. 3. Lab and test skills. 4. Integrative skills. 5. Written skills. 6. Oral skills. 7. Management skills. 8. Ability to perform clinical procedures

Competency Domain (Emergency Medicine Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Knowledge for Practice (KP) Within the development of a broad differential, list possible diagnoses with particularly significant morbidity and mortality. Discuss the acute evaluation and treatment of a wide range of symptoms and conditions.	KP.11	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Knowledge of Basic Medicine
Practice Based Learning and Improvement (PBL&I) Incorporate feedback into daily practice	PB.05, PB.10	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Understanding the PA role

Competency Domain (Emergency Medicine Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Interpersonal and Communication Skills (CS) Assess patient understanding about workup and treatment, admission or discharge, and when appropriate, follow up and return precautions. Give a complete yet efficient patient presentation to senior residents and faculty. Demonstrate a caring bedside manner and provide clear explanations of the medical workup and treatments provided. Demonstrate elements of effective communication in documentation. Practice the key elements of efficient and productive communication with consultants.	CS.01, CS.02, CS.04	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Interaction with Patient 2. Interaction with other Health Professional
Professionalism (PR) Describe ethical dilemma you encounter during your clerkship and what you learned from it. Demonstrate willingness to help out with any aspect of patient care whenever it is needed.	PR.01, PR.02, PR.03, PR.04	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Dependability 2. Initiative 3. Integrity 4. Appearance

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Competency Domain (Emergency Medicine Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Inter-professional Collaboration (IP) Describe the role of pre-hospital providers, appreciating the challenges of pre-hospital evaluation and treatment, and the key communication elements to handoffs from pre-hospital to hospital providers. Demonstrate a close working relationship with the nursing and medical assistant staff to understand their role and assist in their care of patients. Respect the role of the social workers and the complex social and societal factors that frequently come into play during an emergency department visit.	IP.01, IP.02, IP.03	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Understanding the PA role
Personal and Professional Development Demonstrate self-awareness of knowledge, skills and exhibit flexibility in adjusting to change.	PD.01, PD.02, PD.04, PD.08	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Self Confidence 2. Behaviors

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

Inpatient Medicine Clerkship

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Course Description: This clinical rotation is part of a series of supervised clinical practice experiences (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, Exaat, 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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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.

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Required Texts for the entire clinical year:

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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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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) Diagnose and manage of a broad range of diseases encountered in general internal medicine including major organ system failures. Select appropriate laboratory tests, radiologic examinations and procedures, to assist in delineating patients' problems. Perform a targeted medical history and appropriate physical examination. Select appropriate medical therapy, including diet, activity modification and drugs. Construct differential diagnoses and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings.	PC.01, PC.02, PC03, PC.04, PC.05, PC.06	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. History taking skills. 2. PE skills. 3. Lab and test skills. 4. Integrative skills. 5. Written skills. 6. Oral skills. 7. Management skills. 8. Ability to perform clinical procedures.

Competency Domain (Inpatient Medicine Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Knowledge for Practice (KP) Recognize and treat major organ system failures. Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs.	KP.01, KP.04, KP.08	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Knowledge of Basic Medicine
Practice Based Learning and Improvement (PBL&I) Apply feedback provided and generate goals for improvement during the clerkship.	PB.01, PB.02, PB.10	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Behaviors

Competency Domain (Inpatient Medicine Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Interpersonal and Communication Skills (CS) Produce concise and precise write-ups in the inpatient and outpatient setting. Present clear and concise oral case presentations. Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about advanced care planning and delivering bad news. Assess patient understanding about workup, treatment, and follow up plans. Provide patient education that is culturally sensitive and at a level that a patient can understand.	CS.02, CS.04, CS.05	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Interaction with Patient 2. Interaction with other Health Professional
Professionalism (PR) Act professionally throughout the clerkship as described in the professionalism benchmarks for PA students.	PR.01, PR.02, PR.03, PR.04, PR.05, PR.06	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Dependability 2. Initiative 3. Integrity 4. Appearance

Competency Domain (Inpatient Medicine Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Inter-professional Collaboration (IP) Demonstrate the ability to establish and maintain a climate of mutual respect, dignity, and ethical integrity when working with other health professionals.	IP.01	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Understanding the PA role
Personal and Professional Development Demonstrate trustworthiness that makes colleagues feel secure in allowing the student to take responsibility for specific aspects of the patients care.	PD.05	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Self Confidence 2. Behaviors

Revised 09/2018

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

Surgery Clerkship

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Course Description: This clinical rotation is part of a series of supervised clinical practice experiences (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 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, Exaat, 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:
> ECG's 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.
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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.
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> 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 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 basic surgical techniques including basic suturing skills and general wound management. Identify the important factors in the diagnosis, workup, and management of common surgical problems including: acute abdomen; bowel obstruction; GI hemorrhage; Hepatobiliary and pancreatic disease; Endocrine diseases including thyroid, parathyroid and adrenal; Breast disease; Vascular disease including carotid, aortic and peripheral vascular disease; Cardiac and Thoracic disease; Trauma, burns and surgical critical care; Pediatric surgery; Plastic surgery 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	PC.01, PC.02, PC.03, PC.04, PC.05, PC.06	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. History taking skills. 2. PE skills. 3. Lab and test skills. 4. Integrative skills. 5. Written skills. 6. Oral skills. 7. Management skills. 8. Ability to perform clinical procedures

Competency Domain (Surgery Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Practice Based Learning and Improvement (PBL&I) Evaluate and critique surgical literature for content, relevance, methodology and validity of the findings and conclusions	PB.05, PB.06, PB.10	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Integrative Skills
Interpersonal and Communication Skills (CS) Communicate effectively with patients, families across a broad range of socioeconomic and cultural backgrounds. Work effectively with others as a member of the health-care team.	CS.02, CS.03, CS.04	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Interaction with Patient 2. Interaction with other Health Professional
Professionalism (PR) Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality and/or informed consent.	PR.01, PR.02, PR.03, PR.06	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Dependability 2. Initiative 3. Integrity 4. Appearance
Inter-professional Collaboration (IP) Work well with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity and trust.	IP.01	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Understanding the PA role

Competency Domain (Surgery Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Personal and Professional Development Demonstrate trustworthiness that makes colleagues feel sure when one is responsible for potions of the care of patients.	PD.05	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Self Confidence 2. Behaviors

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

Underserved Clerkship

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Course Description: This clinical rotation is part of a series of supervised clinical practice experiences (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, Exaat, 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
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Email : hawkins2@uw.edu

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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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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.
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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.
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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.

Revised 09/2018

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 Select appropriate cost-effective laboratory tests, radiologic examinations and procedures, to assist in delineating patients' problems. Perform a targeted medical history and appropriate physical examination. Select appropriate medical therapy, including diet, activity/behavior modification and drugs. Construct differential diagnoses and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings.	PC.01, PC.02, PC.03. PC.04, PC.05, PC.06, PC.07, PC.08	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. History taking skills. 2. PE skills. 3. Lab and test skills. 4. Integrative skills. 5. Written skills. 6. Oral skills. 7. Management skills. 8. Ability to perform clinical procedures

Revised 09/2018

Competency Domain (Underserved Medicine Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Knowledge for Practice (KP) Determine health risks for the specific population(s) served by your clinic.	KP.01, KP.04, KP.08, KP.14, KP.15	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Knowledge of Basic Medicine
Practice Based Learning and Improvement (PBL&I) Demonstrate sensitivity to the ethnic, religious and cultural beliefs and lifestyles that may impact the utilization of clinic services in your community.	PB.01, PB.02, PB.10	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Behaviors
Interpersonal and Communication Skills (CS) Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about advanced care planning and delivering bad news. Assess patient understanding about workup, treatment, and follow up plans. Provide patient education that is culturally sensitive and at a level that a patient can understand.	CS.02, CS.04, CS.05	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Interaction with Patient 2. Interaction with other Health Professional

Competency Domain (Underserved Medicine Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Professionalism (PR) Act professionally throughout the clerkship as described in the professionalism benchmarks for PA students.	PR.01, PR.02, PR.03, PR.04, PR.05, PR.06	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Dependability 2. Initiative 3. Integrity 4. Appearance
Inter-professional Collaboration (IP) Determine community resources and referral patterns for patients served by your clinic. Describe the roles of clinic providers and personnel in the provision of these services.	IP.01	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Understanding the PA role
Personal and Professional Development Determine resources available for health care providers to relieve isolation, maintain professional credentialing and avoid burnout.	PD.05	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Self Confidence 2. Behaviors

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 experiences (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 area of their choosing.

Course Information:
1. This is a clinical course.
2. Second year physician assistant students are enrolled.
3. Supported by Canvas, Exaat, 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
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Revised 09/2018

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Required Texts for the entire clinical year:
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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.

Revised 09/2018

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) Diagnose and manage of a broad range of diseases encountered in this elective. Select appropriate laboratory tests, radiologic examinations and procedures, to assist in delineating patients' problems. Perform a targeted medical history and appropriate physical examination. Select appropriate medical therapy, including diet, activity modification and drugs. Construct differential diagnoses and be able to support the most likely diagnosis based on history, physical exam, and laboratory findings.	PC.01, PC.02, PC.03, PC.04, PC.05, PC.06, PC.07	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. History taking skills. 2. PE skills. 3. Lab and test skills. 4. Integrative skills. 5. Written skills. 6. Oral skills. 7. Management skills. 8. Ability to perform clinical procedures.

Competency Domain (Elective Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Knowledge for Practice (KP) Recognize and treat major diseases encountered in this elective. Demonstrate knowledge of the basic principles of pharmacology, including the therapeutic mechanisms and the toxicity of clinically useful drugs.	KP.01, KP.04, KP.08	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Knowledge of Basic Medicine
Practice Based Learning and Improvement (PBL&I) Apply feedback provided and generate goals for improvement during the clerkship.	PB.01, PB.02, PB.10	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Behaviors
Interpersonal and Communication Skills (CS) Produce concise and precise write-ups Present clear and concise oral case presentations. Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about advanced care planning and delivering bad news.	CS.02, CS.04, CS.05	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Interaction with Patient 2. Interaction with other Health Professional

Competency Domain (Elective Clerkship objectives)	MEDEX Program Competencies	Method of Assessment
Professionalism (PR) Act professionally throughout the clerkship as described in the professionalism benchmarks for medical students.	PR.01, PR.02, PR.03, PR.04, PR.05, PR.06	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Dependability 2. Initiative 3. Integrity 4. Appearance
Inter-professional Collaboration (IP) Demonstrate the ability to establish and maintain a climate of mutual respect, dignity, and ethical integrity when working with other health professionals.	IP.01	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Understanding the PA role
Personal and Professional Development Demonstrate trustworthiness that makes colleagues feel secure in allowing the student to take responsibility for specific aspects of the patients care.	PD.05	Students receive formative and summative feedback by the preceptor at the end of this clerkship. The following categories of the evaluation corresponds to this domain: 1. Self Confidence 2. Behaviors