



TOURO UNIVERSITY

C A L I F O R N I A

College of Education and Health Sciences

JOINT MSPAS/MPH
CLINICAL YEAR
HANDBOOK

CLASS OF 2024

This Handbook will be your primary source of information during the clinical year. Read it. Refer to it. Keep it close to you. The Program will expect you to refer to it prior to calling or emailing with a question.

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SECTION 1 PURPOSE AND PHILOSOPHY

PURPOSE

The second year of the Joint MSPAS/MPH Program consists of 54 weeks of supervised clinical & Public Health experiences referred to as rotations. Clinical rotations enable students to integrate and apply their didactic knowledge in the evaluation, diagnosis and treatment of patients in a supervised clinical setting. Students complete rotations with providers practicing in multiple disciplines in order to provide a wide variety of patient encounters as well as to demonstrate how the approach to a patient may vary between specialties. Learning in a clinical setting is different than learning in a classroom setting. The transition can be difficult yet exciting and is vital to the success of a clinician. The Public Health field study provides students with practical experience in a public health setting allowing for the integration and application of the public health skills and knowledge acquired during the didactic curriculum.

These experiences are designed to build competence in fundamental clinical skills through practice and feedback, and to enhance confidence in preparation for graduation and practice.

This handbook states the policies, procedures, student requirements and expectations for the clinical experience of the Program, and supersedes the Joint MSPAS/MPH student handbook. All policies from the student handbook not addressed in this handbook will remain in effect.

The Program and TUC reserves the right to make changes at any time in this handbook or in the requirements for admission, graduation, tuition, fees and any rules or regulations. TUC maintains the right to refuse to matriculate a student deemed by the faculty to be academically incompetent or otherwise unfit or unsuited for enrollment.

In recognition of the gender spectrum, this handbook uses gender-neutral language, where appropriate, including the singular ‘they’ pronoun instead of ‘he/she’.

PHILOSOPHY

Learning the skills necessary to become a competent and empathetic health care practitioner is best accomplished through rigorous yet nurturing clinical & public health experiences that include direct observation, hands-on practice, constructive feedback, mentoring, and supplemental reading. We view this process as an active partnership between the student, the clinical & public health supervisor or preceptor, the Joint MSPAS/MPH Program, and the University.

SECTION 2 DISABILITY SERVICES

DISABILITY SERVICES

TUC is committed to providing reasonable accommodations to students with documented disabilities. Policies and procedures must ensure that students with a disability will not, on the basis of that disability, be denied full and equal access to academic and co-curricular programs or activities or otherwise be subjected to discrimination under programs offered by the University.

Disabled students' rights are protected under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA). It is the policy of TUC to ensure that no qualified student with a disability is excluded from participation in or subjected to discrimination in, any University program, activity, or event.

If a student feels they have been discriminated against because of a disability by another student or by University personnel, they have the right to request an investigation into such a matter through the grievance policies and procedures stated in the Student Handbook.

Please see the Student Services Department for full information on procedures and information regarding requests for accommodations. Accommodations must be renewed for the clinical year.

SECTION 3 STUDENT SAFETY AND IMPORTANT CONTACTS

SAFETY

Your safety is our number one concern. If at any time you do not feel safe in a clinical rotation site, it is critical that you notify the Program immediately by phone. This includes concerns regarding your physical safety or harassment of any kind. Students are also expected to notify the Program immediately if a crime occurs.

For concerns regarding safety, please do not rely solely on paperwork submissions or online communication (email or online rotation evaluations) to communicate with the Program. The Program wants to address issues as soon as possible and communicating with us by phone will allow for a more rapid response.

Crime Awareness and Campus Security

As required by federal law, Touro University makes information available to students about policies and procedures to report criminal actions on campus, current policies concerning security and access to facilities on campus, and information on campus law enforcement and statistics concerning incidents of campus crime. Students interested in this information should contact the Office of Student Services or visit: <https://tu.edu/campus-life/campus-safety/> Additional Important Phone numbers:

1. Campus Security: (707) 638-5804
2. Emergency Pager: (707) 398-1510
3. Vallejo Police/Fire/Ambulance: 911, dial 9911 from any campus phone, or (707) 552-3285

Crime Awareness and Off-Campus Security

Touro University makes every effort to ensure student safety when off campus on clinical rotations. The university and Program recommend that all students be aware of their surroundings at all times and utilize common sense security techniques (i.e. keeping one hand free, locking your car and concealing valuables from view in your car.) Additionally, the University and Program recommend that students utilize any available safety systems present at clinical rotation sites, such as “security escorts to your car”.

FOR EMERGENCIES CALL 911

HARASSMENT

Touro University California is committed to providing a learning environment free of unlawful harassment. Touro University California abides by federal and state laws that prohibit workplace harassment, including the California Fair Employment and Housing Act, Government Code Section 12940, et. seq., and Title VII of the Civil Rights of 1964, as amended.

The University prohibits sexual harassment, environmental harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, national origin or

ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation, or any other basis protected by federal, state, or local law or ordinance or regulation. All such harassment is unlawful. This policy applies to all persons involved in the operation of Touro University California and prohibits unlawful harassment by any employee of the University, including supervisors, coworkers and preceptors. It also prohibits unlawful harassment based on the perception that anyone has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics.

- Harassment is any behavior by a person(s) that is offensive, aggravating or otherwise unwelcome to another person.
- Environmental harassment is any severe or pervasive action that results in a hostile or offensive working environment for the recipient. Environmental harassment is also known as hostile environment harassment.
- Sexual harassment is defined as any unwelcome sexual advances, requests for sexual favors or other verbal or physical conduct of a sexual nature. The conduct need not be motivated by sexual interest, but need only be of a sexual nature to be considered sexual harassment. Sexual harassment is one form of unlawful harassment.

Students experiencing harassment will be removed from the environment during the investigation period. All reports will be submitted to the University for a Protocol Based Investigation. During this investigation, students and witnesses may be contacted for further information.

SECTION 4 EXAMINATION PROTOCOL

JOINT MSPAS/MPH PROGRAM EXAMINATION PROTOCOL

The following are the procedures regarding the administration of an examination. Both the student and proctor are responsible for adhering to the examination protocol. Written exams may be given outside of the regularly scheduled class time. Check your schedule for date and times.

Students are responsible for rotation learning objectives whether or not they are covered in lectures or seen on rotation. Exam questions may be from the text, lectures and online resources and/or handouts. All questions will be based on both the general and rotation specific objectives.

1. Students are required to be present for all scheduled examinations and must arrive on time for the examination.
2. Computer based examinations must be downloaded at least 24 hours prior to scheduled examination time or as instructed.
3. Upon entry into the examination site, the student must place all belongings (e.g. books, notes, study aids, coats, personal possessions, and electronic devices including smart watches, smart glasses, and earbuds) at a location away from the seats. Cellular phones are not allowed at a student's seat and must be turned off before being stowed. If a student is found to have an electronic device (e.g. cell phone) on their person during an exam, the student may be referred to the Student Promotions Committee or Student Services for disciplinary action.
4. Seating: Students must sit several seats apart within a row and will have at least one empty row between rows of seated students. The Program reserves the right to assign seating.
5. No talking is allowed once an examination starts.
6. Hats/caps may not be worn during any examination except for the wearing of a headpiece for religious reasons. Any student wearing a hat will be asked to remove it. Failure to comply with this or any other reasonable request of a proctor will result in the immediate dismissal of the student from the examination and may result in a zero "0" for the exam.
7. Late Arrival: A student who arrives late to an examination will not be given additional time to complete the exam. If a student arrives ≥ 15 minutes late from the exam start time, it will be at the discretion of the Director of Clinical Education or designated proctor to determine if the student will be permitted to take the exam at that time or whether the exam will be rescheduled for that student. If the exam is rescheduled, the exam will cover the same subject material covered by the original examination; however, the exam may be in a different format than the original examination. Furthermore, any student arriving after other students have completed the exam and left the testing area will not be allowed to start the examination.
8. Absence: A student unable to attend a scheduled examination for any reason must immediately notify the Director of Clinical Education (in person, phone or email) as soon as possible **prior** to the start of the exam. Failure to appear for an examination and/or failure to communicate with the Director of Clinical Education prior to the exam start time is considered unprofessional behavior

and may result in an unexcused absence and may result in disciplinary action. The Director of Clinical Education will determine whether the absence is excused or unexcused.

- a. Excused absences: If an absence is deemed excused, a make-up exam will be scheduled for the student. Although the make-up exam will cover the same subject material covered by the original examination, it may be in a different format than the original exam. Failure to make up the examination within the specified time period will result in a grade of zero (0) for that examination.
- b. Unexcused absences: If an absence is deemed unexcused, a grade of zero (0) will be given for the test. No make-up exam will be offered. Formal documentation will be placed in the student's file.

Examination Integrity

Exam integrity is vital to the assessment of the academic knowledge of students. It is therefore essential that academic and professional standards be maintained at all times to ensure fairness and validity of exams. Students are expected to uphold the Code of Responsibility of Students of TUC ([Appendix C](#)).

The Program is in alignment with the NCCPA Physician Assistant National Certifying Examination ("PANACE") policy regarding examination integrity (<http://www.nccpa.net/PoliciesProcedures>). All examinations, including examination grading sheets such as for practical/OSCE exams, will remain confidential and in possession of the Program. No student may retain a copy of an examination or part of an examination. Violation of exam integrity via any method noted below, in the NCCPA Policy, or by any other form of cheating, such as but not limited to, obtaining a copy of the exam, a previous year's exam or questions and/or getting help from another student during the exam, is grounds for disciplinary action up to and including dismissal from the Program.

NCCPA PANACE & PANRE Policy: The content of the NCCPA Physician Assistant National Certifying Examination ("PANACE"), and each of its items, is proprietary and strictly confidential, and the unauthorized retention, possession, copying, distribution, disclosure, discussion, or receipt of any examination question, in whole or in part, by written, electronic, oral or other form of communication, including but not limited to emailing, copying or printing of electronic files, and reconstruction through memorization and/or dictation, before, during, or after an examination, is strictly prohibited. In addition to constituting irregular behavior subject to disciplinary action such as revocation of certification, revocation of eligibility for future certification, and disciplinary fines, such activities violate the NCCPA proprietary rights, including copyrights, and may subject violators to legal action resulting in monetary damages.

NCCPA Code of Conduct:

Certified or certifying physician assistants shall protect the integrity of the certification and recertification process.

- They shall not engage in cheating or other dishonest behavior that violates exam security (including unauthorized reproducing, distributing, displaying, discussing, sharing or otherwise misusing test questions or any part of test questions) before, during or after an NCCPA examination.

As noted in the NCCPA Code of Conduct above, discussion of PANCE/PANRE exam questions is considered a breach of the Principles. The Program also adheres to this principle.

Although it is common for students to want to discuss exam questions that they felt were hard or they might have missed, do not do so. This is in violation of the NCCPA Code. After an exam, please do not discuss the contents of the exam. To do so may be grounds for disciplinary action up to and including dismissal from the Program.

Time Provided for Written Exams

The amount of time allotted for written exams decreases over the course of the Program to acclimate students to the timing used by the NCCPA on the PANCE. OSCEs and other practicum testing are not included in here. Timing for each type of question during the clinical year is as follows:

- Multiple choice questions: 1 minute/question
- Fill in the blank: 1.5 minutes/question
- Short answer: 2 minutes/question
- Essay questions: Timing is at the discretion of the Director of Clinical Education as based on answer expectations.

Exam Review Process & Procedure

Students may not review clinical year end-of-rotation exams or OSCEs at any time.

SECTION 5 CLINICAL CURRICULUM AND SCHEDULE

The clinical year consists of 9 six-week blocks (54 weeks total). The clinical portion of the Program involves an in-depth exposure to patients in a variety of clinical settings. The settings, characteristics, assigned tasks, and student schedules will vary depending on the site. The organization of the clinical experiences is outlined below, though the order will vary for each student.

REQUIRED CLINICAL ROTATIONS

Course No.	Rotation	Length	Credits
PASC 606	Primary Care I	6 wks	6.0
PASC 607	Primary Care II	6 wks	6.0
PASC 608	Primary Care III	6 wks	6.0
PASC 609	Primary Care IV	6 wks	6.0
PASC 610	Surgery	6 wks	6.0
PASC 611	Emergency Medicine	6 wks	6.0
PASC 612	Elective I	6 wks	6.0
PASC 613	Elective II	6 wks	6.0
PBHC 600-4	Public Health Field Study	6 wks	4.0
Total		54 wks	50.0

Clinical rotations will average approximately 40 hours a week on site. Some rotations may involve shorter or longer hours, evening or on-call responsibilities, and weekend hours. The preceptor will determine the student schedule and clinical responsibilities. Students MUST adhere to each block schedule and to all assignments developed by the Program, sites and preceptors.

Joint MSPAS/MPH students must complete a minimum of 400-hours of public health fieldwork experience. Joint MSPAS/MPH students, enrolled in PBHC 600-4, automatically receive an “hours waiver” for 200 hours. This “hours waiver” acknowledges that Joint MSPAS/MPH students obtain 200 hours of PH field experience throughout their PA curriculum clinical rotations. Therefore, Joint MSPAS/MPH students must complete a minimum of 200 hours (of the required 400 hours) during the PH field study rotation. The requirements for the PH Field Study work must follow the guidelines of the PH program.

DESCRIPTION OF ROTATIONS

Primary Care I and II– Students will be placed in an outpatient and/or inpatient setting with a family practitioner or internist to obtain exposure to the fundamental principles of the disciplines of family medicine/internal medicine as they relate to the clinical care of patients. These rotations’ examinations will focus on patients and issues seen in family and internal medicine.

Primary Care III - Students will be placed in an outpatient and/or inpatient setting with a family practitioner, internist, psychiatrist, psychologist and/or licensed clinical social worker to obtain exposure to address the fundamental principles of the disciplines of behavioral and mental health as well as exposure to geriatric patients. This rotation’s examination will focus on geriatrics and psychiatric/behavioral health.

Primary Care IV – Students will be placed in an outpatient and/or inpatient setting with a family practitioner, internist, pediatrician, midwife and/or OBGYN, to obtain exposure to address the fundamental principles of the disciplines of pediatrics, obstetrics, and gynecology. This rotation’s examination will focus on pediatrics obstetrics, and gynecology.

Emergency Medicine – Students will be placed in a hospital-based emergency room to gain exposure to urgent and emergent care. This rotation’s examination will focus on Emergency Medicine.

General Surgery – Students will be placed in a surgery rotation to obtain pre-, intra-, post-operative experiences. This rotation’s examination will focus on general surgery principles

Electives 1 and 2 – Students have the opportunity to complete electives rotations in a multitude of sites and specialties. The Program reserves the right to utilize elective rotations in the best interest of the student to address knowledge/skill deficiencies and/or to meet their minimum requirements (MRs). Electives cannot be used to make-up a failed rotation.

Public Health Field Study (FS) – The FS is a structured and practical experience in a professional public health setting which allows the student to apply and integrate the knowledge and skills acquired during the didactic period to “real world” situations, projects or tasks and make meaningful contributions to a public health organization. In most cases, the FS will occur in Block 9. However, there are some sites where a rotation and FS may occur at the same site or in the same geographic location, or earlier during the clinical year.

ROTATION SCHEDULE

Semester	Block	Dates	Call Back Dates / Exams
Spring 2023	1	February 13 – March 24, 2023	
	2	March 27 – May 5, 2023	May 8 - 12, 2023: EORs
Summer 2023	3	May 15 – June 23, 2023	
	4	June 26 – August 4, 2023	August 7 - 11, 2023: EORs, OSCE #1, Case Presentations
Fall 2023	5	August 14 – September 22, 2023	
	6	September 24 – November 3, 2023	November 6 - 10, 2023: EORs, OSCE #2, Case Presentations
	7	November 13 – December 22, 2023	
Spring 2024	8	December 25 – February 2, 2024	February 5 - 9, 2024: EORS, Case Presentations
	9	February 12 – March 22, 2024	EORs will occur the beginning of the Summative course

Attendance for the Call Back dates is mandatory (as noted in Student Responsibilities section).
Call Backs will include multiple activities. Completion of these examinations and assignments on
the day(s) scheduled by the Program is mandatory.

SECTION 6 CLINICAL ASSIGNMENT, NOTIFICATION AND PREPARATION

The Program makes all final decisions regarding the placement of students in sites throughout the clinical year.

ASSIGNMENT OF STUDENTS

Student Clearance Protocol

You are required to successfully complete/pass the following requirements prior to starting clinical rotations:

- All didactic coursework
- Successful completion of the CPH exam (if not completing a Capstone)
- Pre-clinical assignments
- A criminal background check
- A 10-panel urine toxicology and alcohol screen with urine creatinine
- All required immunizations, titers, and TB screening

Failure to complete any of these required items by the due date may result in a delayed start to the clinical year and/or clinical site placements. This may in turn delay your completion of the Program and may result in additional tuition and or fees.

Some rotations and field study placements have additional requirements which students will also be required to complete prior to starting the specific rotation/ field study (i.e. interview, orientation, and time specific background checks/drug testing, specific immunizations or physical exam). Students may incur additional costs in order to complete rotation specific clearance requirements.

Clinical Rotation Placement

Assignment of student rotations is the responsibility of the Director of Clinical Education, Clinical Coordinator and Program.

1. You are not required to develop or arrange your own clinical sites. However, you will have the opportunity to request rotation assignments and recommend potential preceptor sites through the Student Preceptor/Rotation Request Form. Instructions on how to complete this form and the criteria for preceptor requests can be found on Canvas. The Joint MSPAS/MPH Program will only accept recommendations and requests from students for non-confirmed rotations and a minimum of 12 weeks prior to the start of the select rotation block. This will allow the Program adequate time to speak to the potential preceptor, evaluate the site's suitability, and develop an affiliation agreement. Completion of the request form does not guarantee student placement in the requested site. Students are not allowed to solicit potential preceptors through "cold call"/ random contact techniques.
2. Students must be in good academic standing within the Program to be considered for placement in a requested site or a requested elective rotation.

3. The Program reserves the right to replace a student's elective rotation with an additional core rotation.
4. You may not switch site assignments with other students.
5. Once the rotation schedule has been set, requests for changes by the student will be limited to emergency situations only.
6. Although most of the sites are in California, you may be placed outside of the state.
7. All students are expected to relocate at least three times for clinical rotations. Special accommodations may be made for unusual circumstances only and are at the discretion of the Program.
8. The Program works toward firmly establishing each six-week block, however unforeseeable events can occur which may require a student to be moved to a different site with short notice, just prior to starting and/or during a rotation. Students are responsible for all financial costs associated with travel and/or relocation regardless of the cause.

Public Health Rotation Placement

Student placement is the sole responsibility of the Public Health Field Study Coordinator.

The Public Health Program has successfully developed collaborations with local and international organizations engaged in public health activities that provide our students many placement sites from which to gain field experience. Please refer to the MPH Student Handbook for complete information about the field study. It is available on the PH website at: [MPH PHFS Handbook](#)

STUDENT NOTIFICATION OF CLINICAL ROTATION PLACEMENTS

Initial Notification

Prior to the start of the clinical year, you will receive a list of confirmed rotations, including the rotation title, the name of the practice and geographical location.

Ongoing Notifications

You will be notified of confirmed rotation assignments and rotation changes via email. This email will contain information for both the immediate upcoming rotation as well as information for any additional confirmed rotations for the remainder of the clinical year.

Immediate upcoming rotation information:

The content of the email will contain the contact information for the upcoming rotation, as well as any additional rotation specific clearance requirements that you need to complete prior to the start of the rotation.

Future rotation schedule information:

Attached to the email is a list of your updated confirmed rotation schedule. This attachment will also contain the necessary contact information for each rotation, as well as any rotation specific clearance requirements that you need to complete prior to the start of the rotation.

Students are responsible for reviewing all the information regarding their future rotation schedule to ensure the timely completion of any rotation specific requirements. Failure to complete rotation specific requirements as instructed may result in a delayed start to the rotation or removal from the rotation. This may in turn delay the student's completion of the Program and may result in additional tuition and/or fees. While the Program makes every effort not to change rotations once confirmed, however, occasionally this is unavoidable. Students are responsible for all fees incurred due to rotation assignment changes. Students are responsible for reviewing the ongoing notification list of confirmed rotations to monitor for rotation changes.

The Program recommends that you open rotation notification emails and attachments on a computer. Opening such documents on other electronic devices (such as smart phones) may result in omission of important information and instructions.

PREPARATION FOR ROTATIONS

Prior to beginning any rotation, please complete the following tasks:

1. Contact the designated contact person at the site upon receiving the notification email to determine specifics such as reporting time, location, and any special instructions at least two weeks prior to the start of the rotation when possible. Please do not correspond with any institutional staff until the rotation site has been cleared by the Program.
2. Complete all rotation specific requirements. (For Example: obtain ID badge, get hospital clearance, or complete toxicology screen) Be prepared to provide all necessary clearance documents to the appropriate departments (IZ, ACLS, hospital forms, OSHA/HIPAA).
3. Make housing arrangements. (All housing and transportation expenses are the student's responsibility.) When making house arrangements, consider asking about things that are important to you.
4. Review rotation objectives. Self-assess areas of weakness and develop learning goals for the rotation.
5. Review rotation specific topics (For example, surgical instruments and suture procedures for ER and surgery rotations or IV medications for a hospitalist rotation.)
6. Develop a study plan to address knowledge deficiencies and preparation for examinations.

SECTION 7 ATTENDANCE

HOLIDAYS

There are **no official holidays** during the clinical year. Students on clinical rotations do **NOT** follow the University academic calendar regarding holidays.

ABSENCES

Students must contact the Preceptor, the Director of Clinical Education, **and** the Clinical Year team (tuc.paclinicalyear@touro.edu) **prior to** the regular reporting time if they need to be absent for illness or emergency. Additionally, if a preceptor will not be available on an anticipated clinical day, students must advise the Clinical Year team (tuc.paclinicalyear@touro.edu) **prior to** the absence of the preceptor, providing a detailed outline of how missed clinic time will be utilized. The Clinical Year team will determine if the student needs to complete additional hours or a written assignment to compensate for the clinical time lost. **Failure to notify the Preceptor and Clinical Year team of absences prior to the regular reporting time will result in an unexcused absence.** Unexcused absences will result in the lowering of the rotation's overall professionalism grade by 5% on the first absence and 10% for each additional unexcused absence. Determination of an unexcused absence is at the discretion of the Clinical Year team. The student will be placed on probation and referred to the SPC for Professionalism for the third unexcused absence. Please note: Unexcused absences will be tallied cumulatively over the course of the clinical year.

PERSONAL DAYS

There is a maximum of 10 personal days off during the clinical year. These personal days include holidays, sick days, emergent absences, unexcused absences and other requests for time off. **Students may use a maximum of two days per rotation.** If the student requests additional personal days, these absences will be considered "unexcused absence(s)". Unexcused absences will result in the lowering of the rotation's overall professionalism grade by 5% on the first absence and 10% for each additional unexcused absence. Determination of an unexcused absence is at the discretion of the Clinical Year team. Personal days **cannot** be taken during the Public Health Field Study. Students must inform the Program **prior** to the beginning of the clinical year if time off is requested to observe religious holidays (i.e., Rosh Hashanah, Yom Kippur, Christmas, Easter, Ramadan, etc.). Prior approval from the Program and Preceptor is required for utilization of any Personal Days. The student is required to submit a Student Time Off Request Form ([see Appendix A](#)) to the Director of Clinical Education and the Clinical Year team **at least 30 days prior to the expected absence.** Submission of the form does not guarantee approval.

Students absent (whether excused or unexcused) for more than two days in one rotation or more than 10 days throughout the entire clinical year may have an overall grade reduction of 10% for the corresponding rotation(s) **and/or** may be required to make-up the missed time or repeat a rotation. (This grade reduction is in addition to the reduced Professionalism grade if any of the absences were unexcused). This may delay completion of the Program, which may result in additional tuition and/or fees.

CONFERENCES

It is the Program's desire to promote dedication to the lifelong learning process needed for our profession. As such, you may request time off to attend regional and national PA conferences (e.g. AAPA National Conference, CAPA). Students must be in good academic standing to attend.

While, this time will not be counted against Personal Days, prior approval from the Program **and** Preceptor is required. The Student is required to submit a Student Time Off Request Form ([see Appendix A](#)) to the Director of Clinical Education at least 30 days prior to the expected absence. Submission of the form does not guarantee approval. The number of approved days is at the discretion of the Director of Clinical Education. Failure to adhere to the approved dates will result in an unexcused absence. Refer to the above consequences for unexcused absences.

TRAVEL DAYS

Students are not allotted any 'free travel' days to return to campus for Call Back Weeks or between rotations. If additional time is required, the student must submit a Time Off Request Form ([See Appendix A](#)) to the Director of Clinical Education at least 30 days prior to the requested dates. If approved, the additional time will count toward the student's personal days.

SECTION 8 STUDENT RESPONSIBILITIES

STUDENT CODE OF CONDUCT GUIDELINES

You will be evaluated not only on your academic and clinical skills but also on your interpersonal skills, reliability, and professional and behavioral conduct.

The following is a list of guidelines, in addition to those found in the Student Handbook, to which the student must adhere during their participation in the clinical year.

1. Communication with the Program and University - The structure of clinical education mandates an increased frequency of electronic communication with students. The primary form of communication is via phone and the University email system. Your TUC email address (@student.touro.edu) is the only email address that will be answered by TUC personnel. Texting should be limited to emergencies and/or urgent matters only and should not be the sole mode of communication.

Regarding phone communication, please:

- Ensure that your voicemail system is active and able to receive messages.
- Provide a contact phone number in all messages left for the Program.
- Identify yourself in any text message sent to the clinical team.
- Notify the Program and the University registrar immediately upon changing a contact number.

For email communication, please:

- Check your Touro email accounts at least once every 48 hours.
- Respond to program emails within 48 hours or the next business day.
- Include the original message in email responses or forwarded emails when appropriate.
- Maintain access to your email account as you move during your education.
- Ensure appropriateness of email communication (refer to MSPAS/MPH Student Handbook) Use a signature line in your emails, including your full name and class, as well as a phone number. Some students also choose to include the pronoun they use (e.g., pronouns: She/Her/Hers).

Joe Smith, PA-S

Joint MSPAS/MPH Class of 2024

707-123-4567

In addition, you should:

- Save email messages and responses to a file (if necessary) for reference.
 - Download email attachments from the Program in order to view them. There have been several occasions in which a student viewed an attachment in 'Preview' mode only and missed critical information.
2. Timeliness- Students must report to clinical sites prior to assigned times and remain at the site for the entire time designated on their approved schedule. Any modifications to their approved schedule must be reported to the Director of Clinical Education. If you anticipate being late, you must contact the Preceptor immediately. Repetitive tardiness (>2) will result in lowering of the rotation's professionalism grade for that rotation by 5% and/or disciplinary action such as referral to the SPC for professionalism. Students must also submit all required assignments and forms by their designated due date. Repetitive paperwork/assignment tardiness will result in disciplinary action.
 3. Attire – Please dress professionally. This includes clean and conservative attire, good hygiene, and short, clean fingernails. Fragrances (e.g., perfume/cologne) should not be worn since patients can be allergic to them. Dangling earrings and long or excessive jewelry should be avoided because they can be a hazard (i.e., they can fall into a sterile field, or be grasped by a child, etc.). The following are required: a short student white coat, TUC issued nametag, closed toed shoes. Some rotations may designate other prescribed clothing such as scrubs or tennis shoes, in addition to facility specific ID badges. You may be sent home to change if you do not meet the dress code of a rotation site.
 4. Preparation- Please report to clinical sites fully prepared for work, with all necessary equipment and PPE (e.g., stethoscope, lab coat, etc.). Additionally, always have the following documents readily available:
 - a. BLS and ACLS cards: Students are responsible for maintaining current BLS and ACLS. Should a student's completion of the Program be delayed, the student will incur the costs of certification renewals.
 - b. Immunization Certificate: It is the student's responsibility to ensure that they remain current on all required immunizations and health screenings, such as latent TB screening.
 - c. Resume/CV
 - d. HIPAA Certificate
 - e. OSHA Certificate
 - f. MAT Certificates of Training
 - g. Any hospital forms required for the rotation

While the Program works diligently to monitor the specific requirements of all facilities, frequently, facilities will change a protocol without notifying the Program. Students are responsible for notifying the Program of any protocol changes that they discover, in order for the Program to update the requirements for future students.

5. Identification- You must always introduce yourself as a “physician assistant student”. Students should at no time present themselves to patients or other practitioners as a physician, resident, medical student, or as a graduate or certified physician assistant. While in the Program, students may not use previously earned titles (i.e. RN, MD, DC, PhD, etc.) for identification purposes. Students must wear a short clinical jacket with the Program patch while at all clinical sites unless instructed not to do so by the clinical site or the Program. Students must wear their Program issued identification nametag at all times on clinical sites, in addition to any student identification required by the site. Students must report lost or destroyed nametags within one day and will incur the cost of replacement tags. Lab coat & student I.D. may be required on the PH field study.
6. Student Role- Students must be aware of their limitations as students and of the limitations and regulations pertaining to PA practice. Students at clinical sites must always work under the supervision of a Preceptor. They may not function in the place of an employee or assume primary responsibility for a patient’s care. Students should seek advice when appropriate and should not be evaluating or treating patients without supervision from, and direct access to a supervising clinical preceptor at all times. Students will not treat and/or discharge a patient from care without consultation with the preceptor. Such behavior is fraudulent and illegal, thus will result in communication with the Program and may result in disciplinary action. Students will perform only those procedures authorized by the preceptor. Students must adhere to all regulations of the Program and the clinical sites. The student is to contact the Program immediately with any questions or concerns about the student’s role at a site.
7. Demeanor- Students must conduct themselves in a professional and courteous manner at all times displaying respect for the privacy, confidentiality, and dignity of patients, preceptors, faculty, staff, health care workers and fellow students. Displays of aggression, argumentative speech (in verbal and/or written correspondence), threatening language or behavior, inappropriate sexual conduct or speech, demeaning language, and behavior and language that is deemed to be insensitive to, or intolerant of, race, religion, gender, sexual orientation, and ethnicity toward Program faculty, a preceptor, staff and/or patient will not be tolerated. The role of a physician assistant and physician assistant student requires teamwork and the ability to carefully follow directions from a clinical supervisor. The role of the clinical preceptor commands the utmost respect. Students displaying this type of behavior will be referred to the SPC, which may result in disciplinary action including possible dismissal from the Program.
8. Use of Wireless Devices in the Clinic - Laptops, tablets/iPads and smartphones may be used in the clinic at the discretion of your preceptor. However, use of these and other electronic equipment in a manner not consistent with clinic activities often creates unacceptable disruptions and reflects a level unprofessionalism. The following activities during clinic time are considered disruptive and unprofessional:
 - Texting
 - Cell phone ringing
 - Surfing the internet
 - Checking or writing emails
 - Playing games
 - Checking or posting to social media sites

Professionalism issues will be monitored across all rotations. The first incident will result in a verbal warning with email follow up. The second incident will result in a written documentation in the student's permanent record, and a meeting with a faculty member (e.g., advisor or Director of Clinical Education). A third incident of unprofessional behavior will result in a referral of the student to the SPC Committee to determine a course of action for the behavior that can include but is not limited to corrective or disciplinary action, probation or dismissal. (see professional code of conduct on pg. 43-44)

9. Social Media Policy - Social media are internet-based tools designed to create a highly accessible information highway. They are powerful and far-reaching means of communication that, as a physician assistant student at Touro University California, can have a significant impact on your professional reputation and status. Examples include, but are not limited to: LinkedIn, Twitter, Facebook, Flickr, YouTube, SnapChat, TikTok, Tumblr, Clubhouse, Mastodon, Reddit, Discord and Instagram.

Students are liable for anything they post to social media sites and the same laws, professional expectations, and guidelines must be maintained as if they were interacting in person. The following guidelines have been developed to outline appropriate standards of conduct for your future and the reputation of our program:

- a. Take responsibility and use good judgment. Incomplete, inaccurate, threatening, harassing posts or the use of profanity on postings is strictly prohibited. It is inappropriate to use social media sites as a venue for venting. Example: A student posts on Facebook about their frustration with a course instructor (or preceptor) after they are given feedback. The instructor is not identified by name but is identified by title (my course instructor or my preceptor), with negative or derogatory comments.
- b. Think before posting as internet and email archives can permanently affect your reputation.
- c. Social networking during class, program activities and clinical hours is strictly prohibited.
- d. HIPAA laws apply to all social networking, so it is the utmost priority to protect patient privacy by not sharing information or photographs. Example of a privacy breach: A student posts heartfelt concern on their Facebook page for a patient they are caring for. The patient is not identified by name, MR number, or date of birth. However, the type of treatment, prognosis, and the time of treatment is provided, and the personal characteristics of the patient are described making the patient identifiable.
- e. Protect your own privacy by using privacy settings to prevent outsiders from seeing your personal information, as you may be held liable for postings from other individuals as well.
- f. If you state a connection to the Joint MSPAS/MPH Program or Touro University California, you must identify yourself, your role in the program, and use a disclaimer stating that your views are that of your own and do not reflect the views of the TUC Joint MSPAS/MPH Program.
- g. All laws governing copyright and fair use of copyrighted material must be followed.

- h. Consult your faculty advisor or the Program Director if you have any questions regarding the appropriateness of social networking use.

Failure to follow the above stated guidelines may be considered a breach of appropriate professional behavior and be subject to discipline, up to and including dismissal from the Program.

Students may not communicate with a member of the media or an outside source attempting to gather information regarding the Joint MSPAS/MPH Program or TUC through social networks. Refer all questions regarding program information, policies and procedures to the Program Director. Questions regarding TUC should be referred to the TUC Director of University Communications, Andrea Garcia (agarcia9@touro.edu). Please see the current University Catalog for additional information regarding Internet Services and User-Generated Content Policy, including Social Media.

10. Integrity- You are expected to follow all policies in the Student Code of Conduct outlined in this handbook and the Student Handbook including those pertaining to academic honesty. Infractions such as forgery, plagiarism, stealing/copying tests, and cheating during examinations will not be tolerated. PA students are also expected to display the highest ethical standards commensurate with work as a health care professional. Students will report any illegal or unethical activity to the Program Director or Director of Clinical Education. Students may not accept gifts or gratuities from patients or families. Breaches in confidentiality, falsification of records, misuse of medications, and sexual relationships with patients and preceptors will not be tolerated.
11. Confidentiality- In accordance with the Guidelines for Ethical Conduct for the PA Profession (<https://www.aapa.org>) and in compliance with HIPAA Standards, you must respect and maintain the confidentiality of patients. Students are not permitted to discuss any patients by name or any other identifiable means outside the clinical encounter. For academic presentations, documentation assignments, all identifiable patient information must be removed as per HIPAA requirements.
12. Health and Safety- Any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students may be immediately removed from the clinical site and/or face disciplinary action. Removal from a clinical rotation may prolong the length of the Program and delay the student's graduation.
13. Non-discrimination- Students will deliver quality health care service to all patients and not engage in discrimination against any person on the basis of race, color, religion, national origin, age, sex, gender identity, gender expression, sexual orientation, socioeconomic status, language, citizenship, weight, disability (cognitive, physical, or other), medical condition, health status, legal involvement, or political beliefs. Any such discrimination is strictly prohibited and may result in dismissal from the Program.
14. Impairment - Students will not appear at the University or clinical sites under the influence of alcohol or drugs. Should this occur, the student will be immediately removed from the rotation and referred for disciplinary action. Additionally, in accordance with University policy, any student suspected to be under the influence of alcohol and/or drugs on campus or while representing the University in any manner, may be remanded for immediate toxicology testing, and a formal university investigation will be started.

15. Site Regulations- Students must comply with all rules, regulations, bylaws, and policies of the site for which they are assigned. Failure to do so will result in removal from the rotation and may result in additional disciplinary action.
16. Learning Expectations - Students are responsible for fulfilling all learning objectives. It is not possible, nor expected, that students be exposed to each entity or problem listed in the objectives during rotations; however, it is your responsibility to ensure comprehensive knowledge about all of the objectives for each discipline. Furthermore, students must complete the Clinical Year Minimum Requirements to graduate. (Refer to Clinical Rotation Evaluation section for further information.)
17. Student Participation in the Learning Process- Students must take an active part in the learning process during your clinical education. Active listening skills must be applied to all clinical encounters whether observational or interactive. Students should show initiative and an eagerness to learn. Preceptors have very different teaching styles and time constraints. Students must be assertive in pursuing their educational goals but never aggressive or disrespectful. In general, preceptors are likely to invest more time and energy teaching you if you demonstrate significant interest and effort. Students are expected to manage their time well and use slow periods for medical reading and preparation for examinations. Students are responsible for all assignments given by the preceptor and the Program.
18. Flexibility- PA clinical education involves instruction from practicing clinicians with unpredictable schedules. At times, clinical rotations may need to be adjusted with short notice. We require students to be flexible and tolerant of changes. Students must be flexible to accommodate the various teaching styles, schedules of the preceptors/sites, and PH project formats.
19. Problems/Conflicts- Students should initially attempt to work out any minor problems with their Preceptor or Supervisor. If the student continues to perceive a problem, including personality conflicts, communication issues, supervision, or inadequacy of the learning experience, they should contact the Program immediately. Call Back Days- Students are required to attend all Call Back Days. Completion of the EOR examinations and all other activities on the day(s) scheduled by the Program is mandatory. Each Call Back examination and assignment that is not completed on the day(s) scheduled by the Program without prior approval will be counted as a failed exam or assignment and is subject to the consequences described in the Clinical Year Evaluation and Grading section. Students must arrive on time for all Call Back days and stay for the entire day. Failure to arrive on time, stay for the entire Call Back day or absences without prior program approval may result in the loss of up to 15% from the student's overall professionalism grade for each rotation associated with that Call Back. Weapons- Students are not permitted to carry/possess weapons, incendiaries or explosives (including fireworks) of any kind on campus or to clinical sites.
20. Registration and Financial Obligations- Students on clinical rotations **MUST** adhere to deadlines concerning tuition bills, financial aid, registration and current contact information. The Program will register students for clinical rotations, Students are responsible for ensuring correct registration for the appropriate rotations. Failure to do so may result in removal from clinical rotations, delay in program completion and additional tuition/fees.
21. Blood/Body fluid Exposure- Students must **immediately** report any blood/body fluid exposure(s) to their Preceptor, the he Clinical Year team (tuc.paclinicalyear@touro.edu), Student Health, and any hospital personnel (if instructed by their preceptor). Students must adhere to the University's

Exposure protocol ([See Appendix A](#)). The protocol is also available on Canvas, Student Health, and at the Program's office. Be advised that the school is not liable for health care costs accrued if an exposure occurs. Students are expected to submit claims to their own medical health insurance.

22. Address Forms – Students are required to provide the Program with permanent contact information for the entire rotation year prior to the clinical year. Students are expected to notify the Program immediately, as well as the Office of the Registrar, upon any change of contact data. It is not the responsibility of the Program to confirm the accuracy of this information or report it to the Registrar. Please email (tuc.registrar@touro.edu), telephone (707-638-5984), or visit (690 Walnut Ave; Vallejo, CA 94582) the Registrar's office to update your personal information.

SECTION 9 CLINICAL PRECEPTOR RESPONSIBILITIES

CLINICAL PRECEPTOR RESPONSIBILITIES

The preceptor plays a vital role in the educational process. The preceptor acts as a clinical resource while students apply the medical knowledge obtained during the didactic education. It is not the expectation that a preceptor act as an instructor for said didactic knowledge. The Preceptor must be a licensed health care provider and is responsible for the on-site supervision, education and evaluation of the physician assistant student.

1. Student Schedule - The preceptor determines the student's schedule. Students are expected to adhere to the preceptor's work schedule. Students are expected to work at the site at least 40 hours per week but this can vary depending on the site, with a minimum of 30 hours and a maximum of 60 hours per week. When a preceptor is seeing patients, it is expected that the student will be working as well. Students are expected to work nights, weekends, and be on-call if required by the site.
2. Clinical Experience - Students should spend as much time as possible involved in supervised hands-on patient care activities. Seeing the largest number and greatest diversity of patients that is possible at the site enhances the learning experience. It is especially important that all students obtain exposure to patients across the entire life span. Additionally, students should be exposed to all aspects of a clinician's daily duties.
3. Objectives - Students are given learning objectives to guide their learning and to focus their study efforts for the end of rotation exam. Students are also required to complete a list of minimum requirements throughout the clinical year. We acknowledge that it is not possible for the student to be exposed to each entity or problem listed; however, we do ask that the preceptor review the learning objectives and the minimum requirements.
4. Supervision - The preceptor is responsible for the overall supervision of the physician assistant student's educational experience at the clinical site. An assigned qualified licensed provider **must be on the premises and available at all times** while the student is performing patient care tasks. The student must know who this person is and how to contact them. Unusual or abnormal physical findings must be confirmed. Students require supervision for all procedures. While on rotations, the physician assistant student will be supervised in all their activities commensurate with the complexity of care being given and the student's own abilities. **Students cannot treat and/or discharge a patient from care without consultation with the clinical preceptor.** The licensed provider retains all legal responsibility and medical duty for all patient care.
5. Assignment of Activities - Students will be directly involved in the evaluation and management of patients based on the clinical preceptor's preference and the individual student's skill and knowledge level. Patient encounter volumes vary depending on the specialty, location and practice. The rotation instruction sheets will provide a range of the expected number of patient encounters for each rotation. The actual number of patient encounters each student sees during their rotations will be monitored and reviewed through their Typhon Case Log submissions.

Although students may be asked to assist with administrative or other tasks, the student will not be used to substitute for regular clinical or administrative staff. The preceptor should assign the students to appropriate clinical oriented activities such as:

- Patients to examine and/or follow
- Procedures to perform/surgeries to assist
- Vital signs, immunizations, patient counseling, follow-up calls, etc.
- Clinical oriented paperwork (reviewing diagnostic test results and consultation reports, pharmacy refill requests, treatment prior authorizations, insurance/specialist referrals)
- Diagnosis and treatment research

6. Presentation - Preceptors should have the student present patients on a regular basis.
7. Documentation - Preceptors must review, verify, and document in the note that the student was supervised for all encounters. As of January 1, 2020, CMS no longer requires clinicians serving as preceptors to re-perform or edit student-provided documentation. Instead, preceptors can verify by signing and dating student documentation. If the practice uses an Electronic Health Record (EHR) system, students should be provided with a student ID and password. Students cannot use a licensed provider's ID and password. Students must receive permission from the preceptor prior to accessing or making written entries into the patient records, as students' notes are legal and contributory to the medical record. If the office/system uses predominately checklists or student EHR access is limited, the Program encourages the preceptor to assign (and subsequently evaluate) written notes to the student and/or additional case presentations to the student. Student entries in records must include status (e.g., Student Name, PA-S/PA-Student).
8. Teaching - The Preceptor should allow time for teaching activities. This can be accomplished in a variety of ways such as structured teaching rounds, chart review periods, reading assignments, hallway or informal consultations between patient encounters and/or recommending specific conferences. It is expected that the preceptor will model, expose students to and teach in accordance with current evidence-based medicine guidelines and the accepted standards of care.
9. Evaluation - The preceptor, or their designee, must observe and assess the student performing clinical functions, including documentation, on a regular basis and provide constructive verbal feedback to the student periodically over the course of the rotation. The preceptor may also be asked to give feedback on student performance to faculty members during site visits. The preceptor will be responsible for completing two performance evaluations, covering clinical knowledge and professionalism. Receiving honest critique and constructive feedback is critical to the academic and professional progression of a student.

SECTION 10 PROGRAM RESPONSIBILITIES

1. Preparation - The Program will adequately prepare the student for their clinical and public health experiences.
2. Assignment - The Program will be responsible for assigning students to clinical and public health sites that will provide a quality learning experience.
3. Objectives - The Program will provide learning objectives for clinical experiences to students and preceptors. The Program will evaluate the student's competency based on the objectives.
4. Affiliation Agreements - The Program will develop and maintain affiliation agreements with all clinical and public health sites.
5. Insurance - The Program will ensure that all students have current malpractice liability insurance.
6. Student Health Insurance - The Program will also ensure that all students have current health insurance and immunizations.
7. Grading - The Program will be responsible for assigning a final grade to every student for all rotations.
8. Problems - The Program will interact with all preceptors, sites and students and be available to respond to any problems or concerns. Should problems arise at the site, the Program retains the right to remove a student from a rotation.
9. Health and Safety – The Program will interact with preceptors and sites to help maintain patient safety. Any student whose actions directly or indirectly jeopardize the health and safety of patients, faculty, clinical site staff or fellow students may be immediately removed from the clinical site and/or face disciplinary action. This action may prolong the length of the Program and result in a delay of the student's graduation.

SECTION 11 CLINICAL YEAR EVALUATION AND GRADING

Evaluation of the Clinical Year requires demonstration of clinical knowledge/skills through successful completion of four (4) overarching components that are not related to a specific rotation, and demonstration of competency for each of eight (8) clinical rotations. In addition, professionalism will be evaluated during each clinical rotation and throughout the clinical year. The specific components are delineated below:

EVALUATION OF OVERALL CLINICAL COMPETENCY

Clinical Knowledge/Skills

- Site Visits
- Clinical Year OSCEs
- Case Presentation
- Aquifer Cases
- Clinical Rotation Grades

1. **Site Visit** – During a site visit, a faculty member will evaluate the student in the clinical setting. Each student will be assessed as “Competent”, “Approaching Competence”, or “Needs Improvement”. Once a student receives a “Competent” grade, they will have fulfilled their site visit requirement. Some students will complete this requirement with just one site visit, and others may require several. A site visit may be virtual or in-person ([Grading Rubric in Appendix A](#)).

The site visitor will speak with the student and preceptor, observe student performance during 1-3 clinical patient encounters and may review student chart notes. During the site visit, the student will be evaluated on history taking, physical examination skills, diagnostics, assessment and plan development, health maintenance, oral presentation skills, patient education, documentation and professionalism.

In order to receive a grade of “Competent”, students must receive a minimum score of $\geq 80\%$ on the components as outlined above in addition to receiving a passing assessment by the preceptor and on the “Overall Impression” section of the evaluation. If a student receives a grade of “Approaching Competence” (70-79%) or “Needs Improvement” ($\leq 69\%$), they will be scheduled for an additional site visit. An unsatisfactory evaluation from a preceptor during the site visit constitutes a lack of academic, clinical and/or professional progression. The student will meet or correspond with the Director of Clinical Education, receive a Program Warning, and have an additional site visit in a subsequent rotation block.

If a student is deemed to have substantial deficits, the student may be removed from their clinical rotation for the remainder of that rotation and/or the subsequent rotation and will undergo a knowledge remediation. Additionally, the student may be placed on Academic Probation. The student will then return to clinical rotations and will have a site visit during the subsequent rotation. Students who do not demonstrate a level of “Competent” on subsequent site visits may result in a referral to the SPC and placement in the category for dismissal. Removal from a clinical rotation may prolong the length of the Program and delay the student’s graduation.

2. **Clinical Year OSCE** - Clinical year OSCE(s) are utilized to assess academic, clinical, and professional progression. There are two OSCEs during the clinical year, the first typically occurs during the second Call Back, and the second during the third Call Back.

- a. Attendance and completion of the OSCE(s) on the day scheduled by the Program is mandatory. Failure to complete the OSCE(s) on the assigned day may demonstrate a lack of professionalism and may result in an automatic failure, followed by immediate referral to the SPC.
- b. In addition to being graded overall, the primary components of the clinical year OSCE are also graded separately. These primary components may include but are not limited to: developing a differential diagnosis, history collection, physical examination, formulating an assessment and plan, prescription writing, interpretation of diagnostic tests (radiology/imaging tests, laboratory tests), health care maintenance, SOAP documentation, professionalism, and patient interaction skills. Information regarding how specific components will be graded during each of the OSCEs will be provided to the students in advance of the actual OSCE event.
- c. Grading criteria:
 - First OSCE and Retake: **70% on each component and an overall score of 75%**
 - Second OSCE and Retake: **75% on each component and an overall score of 80%**

Failure of an OSCE by not obtaining the required minimum passing percentage on any component or the overall score may constitute failure of academic, clinical, and/or professional progression. If a student passes the OSCE mathematically but is deemed to have global deficiencies, substantial deficiencies in clinical judgment, and/or is far below the level expected, the program reserves the right to fail the student.

Failure of an OSCE component without an “overall” failure may result in remediation of the corresponding concepts with an assignment or may require the student to complete and pass a retake OSCE, depending on the nature of the failure.

- First “overall” OSCE failure: The student will be allowed to proceed on to the next rotation; however, the student will receive a Program Warning and will be required to complete a retake OSCE.
- Second “overall” OSCE failure (including initial, remediation and/or a retake OSCE): The student will be placed on Academic Probation and a remediation including, but not limited to, an additional site visit and didactic case assignments. Failure of any of the remediation assignments will result in placement in the Category for Dismissal.
- Third “overall” OSCE failure (including initial, remediation and/or a retake OSCE): The student will be removed from clinical rotations, placed in the Category for Dismissal and referred to the SPC.
 - o If a student is removed from clinical rotations, successful remediation, including an additional OSCE, may be required to return to clinical rotations. Removal from a clinical rotation may prolong the length of the Program and delay the student’s graduation.

3. **Call Back Case Presentations** - Students are required to provide a case presentation to the class during a specified call back day ([See Appendix A for guidelines and grading rubric](#)). Case presentation research demonstrates the needed components of life-long learning imperative to the role of a physician assistant. Attendance and completion of the case presentation on the day scheduled by the Program is mandatory. **Failure to complete the case presentation on the assigned day may demonstrate a lack of professionalism and may result in an automatic failure and Academic Probation.** Although the case presentation is not calculated into a final rotation grade, students are required to pass the case presentation with a grade of 75%. Failure of the case presentation constitutes a lack of academic/clinical progression and may demonstrate a lack of professionalism. Failure of the case presentation will result in a Program Warning. The student will be required to generate a new case presentation(s) to present to peers and/or campus faculty until a grade of 75% is achieved.
4. **Aquifer online cases** - See Forms section on Grading for Clinical Rotations below.
5. **Clinical Rotation Grades** - *See section on Grading for Clinical Rotations below.*

EVALUATION OF PROFESSIONALISM

Professionalism holds equal importance to academic progress. You are expected to demonstrate the legal, moral and ethical standards required of a health care professional and display behavior which is consistent with these qualities. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, timeliness, competence, demeanor, attitude, appearance, mannerisms, integrity, and morals displayed by the students to faculty, staff, preceptors, peers, patients, colleagues in health care and other educational settings and the public. The Program expects nothing short of respect and professional demeanor at all times. Throughout the clinical year, you will be directly evaluated for professionalism using the following measures. Each is discussed in more detail below.

- Preceptor Evaluations (Professionalism Portion)
- Site Visits
- Clinical Year OSCEs
- Completion & Submission of Paperwork and Aquifer assignments (Forms)

1. **Preceptor Evaluation (Professionalism Component)** - Each preceptor evaluation form has a section that is related to professionalism. Please refer to the Guidelines for Obtaining and Submitting Preceptor Evaluations of Student Performance located in [Appendix A](#).
2. **Site Visit** - During the site visit, you will be evaluated on professionalism as well as history taking, physical examination skills, diagnostics, assessment and plan development, health maintenance, oral presentation skills, patient education, and documentation.

3. **Clinical Year OSCE** – One graded component of the OSCE is professionalism, both in attendance and during the OSCE itself. Please see Evaluation of Overall Clinical Competency - Clinical Year OSCE (above) for complete grading details.
4. **Completion and Submission of Paperwork (Forms) and Aquifer Assignments** - It is fundamental in the role of a PA to be detail-oriented, accountable, meet deadlines, communicate effectively, document thoroughly, and demonstrate intellectual initiative. Forms and assignments must be successfully completed and submitted or postmarked by the designated due dates.

GRADING FOR CLINICAL ROTATIONS

Evaluation and grading for each rotation will be based on the measures listed below. Although the University requirement for Pass (P) is 70%, the Program requires a minimum score of 75% or higher to pass clinical rotation grading components. Students receiving a final grade of 95% or higher will receive honors (HP). Honors will not be assigned for the elective rotations.

Clinical Knowledge/Skills (CK/S) 50%

End of Rotation Examination* 35%

Final Preceptor Evaluation 15%

(Knowledge/Skills Portion for PC1-4 and Electives, Knowledge/Skills and Technical Skills Portions for Surg and EM)

Professionalism 50%

Final Preceptor Evaluations 25% (Professionalism Portion)

Forms (Completion & Submission) 25%

5% each: Rotation Check-In & Schedule, Typhon Case Logs & Resubmitted/Corrected Case Logs, SOAP note, Mid Rotation Evaluation, Aquifer Cases, and Supplemental Assignments (*if applicable*)

*An End of Rotation (EOR) Examination is not required for elective rotations. For these rotations, the Clinical Portion of the Preceptor Evaluation will count for 50% of the rotation grade.

CLINICAL KNOWLEDGE/SKILLS

End of Rotation (EOR) Examination – There is a written exam that corresponds with each of the six core rotations (PC 1-4, EM, and Surgery). At each Call Back, students will complete the exam(s) that correspond with the two rotation(s) prior to the Call Back. The material covered on the examination corresponds with the title of the assigned rotation(s) and the learning objectives from the assigned rotation.

Students must receive a grade of ≥ 75% to pass the EOR. Failure to receive a grade of 75% on the end of rotation exam will result in a Program Warning. The student may proceed on to the next rotation but will be scheduled for a retake EOR examination within two weeks. Because students are not permitted to review EOR exams, they will be provided a list of deficient areas as determined by the first examination to aid in preparation for the retake examination.

Failure of **any** portion of the Preceptor Evaluation **and** the EOR on the first attempt for the same rotation will result in the **failure of the rotation**. Students are not eligible for a Retake EOR after failure of a rotation.

Retake EOR exam: A passing score of $\geq 75\%$ must be obtained on the retake. Although retake examinations will test the same rotational objectives covered by the original examination, they may address different topic areas, and different task areas. In addition, they may be different in format than the original examination, and they may be PAEA developed exams. If a score of $\geq 75\%$ is attained on the retake exam, the student will receive a grade of 75% for the end of rotation exam for that rotation. Failure to successfully pass the end of rotation examination and the retake examination may result in failure of the rotation.

Failure of two EORs on the first attempt may result in Academic Probation (or three if two of the failures were during the first callback). Failure of a third EOR on the first attempt may result in referral to the SPC and placement in the Category for Dismissal (or four if two of the failures were during the first callback). Failure of a fourth EOR on the first attempt will result in referral to the SPC and placement in the Category for Dismissal (or five if two of the failures were during the first callback). **Please note:** The number of EOR failures on the first attempt will be tallied cumulatively over the entire clinical year.

1. **Final Preceptor Evaluation** - The Final Preceptor Evaluation Form is completed by the preceptor at the conclusion of the rotation. Preceptors may submit final evaluations electronically (through a secure email generated by the Program through Typhon) or paper through the mail. There are several Preceptor Evaluation forms, so please be sure to provide your preceptor with the correct one for each designated rotation. Form A applies to the following rotations: PC1, PC2, and PC4; Form B is for PC3; Form C is for Emergency Medicine; Form D is for Surgery; and Form E is for Electives. Each form is divided into two or three sections:
 - Evaluation of the student's clinical knowledge and skills
 - Evaluation of the student's interpersonal and professionalism - see below under Preceptor Evaluation (Professionalism Component)
 - Evaluation of the students learning outcomes

Please refer to the Guidelines for Obtaining and Submitting Preceptor Evaluations of Student Performance located in [Appendix A](#). **It is the student's responsibility to ensure that the preceptor is provided a paper copy of the final evaluation form, even if the preceptor plans to submit it electronically.**

Numeric values are assigned to the General Clinical Knowledge/Skills and Interpersonal Communication/Professionalism components of the final preceptor evaluation. **Students must receive a minimum score of 75% on each section regardless of the preceptor's Overall Impression.**

- The first failure of either of the above components of the preceptor evaluation will result in a Program Warning and mandates communication with the Director of Clinical Education via phone, email or in person.
- A second failure of one of these components will result in Academic Probation and a meeting with the Director of Clinical Education.

- A third failure of one of these components **or** both components of the Preceptor Evaluation will result in referral to the SPC and placement in the category for dismissal.
- Failure of **either** of these sections of the Preceptor Evaluation **and** the EOR on the first attempt for the same rotation will result in the **failure of the rotation**.
- **Failure of the Overall Impression will result in failure of the rotation.**

PROFESSIONALISM

1. **Preceptor Evaluation (Professionalism Component)** – Each preceptor evaluation form has a section that is related to professionalism. Please refer to the Guidelines for Obtaining and Submitting Preceptor Evaluations of Student Performance located in [Appendix A](#).

2. **Completion of required Clinical Rotations Paperwork (Forms)**

There are several types of paperwork that you will need to complete and submit. Each is addressed separately below in the Clinical Rotations Paperwork (Forms) section. Due dates, templates for each form, assignment criteria, and additional guidelines for submission, when applicable, are located in [Appendix A](#). For all submissions, it is your responsibility to verify that submissions are correctly uploaded or emailed by the designated due dates.

Each Form is a component of the professionalism grade. Submission of incomplete Forms and/or failure to submit any Forms by the designated due date represents unprofessionalism and constitutes an infraction. Please note, Form infractions are tallied cumulatively over the clinical year. For example, incomplete logs in block 2 and a failure to submit a SOAP note in block 4 would count as two infractions. Be aware that each Form is counted individually, even if they are due on the same day.

CLINICAL ROTATIONS PAPERWORK (Forms)

3. **Clinical Rotation Check-In & Schedule-** The Clinical Rotation Check-In and Schedule is designed to ensure that the student is not encountering any difficulties with the clinical rotations/preceptors or sites and to monitor the professionalism of the student. Students must meet with their preceptor to develop, review, and approve the clinical schedule prior to submitting it to the Program. Once submitted, students are expected to adhere to the schedule. **Any changes must be reported to the Director of Clinical Education immediately. This includes if the preceptor is out on vacation or the clinic is closed for the Holidays.**

The Clinical Rotation Check-In and Schedule must be completed in Canvas by 11:59pm PST on the first Friday or your rotation (see designated due dates). [A paper version of the Check-In & Schedule can be found in Appendix A for reference.](#)

4. **Typhon Logging & Minimum Requirements (MRs):** Students must meet the clinical year Minimum Requirements (MRs) in order to graduate from the Program (See [Clinical Year Minimum Requirements](#) Section). Failure to complete the minimum requirements during the standard eight (8) clinical rotations may result in additional rotations, delayed graduation, and additional tuition and/or fees. MRs will be graded and tracked through the Typhon Tracking System as a component of the student's patient encounter case logs.

Students will log **all** patient encounters, including those for MR credit, through the Typhon Tracking System. Tracking of patient encounters provides information on the types of patients seen, procedures and the level you are able to participate in a patient's care. This information can prove to be invaluable to you after graduation when applying and interviewing for jobs. We track your patient numbers so that we can provide you with feedback if you are falling behind. We also use this information to evaluate clinical sites.

Using the Typhon tracking system, you will keep a daily patient log. You are required to enter **all** patient encounters regardless of the level of your participation or if you are requesting minimum requirement (MR) credit or not. Students must stay current with encounter entries **on a weekly basis**. The Program recommends logging patient encounters on daily basis because it is very easy to get behind.

Patient encounter case logs and MRs will be submitted and graded **twice** during **each** rotation:

Case Logs 1: unless otherwise stated, logs 1 will cover the first 2 weeks of the rotation.

Case Logs 2: covers the entire rotation, including weeks 1 & 2.

*Students must self-review their logs prior to the submission date (see Typhon manual for instructions)

All patient encounter case logs will be graded by a faculty member through Typhon. Cases will be reviewed for proper billing & coding and clinical competencies will be assessed. MR encounters will be reviewed to ensure the encounter qualifies as completion of a minimum requirement. Upon reviewing the encounter case logs and MRs, the student will receive an approved or not approved notice through Typhon. If an encounter is not approved, the student will be responsible for making all necessary corrections and resubmitting the corrected encounter within one week from the notification date.

Typhon case logs, including cases for which students are requesting MR credit, must be completed in Typhon **by you** by 11:59pm PST on the designated due date. Case logs will be automatically downloaded and reviewed by Program faculty on the designated due date, and late submissions (cases logged after the due date) will not be approved for credit.

Failure to perform the required self-review of cases (defined as $\geq 20\%$ of cases with errors), failure to log all clinical encounters, deleting case logs after initial submission, and/or failure to complete logging of patient encounters and MRs (both initial submissions and resubmissions) by 11:59 pm PST of the designated due date will result in a "Forms" infraction and no credit for requested MRs will be given.

5. **SOAP Note** – For each Primary Care rotation (PC1-PC4), students are required to submit a SOAP note and complete a self-critique form, which they will submit by uploading into the corresponding assignment section of Canvas. A SOAP note is deemed passing when a score of **75%** is achieved and the reviewing clinician determines it to have sound clinical judgement, and that is at the expected level of proficiency. (Refer to the [Appendix A](#) for the SOAP note instructions, self-critique form, and a sample grading rubric.)

The SOAP note and corresponding self-critique form must be completed and uploaded into Canvas by 11:59pm PST on the designated due date. All student SOAP notes (pass or fail) will receive feedback from a faculty member through Canvas.

xIf you do not pass the SOAP note on the first attempt, you will need to review and address the feedback and instructions provided by the faculty member. Inadequate re-submissions will result in a failure for that SOAP note assignment and will result in a Forms infraction.

Failure of 2 SOAP notes will result in a meeting with the Director of Clinical Education or other member of the Clinical Year team, and additional SOAP notes or other assignments to address the deficiency. Failure of 3 or more SOAP notes may result in disciplinary action, to include Academic and/or Professionalism Probation. **Inclusion of a patient identifier or including copies or screenshots of a patient's chart is a FORMS infraction, as this constitutes a HIPAA violation and unprofessionalism.** Such actions will result in a loss of points for that rotation and potentially removal from the rotation. Removal from a clinical rotation may prolong the length of the Program and delay the student's graduation.

Criteria for Automatic failure of the rotation SOAP note, resulting in a Forms Infraction:

- Patient identifiers **real or fake** (name, DOB, etc.)
- Inability to complete a self-critique
- Any HIPAA violation

6. **Mid-Rotation Feedback Evaluation** –The *Mid-Rotation Feedback Evaluation* is a formative assessment that allows the student and program to monitor and assess the student's progress and clinical performance in the first half of a clinical rotation by identifying areas of weakness to be addressed, as well as showcase strengths. The Program will investigate all unsatisfactory evaluations through correspondence with the student and/or preceptor. Repeated unsatisfactory evaluations may represent a pattern of unsatisfactory progress through the clinical year and will result in a meeting with the Director of Clinical Education and a Program Warning.

The *Mid-Rotation Feedback Evaluation* must be completed and uploaded into Canvas by 11:59pm PST on the designated due date. It is the student's responsibility to ensure the uploaded PDF document is visible/readable and legible. If, due to preceptor unavailability, the mid-rotation evaluation cannot be complete by the scheduled due date, the student must notify the Clinical Year Team with the date when the evaluation will be submitted.

7. **Aquifer online cases** – A list of required cases can be found at the end of each rotation's objectives. Details of the assignment and a complete list of all cases required during the clinical year can be found in [Appendix E](#). Ideally students will complete 1-2 cases per week during the rotation for maximum learning benefit.

Each Aquifer case will be graded as Complete or Incomplete. In order to obtain a 'Complete' **students must complete each case in its entirety. This is defined as:**

- Answering ALL case-related questions, including those that require a typed answer/response
- Completing/typing out an answer for all case summary statements (when applicable)
- Answering any additional question sets at the end of the case (typically found after the case summary statement and/or the case release notes).
- Spending an adequate amount of time working through each case (typically between 30-60 minutes per case).

Aquifer cases assigned to each rotation must be successfully completed by 11:59 pm PST on the last day of that rotation. Failure to complete the assigned cases (as described in the four criteria above) by the designated due date will result in a “forms” infraction, and the student will be expected to repeat the case.

CRITERIA FOR FAILURE OF A ROTATION

The following may result in failure of a rotation:

1. Failure of an End of Rotation (EOR) Exam and Retake EOR Exam for the same rotation.
2. Failure of an EOR Exam along with failure of the General Clinical Knowledge/Skills OR Interpersonal Communication Skills/Professionalism component of the Clinical Preceptor Evaluation for that rotation.
3. Failure to receive a final rotation grade of 70% or above.
4. Student is asked to leave the rotation by the preceptor/clinical site.
5. Failure of the Overall Impression on the Preceptor Evaluation.
6. Disciplinary decision by the Clinical Curriculum Committee, SPC or Program Director.
7. Removal from a clinical rotation based on failure to demonstrate proficiency to a level where it may jeopardize patient safety.

AUTOMATIC DISCIPLINARY CONSEQUENCES

The following is a summary of disciplinary consequences that have been pre-determined by the Program and the SPC. These consequences may be directly implemented and do not need SPC approval to initiate the process. The Program reserves the right to refer students to the SPC for review prior to, or instead of, implementing these consequences if deemed appropriate. Meeting a criterion for Category for Dismissal results in an automatic referral to the SPC. (See [MSPAS Criteria for Dismissal](#) section below)

Rotation Failure:

- If first failure in the Program
 - Repeat the rotation
 - Academic probation until successful repeat of the rotation
 - Delay in program completion
- Prior course/rotation failure[s]
 - Category for Dismissal
 - Referral to SPC
 - Delay in program completion

As discussed in Section 5, students have the opportunity to complete electives in a multitude of sites and specialties. However, the Program reserves the right to utilize elective rotations in the best interest of the student to address knowledge/skill deficiencies and/or to meet their minimum requirements (MRs) for graduation. In such circumstances, the Program may replace a student's elective rotation with another core rotation. Electives cannot be used to make up a failed rotation.

EOR Failure:

During the clinical year there are 4 Callback sessions, each following the completion of 2 rotations. Based on your rotation schedule, you will take 6 EOR exams over these callbacks (PC1-4, EM, Surgery). If you fail any of the EOR exams, you are required to pass a retake exam.

When following the consequences for EOR failures below, please note that if 2 EOR failures occur during the 1st Callback, they will be considered equivalent to 1 failure (versus 2). Otherwise, each EOR exam failure is treated as a singular failure, each with separate consequences.

Common Scenarios:

Scenario 1: It's the May Callback (the first callback)- I took two EOR exams and failed both of them- what happens?

- o Because this was the first callback, the two EOR failures will be considered equivalent to 1 EOR failure. Approximately two weeks later, you will take two retake EORs
 - What happens if I pass both of the retake EORs?
 - You will receive a Program Warning (See Failure of 1 EOR below).
 - What happens if I fail one of the retake EORs?
 - This will be considered as 2 EOR failures, and you will be placed on Academic Probation (See Failure of 2 EORs below)
 - You have failed the rotation that corresponds with the failed EOR & Retake EOR
 - What happens if I fail both of the retake EORs?
 - This will be considered as 3 EOR failures, and you may be placed in the Category for Dismissal (See Failure of 3 EORs below)
 - You have failed both rotations that correspond with the failed EORs & Retake EORs

Scenario 2: I took no EORs at the May Callback (the first callback). It is now the August Callback (the second callback)- and I took two EOR exams and failed both of them- what happens?

- o Since this was the first callback in which you took any EOR exams, the two EOR failures will be considered equivalent to 1 EOR failure.
- o Approximately two weeks later, you will take two retake EORs (refer to scenario 1 above)

Scenario 3: I took one EOR at the May Callback (the first callback), and passed it. It is now the August Callback (the second callback)- and I took two EOR exams and failed both of them- what happens?

- o Since this was not the first callback in which you took an EOR exam, the two EOR failures during the August callback are considered separate failures. You will be placed on Academic Probation (See Failure of 2 EORs below)
- o Approximately two weeks later, you will take two retake EORs
 - What happens if I pass both of the retake EORs?

- You will remain on Academic Probation
- What happens if I fail one of the retake EORs?
 - This will be considered as 3 EOR failures, and you may be placed in the Category for Dismissal (See Failure of 3 EORs below); You have failed the rotation that corresponds with the failed EOR & Retake EOR
- What happens if I fail both of the retake EORs?
 - This will be considered as 4 EOR failures, and you will be referred to the SPC in the Category for Dismissal (See Failure of 4 EORs below); You have failed both rotations that correspond with the failed EORs & Retake EORs

Scenario 4: I took one EOR at the May Callback (the first callback) and failed it. Two weeks later, I took the retake EOR and failed that- what happens?

- This will be considered as 2 EOR failures, and you will be placed on Academic Probation (See Failure of 2 EORs below); You have failed the rotation that corresponds with the failed EOR & Retake EOR

- Failure of 1 EOR
 - Program Warning
 - Retake EOR
 - Failure of Retake= may constitute failure of rotation (see rotation failure section)
 - Pass the Retake= no additional consequences
- Failure of 2 EORs (initial or retake)
 - If 2 failures during the 1st callback
 - See consequences for ‘Failure of 1 EOR’
 - If 0 or 1 failures at the 1st callback
 - Academic Probation
 - Retake EOR
 - Failure of Retake= failure of rotation (see rotation failure section)
 - Pass the Retake= no additional consequences
- Failure of 3 EORs (initial or retake)
 - If 2 failures during the 1st callback
 - See consequences for ‘Failure of 2 EORs’
 - If 0 or 1 failure at the 1st callback
 - Retake EOR
 - Failure of Retake= failure of rotation (see rotation failure section)
 - Pass the Retake= no additional consequences
 - May result in SPC referral and category for dismissal
- Failure of 4 EORs (initial or retake)
 - If 2 failures during the 1st callback
 - See consequences for ‘Failure of 3 EORs’
 - If 0 or 1 failure at the 1st callback
 - Category for dismissal
 - SPC referral
 - Retake EOR
 - Failure of Retake: failure of rotation (see rotation failure section)
 - Pass the Retake: no additional consequences

Final Preceptor Evaluation Failure

Each Final Preceptor Evaluation Form is divided into two or three components:

1. Evaluation of the student's general clinical knowledge and skills,
2. Evaluation of the student's interpersonal communication skills and professionalism, and
3. Evaluation of the students learning outcomes.

- First Failure of component 1 or 2 of a final preceptor evaluation will result in:
 - Program Warning
- Second Failure of component 1 and/or 2 of a final preceptor evaluation will result in:
 - Academic Probation
- Third Failure of component 1 and/or 2 of a final preceptor evaluation may result in:
 - Category for dismissal
 - SPC referral
 - Delay in program completion

Clinical Site Visit Failure

- First "Needs Improvement"
 - Program Warning
 - Additional site visit in a subsequent rotation
- Second "Needs Improvement" may result in:
 - Academic Probation
 - Removal from clinical rotations for remainder of that rotation and/or subsequent rotation
 - On campus remediation
 - Additional site visit when student returns to rotations
 - Delay in program completion
- Additional "Needs Improvement" may result
 - Category for Dismissal
 - Referral to SPC
 - Removal from clinical rotations
 - Delay in program completion

Forms infractions (refer to Clinical Rotation Paperwork section. Forms include Rotation Check-In & Schedules, Typhon Logs, SOAP notes, Mid-Rotation Evaluations, and Aquifer case completion)

- First infraction
 - Communication with a member of the Clinical Year team via phone, email or in person
- Second infraction
 - Verbal Program Warning and communication with a member of the Director of Clinical Education and/or a member of the Clinical Year team via phone, email, or in person
- Third infraction
 - Written Program Warning and communication with the Director of Clinical Education, and/or a member of the Clinical Year team via phone, email, or in person
- Fourth infraction
 - Communication with the Associate Program Director, Chair of the SPC, or their designee via phone, email, or in person. A fourth infraction may result in being placed on academic probation for professionalism
- Fifth infraction

- Communication with the Program Director or their designee via phone, email, or in person. A fifth infraction may result in placement in the category for dismissal and referral to the SPC

Falsification of any clinical rotation paperwork (Forms), assignments, forgery of signatures, and tampering with or destruction of any evaluation form or other egregious behavior is prohibited and will be referred to the SPC and may be grounds for disciplinary action, up to and including program dismissal.

Clinical Year OSCE

- Failure of an OSCE component
 - Remediation assignment to address the deficiency
 - Additional consequences and/or assignments may be assigned, including possible removal from rotations for repeated failures of the same component. This may delay program completion.
 - Failure of an OSCE
 - Program warning
 - Additional OSCE
 - Additional consequences and/or assignments may be assigned, including possible removal from rotations. This may delay program completion.
 - Failure of a second OSCE (including initial, retake and/or remediation OSCEs)
 - Academic Probation
 - Continue on clinical rotations
 - Remediation Plan:
 - Site visit on a subsequent rotation
 - Remediation Case Work
 - *Failure of remediation case work or “Needs Improvement” on site visit may result in:
 - Category for Dismissal
 - SPC referral
 - Removal from rotations which will delay program completion
 - Additional consequences and/or assignments may be assigned, including possible removal from rotations. This may delay program completion.
- Failure a third OSCE (including initial, retake and/or remediation OSCEs) may result in:
 - Category for Dismissal
 - SPC referral
 - Removal from clinical rotations which will delay program completion

SECTION 12 PUBLIC HEALTH FIELD STUDY

PUBLIC HEALTH FIELD STUDY

The Public Health Field Study Course is required of all MSPAS/MPH students. The Field Study provides students with practical experience in a public health setting allowing for the application and integration of the skills and knowledge acquired during their graduate didactic coursework. All information related the Public Health Field Study including requirements, format, competencies, responsibilities, evaluation and grading, and forms are covered in the MPH Student Handbook, available on the PH website at:https://tu.edu/media/schools-and-colleges/tuc/documents/handbooks-and-manuals/MPH-Student-Handbook_2022-2023.pdf

SECTION 13 ACADEMIC AND PROFESSIONAL PROGRESS

ACADEMIC AND PROFESSIONAL PROGRESS PROGRAM POLICIES AND PROCEDURES

Academic Progress

Satisfactory academic progress must be evident and demonstrated by students in the Program in order to continue in the Program. Any failure to progress academically up to and including the failure of a course will be cause for referral to the MSPAS Student Promotions Committee (SPC). The MSPAS SPC monitors academic progress for the entire program to include the clinical year of experiences.

Professional Progress

Professionalism is as important as, and holds equal importance to, academic progress. Students are expected to demonstrate the legal, moral and ethical standards required of a health care professional and display behavior that is consistent with these qualities. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, timeliness, competence, demeanor, attitude, appearance, mannerisms, integrity, and morals displayed by the students to faculty, staff, preceptors, peers, patients, colleagues in health care and other educational settings and the public. The Program expects nothing short of respect and professional demeanor at all times.

Professional Code of Conduct

Success in the physician assistant profession requires certain professional behavioral attributes in addition to content knowledge. Therefore, these professional behavioral attributes, to include empathy, respect, discipline, honesty, integrity, the ability to work effectively with others in a team environment, the ability to take and give constructive feedback, the ability to follow directions, and the ability to address a crisis or emergency situation in a composed manner, are considered to be a part of academic performance. The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) Accreditation Standards for Physician Assistant Education 5th edition states, “The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills and the capacity to react to emergencies in a calm and reasoned manner. Essential attributes of the graduate PA include an attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient’s welfare.” Adherence to these attributes requires that physician assistants and physician assistant students exhibit a high level of maturity and self-control even in highly stressful situations or in difficult circumstances and situations.

In keeping with these principles, physician assistant students must conduct themselves in a demeanor that is nothing less than professional and consistent with appropriate patient care and adhere to the Professional Code of Conduct. Students will be evaluated not only on their academic and clinical skills but also on their interpersonal skills, reliability, and professional and behavioral conduct. (Refer to Section 8: Student Responsibilities)

Failure to do so will result in the following:

1. First minor incident of unprofessional behavior
 - a. Program Warning - The Program will provide the student with a verbal warning to change the behavior depending on the severity of the offense. The appropriate faculty member (e.g. advisor or Director of Clinical Education) will document the incident in the student file.
2. Second minor incident of unprofessional behavior
 - a. Academic Probation - The Program will document the incident in writing and the student will meet with the faculty. This documentation will go on the student's permanent record.
3. Third incident of minor unprofessional behavior or egregious behavior
 - a. The student will be automatically referred to the SPC Committee.
 - b. The Committee will meet to determine a course of action for the behavior that can include but is not limited to corrective or disciplinary action, probation or dismissal.

MSPAS Student Promotion Committee (SPC)

The MSPAS SPC is charged with monitoring all Joint MSPAS/MPH students both academically and professionally, promoting students who have successfully completed a semester, as well as reviewing the cases of students who meet the criteria for probation or dismissal. It is made up of faculty members from the Joint MSPAS/MPH Program and from other TUC Colleges that provide instruction to the PA students. Student performance of the PH curriculum is monitored by the MPH Academic Progress Committee (APC). The APC includes a representative from the PA program. If necessary, the APC and SPC will jointly review a student's record. The MSPAS SPC may review student records and discuss student records with appropriate faculty members and/or preceptors in determining an appropriate course of action for students experiencing academic and/or professional conduct difficulties in the Program. The MSPAS SPC may choose to request the appearance of the student during an MSPAS SPC meeting. The committee can recommend actions such as, but not limited to, probation, remediation, suspension, or dismissal. Recommendations are on an individual basis after considering all pertinent circumstances. The committee's recommendations are forwarded to the MSPAS Program Director for review. The Program Director may agree, amend or disagree with SPC recommendation. The Program Director issues a letter of decision to the student regarding their status in the Program.

Since the MSPAS Program only offers courses once a year, if the MSPAS SPC recommends that a student repeat an entire semester, the student must take a leave of absence from the Program until those courses are offered again. A place will be held for the student to return to the Program at the beginning of the semester that must be repeated. Additionally, the student will be required to pass competency examinations for all materials covered in the semesters prior to the semester in which they return.

Failure to comply with requirements put forth by the SPC and Program Director will be considered unprofessional conduct and will place a student in the category for dismissal.

JOINT MSPAS/MPH PROGRAM: PROGRAM WARNING

Program Warning is internal to the Program and is not documented on the official transcript. It serves as a warning that academic and/or professionalism improvement is needed. A student must successfully complete all reexamination and/or remediation criteria. Failure to successfully remediate the material will result in failure in the course and placement on Academic Probation. Failure to improve professionalism issues will result in placement on Professionalism Probation. Satisfaction of multiple criteria for Program Warning will result in the progression to the category for Academic Probation.

MSPAS Program Criteria for Clinical Year Program Warning

1. Site visit grade of “Needs Improvement”
2. Failure of a clinical year OSCE
3. Failure of an End of Rotation Examination
4. Two clinical year forms infractions
5. First unsatisfactory final preceptor evaluation during a clinical year site visit
6. Failure of final Preceptor Evaluation (either General Clinical Knowledge/Skills or Interpersonal Communication Skills/Professionalism component)
7. Minor Professional misconduct, behavior and/or attitude inconsistent with the PA profession
8. Verbal or written reports and/or evaluations from academic faculty, clinical preceptor or designees indicating that a student is not progressing academically and/or not demonstrating proficiency to a level as expected for the level of/timing within clinical education.

JOINT MSPAS/MPH PROGRAM: ACADEMIC/PROFESSIONAL PROBATION

Academic Probation is the result of unsatisfactory scholarship or professionalism which may lead to dismissal from the Program. It is documented on the official transcript.

Professionalism Probation is a subcategory of Academic Probation. It is the result of unsatisfactory professionalism which may lead to dismissal from the Program. It is documented on the official transcript as Academic Probation.

Probation is a warning that there are deficiencies. Steps to remediate these deficiencies will be provided to the student. During probation, the student’s academic/clinical progress and/or professional conduct will be closely monitored by the MSPAS Student Promotion Committee (SPC) and the MPH Academic Progress Committee (APC). Failure to demonstrate improvement in areas of deficiency may place a student in the category for dismissal. Decisions regarding Academic Probation cannot be appealed.

Note: Most state licensure boards request information on academic and professionalism probation on the official program completion verification paperwork. The Program must document when a student has been on Academic and/or Professionalism Probation, and in most cases, the reasons for probation. Additionally, this information is often requested by credentialing agencies, and therefore, it may impact your ability to obtain employment clearance. Refer to sections on Academic/Professionalism Probation and MSPAS Dismissal.

Students must meet the minimum standards and requirements set by the Joint MSPAS/MPH Program and Touro University California in order to remain in good academic standing.

MSPAS Program Criteria for Placement on Academic/Professional Probation

The following are criteria for which a student may be placed on probation

1. Failure of a course/rotation
2. Failure of 2 End-of-rotation examinations
3. Failure of re-examination under a remediation plan
4. Failure to receive a “Competent” grade by the third site visit
5. Failure of 2 clinical year OSCEs
6. Four clinical year forms infractions
7. Two unsatisfactory preceptor evaluations during clinical year site visits
8. Failure of 2 components of any Final Preceptor Evaluations (General Clinical Knowledge/ Skills and/or Interpersonal Communication/Professionalism)
9. Three unexcused absences (as tallied throughout the clinical year)
10. Semester GPA < 2.5 MSPAS coursework
11. Two or more Program Warning criteria
12. Professional misconduct, behavior and/or attitude inconsistent with the PA profession or in violation of the Professional Code of Conduct policies in this handbook and/or student handbook.
13. Failure to adhere to the Program policies and procedures found in the Clinical Rotations Handbook and/or the Student Handbook
14. Verbal or written reports and/or evaluations from academic faculty, clinical preceptors or designees indicating that a student is not adhering to site regulations, site schedule, ethical standards of conduct, limitations of student role.
15. Verbal or written reports and/or evaluations from academic faculty, clinical preceptor or designees indicating that a student is not progressing academically and/or not demonstrating proficiency to a level where it may jeopardize patient safety.
16. Verbal or written reports and/or evaluations from academic faculty, clinical preceptor or designees indicating that a student is not progressing academically and/or not demonstrating proficiency to a level as expected for the level of/timing within clinical education.
17. Consistently failing to progress academically as demonstrated by repetitive failure to demonstrate competency across multiple evaluation modalities, including but not limited to, written examinations, OSCEs, preceptor evaluations, written assignments, faculty observation of clinical skills/decision making, and/or site visits.
18. Failure to follow and/or comply with requirements set forth by the MSPAS SPC and Program Director

It is important to remember that some aspects of knowledge integration and clinical judgment cannot be adequately evaluated by examinations alone. Observations from academic and/or clinical faculty/preceptors

are crucial for evaluating these critical skills. Failure to achieve minimum competency in coursework, including clinical assignments and satisfactory progress in professional development, behaviors and attitudes may result in Program probation or dismissal. A pattern of documented evaluator concerns about performance may indicate unsatisfactory progress when the record is viewed as a whole, even though passing grades have been assigned. In such instances, successful completion of a remediation plan is required to continue in the Program.

MSPAS Terms of Probation

1. When a student is placed on probation they will be notified in writing by the Program and the reasons will be stated. A copy of this letter will be provided to the Dean of Students and the Registrar's office and placed in the student's academic file. Probation is also noted on the official transcript.
2. A student will remain on Academic Probation until the terms of probation have been satisfied, as stated in the remediation plan and probation letter. Probation may continue throughout the remainder of the didactic year, or until graduation, if deemed appropriate. A student placed on Professionalism Probation will remain so until graduation.
3. A cumulative semester GPA of ≥ 2.5 for PA courses by the end of the following academic semester is required of a student placed on probation for probation criteria 1-4 above.
4. In the case of probation due to professional misconduct, the Program will determine whether or not the student has achieved an acceptable level of professional behavior. This information may be gained from professionalism assignments, faculty evaluations, preceptor evaluations or any other evaluations from individuals the Program deem appropriate. Failure to remediate professionalism issues will result in referral to the SPC.
5. When the terms of probation have been satisfied, notification of removal from probation will be forwarded to the Registrar and the Dean of Students so the necessary adjustments to the student's transcript can be made. Additionally, documentation will be placed in the student's academic file.
6. The primary responsibility of a TUC Joint MSPAS/MPH student is to gain the knowledge, skills and attitudes to become a competent and professional PA. Therefore, a student on Academic Probation may not serve as an officer of any official TUC club or organization (including holding a Class Officer position), or as a representative of the College as it may detract from time needed to be academically successful. If a student who is presently serving as an officer/representative is placed on Academic Probation, a substitute officer/representative will be chosen by the Class to fulfill the position until the student is removed from probation.

The Program reserves the right to place additional restrictions and performance requirements as additional terms of a student's probation, as deemed necessary.

MSPAS Remediation

Remediation is the opportunity to correct unsatisfactory performance, progress and/or professional conduct in the Program. **The offer of remediation is not automatic or guaranteed.** Recommendations regarding remediation will be made by the MSPAS SPC on an individual basis after considering all pertinent

circumstances in each case and with a final decision made by the Program Director. Any student placed on probation for academic or professionalism reasons and offered remediation must fulfill all the terms of the remediation contract within the designated time frame or face actions including, but not limited to, dismissal. Remediation is to be regarded as a privilege which must be earned by a student through demonstrated dedication to learning, and active participation in the educational program to include, but not limited to, overall academic/clinical performance, regular attendance, individual initiative and utilization of resources available to him/her. Remediation plans/decisions cannot be appealed.

The MSPAS SPC may recommend a remediation plan that includes, but is not limited to, the following:

1. Development of a contract/plan that outlines and defines a remediation program, successful remediation criteria and the responsibilities of the student.
2. A Remediation Exam of failed subject material as constructed by the course coordinator.
 - a. A course remediation covers all course material, even if the course failure resulted from a student failing one Block Exam and the corresponding material on the Cumulative Exam.
 - b. The student must score at least 75% for written examinations and 80% for OSCEs to pass the Remediation
 - c. The highest grade submitted for a successfully remediated course is U/70 or U/P.
3. Repeating the course(s)/rotation(s) failed the next time the course(s) is offered.
4. Repeating the entire academic term. The student may be required to repeat all course offerings
5. Auditing previously taken courses or laboratory classes. If a student is advised to audit a class, they are expected to follow the attendance policy for registered students. Students may be required to sit for all course exams or may choose to do so. If a student takes Block Exams, they must meet the same criteria as registered students in order to pass the remediation (e.g., score of $\geq 70\%$ on Block Exams).
6. Demonstrating continued competency in previously learned material by passing re-entry competency requirements for students with a remediation plan that includes extended time away from studies.
7. Complete additional clinical rotation(s).
8. Requiring corrective action for unprofessional behavior and/or misconduct. This may include but is not limited to direct apologies, letters of apology, professionalism assignments, additional clinical rotation(s), ongoing monitoring and reports of professional behavior corrections by faculty, preceptors etc.

Students who are directed to repeat a year of curriculum for academic reasons remain on Academic Probation until successful completion of all courses scheduled within that academic year and may remain on probation until successful completion of the Program. Students on Professionalism Probation will remain on probation for the remainder of enrollment within the Program.

Failure to meet the requirements of a remediation contract or competency exam results in:

- a. Failure of the remediation or competency exam
- b. Referral to the MSPAS SPC committee
- c. Placement in the category for dismissal

JOINT MSPAS/MPH PROGRAM: DISMISSAL

It should be clearly understood that the Touro University California Joint MSPAS/MPH Program, after due consideration and process, reserves the right to require the dismissal of any student at any time before graduation if circumstances of a legal, moral, behavioral, ethical, patient safety concerns, health or academic nature justify such an action.

If a student is dismissed for failure of the MSPAS component of the Joint Program, they may apply for consideration to the stand-alone MPH Program. However, acceptance is at the discretion of the MPH Program Director. If a student is dismissed for failure of the MPH Program, they may not remain in the MSPAS component of the Joint Program and will therefore be dismissed as a Joint student.

MSPAS Criteria for Dismissal

Any of the following may place a student in the category for dismissal:

1. Failure of 2 or more didactic courses within the MSPAS curriculum
2. Failure of 2 or more clinical rotations
3. Failure of 1 or more didactic courses and 1 or more clinical rotations
4. Failure of 3 or more end-of-rotation examinations
5. Failure to receive a “Competent” grade by the fourth site visit
6. Failure of 3 or more clinical year OSCEs
7. Four or more clinical year forms infractions
8. Failure of 3 components of any Final Preceptor Evaluations (General Clinical Knowledge/Skills and/or Interpersonal Communication/Professionalism)
9. Failure of a repeated or remediated course
10. Failure of a remediation plan
11. Failure of re-entry competency examinations
12. Failure by a student on probation to comply with or complete a remediation program within the defined time frame
13. Two or more criteria for Academic Probation and/or Professionalism Probation throughout enrollment within the Program.
14. Two or more occurrences of professional misconduct, behavior and/or attitude inconsistent with the PA profession or in violation of the Professional Code of Conduct policies found in this handbook and the student handbook.

15. Verbal or written reports from academic faculty, clinical preceptors or designees indicating that a student, who is already on probation, is not adhering to site regulations, site schedules, ethical standards of conduct, or limitations
16. Verbal or written reports and/or evaluations from academic faculty, clinical preceptor or designees indicating that a student, who is already on probation, is not progressing academically and/or not demonstrating proficiency to a level where it may jeopardize patient safety.
17. Failure to maintain a minimum semester cumulative GPA of 2.5 or greater after being on Academic Probation in the prior academic semester.
18. Consistently failing to progress academically, while on academic probation, as demonstrated by repetitive failure to demonstrate competency across multiple evaluation modalities, including but not limited to, written examinations, OSCEs, preceptor evaluations, written assignments, faculty observation of clinical skills/decision making, and/or site visits.
19. Jeopardizing patient safety because of lack of skill or knowledge
20. Two or more occurrences of failure to follow Program policies and procedures as defined in the Clinical Handbook as well as those defined in the Student Handbook.
21. Failure to comply with requirements put forth by the SPC and/or Program Director will be considered unprofessional conduct and will place a student in the category for dismissal.

Decisions regarding dismissal are made on an individual basis after considering all pertinent circumstances and extenuating circumstances relating to the case. The SPC's recommendations are forwarded to the MSPAS Program Director for review. The Program Director may agree, amend or disagree with SPC recommendation. The Program Director, or their designee, will issue a letter of decision to the student regarding their status in the Program. If the Program Director agrees with the SPC recommendation, the dismissal is immediately effective upon receipt of the letter of notification from the Program Director. Students may appeal a Dismissal decision in accordance with the formal Appeal Process and Procedure for Program Dismissal. (Refer to the TUC Catalog for further information). If a student is dismissed, their registration will be voided and tuition will be refunded per University policy.

PUBLIC HEALTH PROGRAM ACADEMIC PROGRESS COMMITTEE (APC)

For the responsibilities of the Academic Progress Committee - Refer to the Public Health Student Handbook.

MPH Program Academic/Professional Probation or Dismissal Criteria/Protocol

The Public Health Program has separate criteria for probation and dismissal.

SECTION 14 PHYSICIAN ASSISTANT COMPETENCIES

MSPAS OBJECTIVES, GOALS AND COMPETENCIES

Consistent with the *Core Competencies for New Physician Assistant Graduates*

(https://paeaonline.org/wp-content/uploads/2021/01/core_competencies-new-pa-graduates-092018.pdf)

graduates of the Joint MSPAS/MPH Program will be expected to demonstrate knowledge and proficiency in the areas outlined below. See Appendix F for complete document.

Patient-Centered Practice Knowledge

Graduates will be able to recognize healthy versus ill patients in the context of the patients' lives and determine the stage of illness — acute, at risk of illness (emerging), or chronic. Graduates will demonstrate the ability to utilize up-to-date scientific evidence to inform clinical reasoning and clinical judgment (PCSR 1.5).

Competencies

- 1.1 Recognize normal and abnormal health states
- 1.2 Discern among acute, chronic, and emerging disease states
- 1.3 Elicit and understand the stories of individual patients and apply the context of their lives (including environmental influences, cultural norms, socioeconomic factors, and beliefs) when determining healthy versus ill patients
- 1.4 Develop meaningful, therapeutic relationships with patients and their families (PA Comp. PC, FMM)
- 1.5 Partner with patients to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment (PA Comp. PC)

Society and Population Health

Graduates will be able to recognize and understand that the influences of the larger community may affect the health of patients and integrate knowledge of social determinants of health into care decisions.

Competencies

- 2.1 Recognize the cultural norms, needs, influences, and socioeconomic, environmental, and other population-level determinants affecting the health of the individual and community being served
- 2.2 Recognize the potential impacts of the community, biology, and genetics on patients and incorporate them into decisions of care
- 2.3 Demonstrate accountability and responsibility for removing barriers to health
- 2.4 Understand the role of structural disparities in causing illness
- 2.5 Engage members of the health care team in the surveillance of community resources to sustain and improve health

- 2.6 Engage the health care team in determining the adequacy of community resources
- 2.7 Reflect on personal and professional limitations in providing care
- 2.8 Exercise cultural humility
- 2.9 Elicit and hear the story of the individual and apply the context of the individual's life (including environmental influences, culture, and disease) when determining healthy versus ill patients
- 2.10 Understand and apply the fundamental principles of epidemiology
- 2.11 Recognize the value of the work of monitoring and reporting for quality improvement
- 2.12 Use appropriate literature to make evidence-based decisions on patient care

Health Literacy and Communication

Graduates will be able to communicate with patients as partners who engage in shared decision-making and who communicate, interpret, and express themselves as individuals with unique personal, cultural, and social values.

Competencies

- 3.1 Establish meaningful, therapeutic relationships with patients and families that allow for a deeper connection and create space for exploration of the patients' needs and goals to deliver culturally competent care (PA Comp. PC, FMM)
- 3.2 Interpret information so that patients can understand and make meaning out of the information conveyed to them
- 3.3 Recognize the need for and governing mandates that ensure patients have access to interpreters and appropriate resources when barriers to communication arise
- 3.4 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions (PCRS 4.7)
- 3.5 Communicate effectively with patients, families, and the public
- 3.6 Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs (CLAS)
- 3.7 Organize and communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible, and checking to ensure understanding (IPEC CC2)

Interprofessional Collaborative Practice and Leadership

Graduates will be able to recognize that the patient is at the center of all health care goals and to partner with the patient to define the patient's health care goals.

Competencies

- 4.1 Articulate one's role and responsibilities to patients, families, communities, and other professionals (IPEC RR1)
- 4.2 Redirect the focus of the health care team to the needs of the patient
- 4.3 Assure patients that they are being heard
- 4.4 Ensure patients' needs are the focus over self and others
- 4.5 Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices (PCRS 2.6)
- 4.6 Recognize when referrals are needed and make them to the appropriate health care provider
- 4.7 Coordinate care
- 4.8 Develop relationships and effectively communicate with physicians, other health professionals, and health care teams (PA Comp. Comm)
- 4.9 Use the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective, and equitable (IPEC RR5)
- 4.10 Use unique and complementary abilities of all members of the team to optimize health and patient care (IPEC RR9)
- 4.11 Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and health care needs of patients and populations (IPEC RR3)
- 4.12 Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health (IPEC RR10)

Professional and Legal Aspects of Health Care

Graduates will be able to practice medicine in a beneficent manner, recognizing and adhering to standards of care while attuned to advancing social justice.

Competencies

- 5.1 Articulate standard of care practice
- 5.2 Admit mistakes and errors
- 5.3 Participate in difficult conversations with patients and colleagues
- 5.4 Recognize one's limits and establish healthy boundaries to support healthy partnerships
- 5.5 Demonstrate respect for the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care (IPEC VE2)

- 5.6 Demonstrate responsiveness to patient needs that supersedes self-interest (PCRS 5.2)
- 5.7 Demonstrate accountability to patients, society, and the profession (PCRS 5.4)
- 5.8 Exhibit an understanding of the regulatory environment

Health Care Finance and Systems

Graduates will be able to articulate the essential aspects of value-based health care and apply this understanding to the delivery of safe and quality care.

Competencies

- 6.1 Recognize that health care is a business
- 6.2 Articulate individual providers' value-add to the health care team in terms of cost
- 6.3 Appreciate the value of the collaborative physician/PA relationship

SECTION 15 CLINICAL YEAR MINIMUM REQUIREMENTS

The following pages outline the **minimum** exposure requirements (MRs) that each student is to fulfill during the clinical year. These are designed to guide the student's learning and to ensure exposure to medical diseases, procedures and situations across the entire life span. Completion of these minimum requirements is necessary to graduate from the Program. These exposure requirements may be fulfilled through patient encounters during any of the clinical rotations, when plausible (i.e. a pediatric MR may be fulfilled during the pediatric, emergency medicine or family practice rotations). **Only ONE requirement can be claimed per patient encounter.** For example, if you assess a patient for hypertension and depression and you give them a tetanus shot, you can only receive credit for one of those MRs. In addition, in order to claim the MR, you must actively manage the disease being claimed. For example, if you assess a patient for depression, who also happens to have hypertension, you may claim the MR for depression but not hypertension (as you did not assess and manage this illness). Well child checks must only be claimed for patients who are scheduled specifically for WCC appointments (i.e., you may not claim a WCC for a patient who is being seen for an acute illness, even if you ask WCC-type questions and provide anticipatory guidance).

Refer to the Typhon System Guidelines and Instructions Manual for detailed information on data entry requirements, suggestions and helpful hints.

It is not the intention of the Program that students have made the initial diagnosis of these conditions. **MR credit can be received for initial patient diagnosis and for follow up evaluation of the status and management of the noted illness.**

DIAGNOSIS MINIMUM REQUIREMENTS

To receive credit, the student must have performed at least 50% or more of the patient encounter.

General

Altered Mental/Cognitive Status	3
Chest Pain (cardiac, pulmonary, musculoskeletal)	4
Chronic pain	2
Fatigue	1
Fever	3
Neurological causes (Trauma, Alzheimer's, CVA)	
Substance use/dependency diagnosis	3

Cardiovascular

Arrhythmia	4
Coronary artery disease	2
Heart failure	4
Heart murmur	4
Hyperlipidemia	20
Hypertension	30
Peripheral vascular disorder	2

Respiratory/ENT

Acute bronchitis	6
Allergic rhinitis	2
Asthma	10
COPD	10
Hearing loss or impairment	2
Otitis externa	2
Otitis media	6
Pneumonia	4
Sinusitis	5
URI- Viral	10

Renal

Chronic kidney disease	1
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Genitourinary

Erectile dysfunction	1
STI	3
Urinary Incontinence	2
Urinary tract infection	5

Musculoskeletal

Fracture	1
Low back pain	7
Lower Extremity MSK problem	5
Neck/back pain	3
Osteoarthritis	8
Rheumatoid arthritis	2
Upper Extremity MSK problem	5

Dermatology

Acne	2
Derm infection (bacterial, fungal, parasitic)	5
Rash (contact derm, etc.)	5

Hematology

Anemia evaluation	3
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Ophthalmology

Red eye	3
Vision change	1

Neurology

Chronic seizure disorder	1
Dizziness	3
Headache	5
Sleep Disorders	3
TIA/Stroke	3

Psychiatry

Anxiety disorder	12
Eating disorder	2
Mood disorder	12

Endocrine

Diabetes	30
Hyperthyroidism	2
Hypothyroidism	3
Osteoporosis	3

COUNSELING & SCREENING MINIMUM REQUIREMENTS:

To receive credit, the student must perform 50% or more of the counseling.

Cardiovascular risk factors and risk reduction	2
Colorectal cancer screening	2
End of Life <i>(DNR, POLST, Power of attorney issues or wills, or transitions to higher levels of assisted care)</i>	1
Fall risks (>65 y/o)	1
Immunization counseling	5
Nutrition counseling	2
Obesity/Overweight counseling	2
Physical abuse or IPV screening	1
STI counseling/screening	2
Substance use/dependency counseling	5

PEDIATRIC SPECIFIC MINIMUM REQUIREMENTS

To receive credit, the student must have performed at least 50% or more of the patient encounter.

Well Child Check (Inc. Anticipatory Guidance) <1 y/o	3
Well Child Check (Inc. Anticipatory Guidance) 1-4 y/o	3
Well Child Check (Inc. Anticipatory Guidance) 5-11 y/o	3
Well Child Check/Sports PE (Inc. Anticipatory Guidance) 12-17 y/o	3
Chart growth & development of pediatric patient	2
Manage immunization schedule of pediatric patient	2
Pediatric Dermatologic Complaint	1
Pediatric Fever	1
Pediatric Gastrointestinal Complaint	1
Pediatric MSK complaint	1
Pediatric Pulmonary Complaint	1
STI Counseling/Evaluation - Adolescent patient (12-17 y/o)	2
Mental health screening/evaluation - Adolescent patient (12-17 y/o)	2

GYNECOLOGY/OBSTETRIC SPECIFIC MINIMUM REQUIREMENTS

To receive credit, the student must have performed at least 50% or more of the patient encounter.

Counsel on Pre-conception/Pre-natal care	1
Identify/Counsel on factors associated with high-risk pregnancy	1
Prenatal visit (initial or routine)	1
Manage complaint-based problem in obstetrical patient	2
Postnatal visit	1
Menopause Counseling	2
Menstrual Irregularities	4
Pelvic Pain- Female	4
Routine Gynecological (Wellness) Visit	2
Vaginitis - any etiology	5

SURGERY RELATED MINIMUM REQUIREMENTS

To receive credit, the student must have performed at least 50% or more of the patient encounter.

Pre-Operative Management/Evaluation- Inpatient Setting	1
Pre-Operative Management/Evaluation	4
Document a Pre-Operative note	2
Post-Operative Management/Evaluation- Inpatient Setting	1
Post-Operative Management/Evaluation	4
Document a Pre-Operative note	2

GENERAL SKILLS/PROCEDURE MINIMUM REQUIREMENTS

To receive credit, the student must perform 100% of SKILL/procedure and at least 50% of the corresponding encounter. Encounters with “less than shared” student participation in the encounter may be given credit, with additional supportive explanation from the student. Final approval is at the discretion of the Program.

Bimanual Pelvic Exam	2
Clinical Breast Exam	4
Conduct a hospital admission	1
Contraception Management	5
Dermatological procedure	2
EKG interpretation	7
EKG interpretation >65 y/o	3
First/Second Assist	5
Hernia/testicular exam	2

Imaging Interpretation -Abd/MSK	3
Imaging Interpretation- CXR	2
Injections	20
Interpret DEXA scan or calculate FRAX	1
Laceration repair	1
Medication Change/Manage Polypharmacy <i>(Evaluating/changing/managing polypharmacy for a pt with ≥ 2 medications for ≥ 2 chronic diseases)</i>	3
Mental status exam	2
Prostate/rectal exam	3
Splint/Cast placement	2
Suture placement	10
Suture/Staple removal	2
Vaginal speculum exam	2
Wellness/Annual exam- Geriatric preventative health eval (≥ 65 y/o)	3
Wellness/Annual exam-Adult preventative health eval (18-64 y/o)	3

CRITERIA FOR APPROVAL OF MINIMUM REQUIREMENTS SUBMISSIONS

- Billing and coding must be correct and justify the MR being requested.
 - Nonspecific codes will not be accepted IF a specific code is available. {i.e. R10.9}
- The “Type of H&P” must match your CPT code.
- Encounter must be billed appropriately.
- The “MR requirement” box must be marked.
- The “Competency” must be marked as “MR Performed”.
- If the MR is age dependent, the age must be correct.
- Office procedures must be billed correctly. (i.e. EKG)
- The rotation type must be correct (geriatric, psychiatric, pediatric, women’s health, etc.).
- You must explain circumstances that aren’t obvious by the coding.
Ex: “I interpreted an EKG that the patient brought in but didn’t take the EKG in the office.” You would NOT enter the CPT code for the EKG because it was not done in your office.
- Counseling MRs will not receive credit if the encounter is billed incorrectly.
- Well Child Checks must be billed correctly, with appropriate Reason for Visit, ICD10 and CPT codes.

SECTION 16 LEARNING OUTCOMES AND ROTATION SPECIFIC OBJECTIVES

General Learning Outcomes for the Clinical Year

This section includes the learning outcomes and rotation specific objectives. Resource books include all required and recommended texts from the academic year.

Students should also utilize available resources at each site. A list of additional resources will be provided

Upon completing the clinical year, students will be able to demonstrate competency in the following areas. These skills may be obtained in the outpatient, inpatient, emergency room and/or surgical settings. Methods of assessment of these skills include but are not limited to: end-of-rotation (EOR) examinations, site visits, actual patient encounters, preceptor evaluations, OSCEs, SOAP notes and other clinical year assignments.

Medical Knowledge

- M1. Recognize and differentiate normal anatomic, physiologic and cognitive changes related to growth, development and the aging process.
- M2. Assess normal and abnormal trends or patterns of growth, including those documented on growth charts, and recommend further evaluation when indicated.
- M3. Recommend and interpret appropriate lab studies and diagnostic studies/findings.
- M4. Identify, diagnose, manage and perform ongoing monitoring for common medical/psychiatric/surgical illnesses/diagnoses across the lifespan.
- M5. Identify, recommend and initiate screening/health promotion /disease prevention, immunizations and counseling for routine preventative health, well care and common illnesses/diagnoses across the lifespan.
- M6. Recognize the major causes of morbidity and mortality across the lifespan.

Interpersonal Skills

- IS1. Approach therapeutic encounters with a diverse patient population in an empathetic, non-judgmental and caring manner that promotes open and effective patient-provider communication across the lifespan.
- IS2. Interact with physicians, healthcare personnel and patients tactfully, using appropriate language, speech patterns and nonverbal communication to promote/facilitate open and effective communication.
- IS3. Demonstrate cultural sensitivity in the management of patients from a variety of backgrounds
- IS4. Identify and recognize the effects of chronic illness on the patient and the family.
- IS5. Recognize and discuss the issues associated with loss, grief and bereavement, death and dying.

Clinical and Technical Skills

- CTS1. Elicit the appropriate focused history and identify the characteristic symptoms associated with common medical/psychiatric/surgical illnesses/diagnoses across the lifespan.
- CTS2. Perform the appropriate focused physical examination and identify the characteristic signs associated with common medical/psychiatric/surgical illnesses/diagnoses across the lifespan.
- CTS3. Elicit and perform a comprehensive history and physical exam for preventative health screening across the lifespan.
- CTS4. Document medical/surgical information using acceptable abbreviations and appropriate formats (for example: H&P, SOAP, pre/post-operative notes).
- CTS5. Orally present clinical cases in a clear and concise manner.

Professional Behaviors

- PB1. Demonstrate the ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.
- PB2. Identify and initiate the appropriate referral for problems beyond the scope of the PA provider and practice.
- PB3. Demonstrate accountability to the patient, profession, community and program.
- PB4. Demonstrate an understanding of and commitment to the legal requirements and ethical principles as they apply to the confidentiality of patient information across the life span.

Clinical Reasoning and Problem-Solving

- CRPS1. Demonstrate critical thinking and medical decision making.
- CRPS2. Identify, recognize and discern legal and ethical issues in medicine, including assessment of competence, end of life decision making, power of attorney, living wills, advanced directives, and DNR orders.

PRIMARY CARE (PC)1 & 2 ROTATIONS

Primary care rotations are the bedrock of your curriculum during the clinical year, comprising 4 of the 8 rotations. For the PC1 and PC2 rotations, students will be placed in a primary care outpatient and/or inpatient setting, with a primary care provider to obtain exposure to family medicine and internal medicine.

PC1 and PC2 rotation exams focus on both Family Medicine and Internal Medicine. The following learning objectives are designed to guide you in your clinical activities and supplemental readings during the PC1/2 rotation as you study for the end-of-rotation exams.

- **PC 1/2/3 Core Learning Objectives, which apply to each of the corresponding three rotations**
- **PC 1/2 Rotation-Specific Learning Objectives, which are specific to PC 1 & 2**

Each objective, whether a core objective or rotation specific objective, is treated equally on the exam and all objectives should be thoroughly studied. Because of the nature of healthcare, it is unlikely that you will see a patient to correspond with each objective during your six-week rotation. Despite this, you are responsible for learning all objectives for the rotation.

Please note that historically, students who passively study from objective charts completed by other students do not learn the medicine as well as those who actively create an objective chart on their own.

LEARNING OUTCOMES FOR PRIMARY CARE 1 & 2 ROTATIONS

At the completion of these rotations, the PA student will be able to:

- a) Acute illness: Formulate a differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for a patient presenting with the following symptoms:
 1. Dysuria
 2. Dyspnea
 3. Cough
 4. Rectal bleeding
 5. Rash
 6. Diarrhea
 7. Constipation
 8. Abdominal pain

- b) Chronic illness: Formulate a differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for a patient presenting with the following diagnosis:
 1. Hypertension
 2. Low back pain
 3. Diabetes Mellitus type 2
 4. Hyperlipidemia
 5. COPD
 6. CHF
 7. Osteoarthritis

- c) Preventive:

1. Perform a complete history and comprehensive physical exam on a patient for a routine annual visit.
2. Identify cardiovascular risk factors and appropriately determine lifestyle modifications and/or medication management.
3. Appropriately educate patients on substance misuse/dependency disorders (e.g., nicotine, alcohol, opioids, or other commonly abused substances).
4. Identify patients who are classified as overweight or obese and educate on lifestyle modification.
5. Identify patients at risk of developing diabetes mellitus type 2 through appropriate diagnostic testing.
6. Provide patient education on colorectal cancer screening and recommend/perform the appropriate screening.

PC 1/2/3 CORE LEARNING OBJECTIVES

Upon completion of this clinical experience (PC1, PC2, or PC3), the student will be able to:

- **Understand etiology, epidemiology, risk factors and pathophysiology**
 - **Evaluate clinical manifestations**
 - **Formulate a differential diagnosis**
 - **Develop an assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)**
 - **Construct a patient-specific plan (including pharmacological/ non-pharmacological, patient education, procedural and necessary referrals)**
 - **Describe prognosis, complications, prevention, patient education, and treatment goals**
- of the following diseases/disorders/symptoms:

General

- Health promotion/disease prevention (IZ and health screening tests/schedules)
- Smiles for Life online module objectives

Symptoms

- | | |
|----------------------------------|---------------|
| • Altered level of consciousness | |
| • Chest Pain | • Syncope |
| • Edema | • Vertigo |
| • Fatigue | • Weakness |
| • Fever | • Weight loss |

Cardiovascular

- Conductive disorders- atrial fibrillation/flutter, atrioventricular blocks, bundle branch block, paroxysmal supraventricular tachycardia, premature beats, ventricular tachycardia, ventricular fibrillation
- Hypertension- pre/stage 1/stage 2, essential, secondary
- Ischemic heart disease- CAD, acute myocardial infarction, angina pectoris (stable, unstable, Prinzmetal/variant)
- Valvular disease- Stenosis, insufficiency/regurgitation of: Aortic, Mitral, Tricuspid, Pulmonic
- Mitral Valve Prolapse
- Lipid disorder- hypercholesterolemia, hypertriglyceridemia

Dermatological

- Eczematous eruptions- dermatitis (atopic, contact, diaper, nummular eczematous, perioral, seborrheic, stasis)
- Papulosquamous disease- dermatophyte infections (tinea versicolor, tinea corporis/cruris/pedis), candida, drug eruptions, lichen planus, pityriasis rosea, psoriasis
- Acneiform lesions- acne, rosacea, folliculitis
- Insects/parasites- lice, scabies, spider bites
- Hair and Nails- onychomycosis
- Viral Diseases- condyloma acuminatum, exanthems, herpes simplex, molluscum contagiosum, verrucae, varicella-zoster virus infections
- Bacterial infections- cellulitis, erysipelas, impetigo, MRSA
- Other- acanthosis nigricans, pressure ulcers/leg ulcers, lipomas, epithelial inclusion cysts, urticarial rash (acute and chronic), nevi

Endocrine

- Diseases of the thyroid- thyroid nodules, hyperthyroidism (Grave's disease, thyroid storm, thyroiditis), hypothyroidism (Hashimoto's Thyroiditis), thyroiditis
- Diabetes mellitus- type 1, type 2, hypoglycemia
The student will be able to recognize and apply knowledge of the following DM complications:

Cardiovascular	Dawn phenomenon
Depressed immunity	Hypoglycemia reactions
Ketoacidosis	Nephropathy
Neuropathy	Retinopathy
Somogyi effect	
- Other: Metabolic syndrome, obesity, osteoporosis, osteopenia

Ears, Nose and Throat

- Ear disorders- acute/chronic otitis media, barotrauma, cerumen impaction, hearing impairment, labyrinthitis, otitis externa, tympanic membrane perforation, tinnitus, vertigo, eustachian tube dysfunction
- Nose/sinus disorders- acute/chronic sinusitis, allergic rhinitis, epistaxis, nasal polyps, vasomotor rhinitis
- Mouth/throat disorders- acute pharyngitis, acute tonsillitis, aphthous ulcers, dental abscess, laryngitis, oral candidiasis, oral herpes simplex, gingivitis and dental caries
- Other- upper respiratory infection- viral

Gastrointestinal/Nutrition

- Stomach- Gastroesophageal reflux, gastritis, peptic ulcer disease
- Gallbladder- acute/chronic cholecystitis, cholelithiasis
- Liver- acute/chronic hepatitis
- Small intestine/colon- appendicitis, celiac disease, constipation, diverticular disease, inflammatory bowel disease, irritable bowel syndrome, obstruction, diarrhea-infectious/noninfectious/malabsorption
- Rectum- hemorrhoids
- Other- lactose intolerance, vitamin deficiencies

Genitourinary

- Benign prostatic hyperplasia
- Cystitis- simple, complicated, interstitial
- Epididymitis
- Hematuria
- Erectile dysfunction
- Hydrocele/varicocele
- Incontinence
- Orchitis
- Prostatitis
- Pyelonephritis
- Scrotal mass
- Testicular torsion / Scrotal pain
- Urethritis

Hematological

- Anemias- iron deficiency, B12, folate, hemolytic, chronic disease
- Leukocytosis
- Leukopenia
- Thrombocytopenia

Musculoskeletal

- Disorders of the forearm/elbow/wrist/hand- tenosynovitis, carpal tunnel syndrome, deQuervain's tenosynovitis, epicondylitis
- Disorders of the shoulder- bursitis, tendonitis, rotator cuff tear, frozen shoulder
- Disorders of the back/spine- low back pain, spinal stenosis, herniated disc (nucleus pulposus)
- Disorders of the knee- ligament tear, meniscal injury, patellofemoral pain
- Disorders of the leg/foot/ankle- plantar fasciitis, shin splints
- Osteoarthritis
- Other- Costochondritis, over-use syndromes, sprains/strains

Neurological

- Headache- migraine, tension, cluster, SAH, temporal arteritis
- Vascular diseases- cerebral aneurysm, stroke, transient ischemic attacks

Ophthalmological

- Vision change- blurred vision, floaters, macular degeneration
- Infectious- conjunctivitis, blepharitis
- Other- hordeolum, chalazion, cataract, glaucoma, uveitis

Pulmonary

- Infectious disorders- acute bronchitis, pneumonia (bacterial, viral, fungal), influenza, tuberculosis
- Obstructive pulmonary diseases- asthma, chronic bronchitis, emphysema

Renal

- Acute renal failure
- Chronic renal failure
- Renal calculi

Reproductive

- Breast masses
- Sexually transmitted infections
- Vaginitis

PC1, 2, & 3 CORE PHARMACOTHERAPEUTICS

Students will also be expected to *discern* the **properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and major and common side effects**. Students will also be expected to *discern* the appropriate **patient education and necessary follow up** required for the following drugs or drug classes.

- Acid controller and ulcer agents
- Acne medications
- Antiarrhythmics
- Antidiarrheals
- Antiemetics
- Antihypertensives
- Antimicrobial agents- antibiotics, antivirals, antifungals, all routes
- Antilipemic drugs
- Antispasmodics/anticholinergics
- Anorectal preparations
- Asthma/ COPD medications
- Contraception methods (hormonal and nonhormonal)
- Corticosteroids
- Diuretics
- Laxatives and Bowel evacuants
- Ophthalmological anti-inflammatory/ allergy/ antibiotic/ steroid preparations
- Pain management – acute, chronic
- Scabicides & pediculicides
- Thrombolytic therapy

PC1, 2, & 3 CORE DIAGNOSTICS

Students will be expected to appropriately **recommend, interpret** the findings, and **recognize the indications/clinical significance** of the following diagnostic studies. In addition, students will be expected to discern appropriate **management** (including counseling and informed consent) when *abnormalities* are found in the following routine tests, and recognize the **potential complications** for each:

- 12 lead ECG & Rhythm Strip
- Albumin, Total protein
- Alkaline phosphatase
- Amylase
- AST/ALT
- Bilirubin
- BNP
- BUN
- Calcium (including corrected calcium)
- Carbon dioxide
- Cardiac enzymes
- CBC & differential
- Celiac- IgA EMA, IgA tTG, total IgA
- CXR
- Chloride
- CPK
- Creatinine
- CRP
- CT scan
- D-dimer
- ERCP
- ESR
- Ferritin
- Folic acid
- Glucose
- Hepatitis Panel
- HgbA1C
- HIV- ELISA & Western Blot
- Lipase
- Lipid panel
- Magnesium
- MSK X-Ray/MRI
- PFT & Peak flow
- Potassium

- Pre-albumin
- Protein C & S
- PSA
- PT & INR
- Pulse oximetry
- Qualitative/quantitative HCG
- Reticulocyte count
- Serum iron & TIBC
- Sodium (including corrected sodium)
- Stool occult blood
- T3, T4, TSH
- Therapeutic drug levels
- Uric acid
- Urinalysis
- Vascular ultrasound
- Vitamin B12
- Wet prep

(END OF PC 1/2/3 CORE LEARNING OBJECTIVES)

PC1/2 ROTATION-SPECIFIC LEARNING OBJECTIVES

Upon completion of this clinical experience (PC1 or PC2), the student will be able to:

- **Understand etiology, epidemiology, risk factors and pathophysiology**
 - **Evaluate clinical manifestations**
 - **Formulate a differential diagnosis**
 - **Develop an assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)**
 - **Construct a patient-specific plan (including pharmacological/ non-pharmacological, patient education, procedural and necessary referrals)**
 - **Describe prognosis, complications, prevention, patient education, and treatment goals**
- of the following diseases/disorders/symptoms:

Cardiovascular System

- Cardiomyopathy- dilated, hypertrophic, restrictive
- Congestive heart failure
- Hypotension- orthostatic / postural
- Other forms of heart disease- acute and subacute bacterial endocarditis
- Vascular disease- acute rheumatic fever, arterial embolism/thromboembolism, peripheral vascular disease, thrombophlebitis

Dermatological System

- Eczematous eruptions- dyshidrosis, lichen simplex chronicus
- Verruciform lesions- seborrheic keratosis, actinic keratosis
- Hair and Nails- alopecia areata, androgenic alopecia, paronychia
- Other- burns, hidradenitis suppurativa, melasma, vitiligo, vasculitis
- Appropriate dressing and wound treatments based on wound type
- Desquamation- Stevens-Johnson syndrome, toxic epidermal necrolysis, erythema multiforme, erythema nodosum
- Vesicular bullae- bullous pemphigoid
- Scalded skin syndrome

Endocrine:

- Diseases of the Parathyroid gland- hyperparathyroidism, hypoparathyroidism
- Diseases of the adrenal glands- Cushing's syndrome, corticoadrenal insufficiency, pheochromocytoma
- Diseases of the Pituitary gland- acromegaly/gigantism, dwarfism, diabetes insipidus, adenoma, hirsutism, gynecomastia

Ears, Nose and Throat

- Ear disorders- mastoiditis, Meniere's disease, acoustic neuroma
- Mouth/throat disorders- epiglottitis, oral leukoplakia, peritonsillar abscess, parotitis, sialadenitis

Gastrointestinal System/Nutrition

- Liver- cirrhosis
- Pancreas- acute/chronic pancreatitis
- Rectum- anal fissure, anorectal abscess/fistula, fecal impaction, pilonidal disease, polyps
- Hernia- hiatal, incisional, inguinal (direct vs indirect), umbilical, femoral
- Other- peritonitis
- Esophagus- esophagitis, motor disorders, strictures, varices, Mallory-Weiss tear

Hematological

- Leukemia, Lymphoma
- Sickle cell disease/trait
- DIC
- Polycythemia vera
- Von Willebrand's
- Bleeding disorders
- Thalassemia
- ITP
- Multiple myeloma
- G6PD Deficiency

Infectious Disease

- Viral- Epstein-Barr, herpes simplex, HIV, influenza, human papilloma virus, varicella-zoster, pneumocystis
- Other – salmonellosis, shigellosis, tetanus, toxoplasmosis, botulism
- Spirochetal disease- Lyme borreliosis (Lyme disease), Rocky Mountain Spotted Fever, Syphilis
- Cholera
- Sepsis / Systemic inflammatory response syndrome

Musculoskeletal System

- Disorders of the forearm/elbow/wrist/hand- trigger finger, olecranon bursitis
- Disorders of the shoulder- calcification tendonitis
- Disorders of the back/spine- ankylosing spondylitis, cauda equina, kyphosis/scoliosis
- Disorders of the hip- aseptic necrosis, trochanteric bursitis
- Disorders of the knee- bursitis
- Disorders of the leg/foot/ankle- bunions, hammer toes
- Infectious- osteomyelitis, septic arthritis
- Other- ganglion cyst, Baker's cyst, Morton's neuroma, TMJ

Neoplastic disorders

- GU- Prostate, Testicular, Renal Cell, Bladder, Breast
- GI- mouth, esophagus, stomach, liver, gallbladder, pancreas, rectal
- Heme- Lymphoma, Leukemia
- Pulmonary
- Endocrine- Thyroid, Pituitary
- Neuro- Brain
- Skin- basal cell carcinoma, melanoma, squamous cell carcinoma

Neurological Disease

- Diseases of the peripheral nerves- Bell's palsy, Guillain-Barre syndrome, myasthenia gravis
- Movement disorders- essential tremor, Huntington's disease, Parkinson's disease
- Seizure disorders- generalized convulsive disorder, generalized nonconvulsive disorder, status epilepticus, absence
- Other- Alzheimer's disease, multiple sclerosis, nystagmus, chronic regional pain syndrome (CRPS), Cerebral palsy

Ophthalmological

- Vision change- retinal detachment, retinal artery occlusion
- Infectious- dacryocystitis, orbital cellulitis, iritis, uveitis
- Other- strabismus, foreign body, corneal abrasion/ulcer, pterygium

Pulmonary:

- Restrictive pulmonary diseases
- Pleural effusion
- Other pulmonary diseases- foreign body aspiration, pulmonary emboli, sleep apnea, solitary pulmonary nodule, cor pulmonale, sarcoidosis

Renal

- Acid base disorders- metabolic & respiratory acidosis/alkalosis
- Dehydration
- Glomerulonephritis
- Nephrotic syndrome
- Polycystic kidney disease
- Hydronephrosis
- Hypo/hyponatremia, hypo/hyperkalemia, hypo/hypercalcemia
- Hypomagnesemia

Rheumatologic

- Fibromyalgia, gout/pseudogout, rheumatoid arthritis, polyarteritis nodosa, SLE, polymyalgia rheumatica
- Polymyositis
- Reactive arthritis
- Scleroderma
- Sjogren's syndrome
- Paget's disease

PC1/2 CORE DIAGNOSTICS

Students will be expected to appropriately **recommend, interpret** the findings, and **recognize the indications/clinical significance** of the following diagnostic studies. In addition students will be expected to discern appropriate **management** (including counseling and informed consent) when *abnormalities* are found in the following routine tests, and recognize the **potential complications** for each:

- ANA
- Arterial Blood Gases
- Anti-CCP Antibody
- Rheumatoid Factor

PC 1/2 ROTATIONS: AQUIFER CASES

PC1 or PC2- (whichever rotation you have 1st)

1. Family Med 1: 45 year old woman wellness visit
 2. Family Med 2: 55 year old man wellness visit
 3. Family Med 8: 54 year old man with elevated blood pressure
 4. Internal Med 15: 50 year old man with cough and nasal congestion
 5. Internal Med 16: 45 year old man who is overweight
- See [Appendix E](#) for suggestions of additional cases to complete.

PC1 or PC2- (whichever rotation you have 2nd)

1. Family Med 4: 19 year old woman with sports injury
 2. Family Med 7: 53 year old man with leg swelling
 3. Internal Med 2: 60 year old woman with chest pain
 4. Internal Med 8: 55 year old man with chronic disease management
 5. Internal Med 34: 55 year old man with low back pain
- See [Appendix E](#) for suggestions of additional cases to complete.

(END OF PC1 / PC2 ROTATION-SPECIFIC LEARNING OBJECTIVES)

PRIMARY CARE (PC) 3 ROTATION

Primary care rotations are the bedrock of your curriculum during the clinical year, comprising 4 of the 8 rotations. For the PC3 rotation, students will be placed in an outpatient and/or inpatient setting, with a primary care provider, to obtain exposure to primary care medicine, with an emphasis on geriatrics and behavioral health.

The PC3 rotation exam focuses on Geriatrics and Mental Health. The following learning objectives are designed to guide you in your clinical activities and supplemental readings during the PC3 rotation as you study for the end-of-rotation exams.

- **PC 1/2/3 Core Learning Objectives, which apply to each of the corresponding three rotations**
- **PC 3 Rotation-Specific Learning Objectives, which are specific to PC3 only**

Each objective, whether a core objective or rotation specific objective, is treated equally on the exam and all objectives should be thoroughly studied. Because of the nature of healthcare, it is unlikely that you will see a patient to correspond with each objective during your six-week rotation. Despite this, you are responsible for learning all objectives for the rotation.

Please note that historically, students who passively study from objective charts completed by other students do not learn the medicine as well as those who actively create an objective chart on their own.

LEARNING OUTCOMES FOR PRIMARY CARE 3 ROTATION

Geriatric Medicine

At the completion of this rotation, the PA student will be able to, for a patient over 65:

1. Assess and counsel on potential fall risks.
2. Conduct a medication review to determine if some medications may be discontinued in a situation of polypharmacy.
3. Determine osteopenia/osteoporosis risk and management using FRAX and DEXA scan screening.
4. Perform a MMSE, problem-focused history and physical exam to determine reversible versus nonreversible disorders of cognition in a patient presenting with cognitive impairment
5. Assess and refer for the correction of hearing impairment
6. Appropriately make recommendations for immunizations (e.g., pneumococcal pneumonia, influenza, herpes zoster, and tetanus)

Behavioral Medicine

At the completion of this rotation, the PA student will be able to:

1. Perform a mental status examination and/or depression screening on a patient
2. Appropriately formulate a differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for
 - a. Depression
 - b. Anxiety

- c. Substance use disorders
- d. Eating disorders
- e. Sleep disorder

PC 1/2/3 CORE LEARNING OBJECTIVES

Upon completion of this clinical experience (PC1, PC2, or PC3), the student will be able to:

- **Understand etiology, epidemiology, risk factors and pathophysiology**
- **Evaluate clinical manifestations**
- **Formulate a differential diagnosis**
- **Develop an assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)**
- **Construct a patient-specific plan (including pharmacological/ non-pharmacological, patient education, procedural and necessary referrals)**
- **Describe prognosis, complications, prevention, patient education, and treatment goals** of the following diseases/disorders/symptoms:

General

- Health promotion/disease prevention (IZ and health screening tests/schedules)
- Smiles for Life online module objectives

Symptoms

- | | |
|----------------------------------|---------------|
| • Altered level of consciousness | |
| • Chest Pain | • Syncope |
| • Edema | • Vertigo |
| • Fatigue | • Weakness |
| • Fever | • Weight loss |

Cardiovascular

- Conductive disorders- atrial fibrillation/flutter, atrioventricular blocks, bundle branch block, paroxysmal supraventricular tachycardia, premature beats, ventricular tachycardia, ventricular fibrillation
- Hypertension- pre/stage 1/stage 2, essential, secondary
- Ischemic heart disease- CAD, acute myocardial infarction, angina pectoris (stable, unstable, Prinzmetal's/variant)
- Valvular disease- Stenosis, insufficiency/regurgitation of: Aortic, Mitral, Tricuspid, Pulmonic
- Mitral Valve Prolapse
- Lipid disorder- hypercholesterolemia, hypertriglyceridemia

Dermatological

- Eczematous eruptions- dermatitis (atopic, contact, diaper, nummular eczematous, perioral, seborrheic, stasis)
- Papulosquamous disease- dermatophyte infections (tinea versicolor, tinea corporis/cruris/pedis), candida, drug eruptions, lichen planus, pityriasis rosea, psoriasis
- Acneiform lesions- acne, rosacea, folliculitis
- Insects/parasites- lice, scabies, spider bites

- Hair and Nails- onychomycosis
- Viral Diseases- condyloma accuminatum, exanthems, herpes simplex, molluscum contagiosum, verrucae, varicella-zoster virus infections
- Bacterial infections- cellulitis, erysipelas, impetigo, MRSA
- Other- acanthosis nigricans, pressure ulcers/leg ulcers, lipomas, epithelial inclusion cysts, urticarial rash (acute and chronic), nevi

Endocrine

- Diseases of the thyroid- thyroid nodules, hyperthyroidism (Grave's disease, thyroid storm, thyroiditis), hypothyroidism (Hashimoto's Thyroiditis), thyroiditis
- Diabetes mellitus- type 1, type 2, hypoglycemia
The student will be able to recognize and apply knowledge of the following DM complications:

Cardiovascular	Dawn phenomenon
Depressed immunity	Hypoglycemia reactions
Ketoacidosis	Nephropathy
Neuropathy	Retinopathy
Somogyi effect	
- Other: Metabolic syndrome, obesity, osteoporosis, osteopenia

Ears, Nose and Throat

- Ear disorders- acute/chronic otitis media, barotrauma, cerumen impaction, hearing impairment, labyrinthitis, otitis externa, tympanic membrane perforation, tinnitus, vertigo
- Nose/sinus disorders- acute/chronic sinusitis, allergic rhinitis, epistaxis, nasal polyps, vasomotor rhinitis
- Mouth/throat disorders- acute pharyngitis, acute tonsillitis, aphthous ulcers, dental abscess, laryngitis, oral candidiasis, oral herpes simplex, gingivitis and dental caries
- Other- upper respiratory infection- viral

Gastrointestinal/Nutrition

- Stomach- Gastroesophageal reflux, gastritis, peptic ulcer disease
- Gallbladder- acute/chronic cholecystitis, cholelithiasis
- Liver- acute/chronic hepatitis
- Small intestine/colon- appendicitis, celiac disease, constipation, diverticular disease, inflammatory bowel disease, irritable bowel syndrome, obstruction, diarrhea- infectious/noninfectious/malabsorption
- Rectum- hemorrhoids
- Other- lactose intolerance, vitamin deficiencies

Genitourinary

- | | |
|---|-------------------------------------|
| • Benign prostatic hypertrophy | • Orchitis |
| • Cystitis- simple, complicated, interstitial | • Prostatitis |
| • Epididymitis | • Pyelonephritis |
| • Hematuria | • Scrotal mass |
| • Erectile dysfunction | • Testicular torsion / Scrotal pain |
| • Hydrocele/varicocele | • Urethritis |
| • Incontinence | |

Hematological

- Anemias- iron deficiency, B12, folate, hemolytic, chronic disease
- Leukocytosis
- Leukopenia
- Thrombocytopenia

Musculoskeletal

- Disorders of the forearm/elbow/wrist/hand- tenosynovitis, carpal tunnel syndrome, deQuervain's tenosynovitis, epicondylitis
- Disorders of the shoulder- bursitis, tendonitis, rotator cuff tear, frozen shoulder
- Disorders of the back/spine- low back pain, spinal stenosis, herniated disc pulposis
- Disorders of the knee- ligament tear, meniscal injury, patellofemoral pain
- Disorders of the leg/foot/ankle- plantar fasciitis, shin splints
- Osteoarthritis
- Other- Costochondritis, over-use syndromes, sprains/strains

Neurological

- Headache- migraine, tension, cluster, SAH, temporal arteritis
- Vascular diseases- cerebral aneurysm, stroke, transient ischemic attacks

Ophthalmological

- Vision change- blurred vision, floaters, macular degeneration
- Infectious- conjunctivitis, blepharitis
- Other- hordeolum, chalazion, cataract, glaucoma, uveitis

Pulmonary

- Infectious disorders- acute bronchitis, pneumonia (bacterial, viral, fungal), influenza, tuberculosis
- Obstructive pulmonary diseases- asthma, chronic bronchitis, emphysema

Renal

- Acute renal failure
- Chronic renal failure
- Renal calculi

Reproductive

- Breast masses
- Sexually transmitted infections
- Vaginitis

PC1, 2, & 3 CORE PHARMACOTHERAPEUTICS

Students will also be expected to *discern* the **properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and major and common side effects**. Students will also be expected to *discern* the appropriate **patient education and necessary follow up** required for the following drugs or drug classes.

- Acid Controller and ulcer agents
- Acne medications
- Antiarrhythmics
- Antidiarrheals
- Antiemetics
- Antihypertensives
- Antimicrobial agents- antibiotics, antivirals, antifungals, all routes
- Antilipemic drugs
- Antispasmodics/anticholinergics
- Anorectal preparations
- Asthma/ COPD medications
- Contraception methods (hormonal and nonhormonal)
- Corticosteroids
- Diuretics
- Laxatives and Bowel evacuants
- Ophthalmological anti-inflammatory/ allergy/ antibiotic/ steroid preparations
- Pain management – acute, chronic
- Scabicides & pediculicides
- Thrombolytic therapy

PC1, 2, & 3 CORE DIAGNOSTICS

Students will be expected to appropriately **recommend, interpret** the findings, and **recognize the indications/clinical significance** of the following diagnostic studies. In addition, students will be expected to discern appropriate **management** (including counseling and informed consent) when *abnormalities* are found in the following routine tests, and recognize the **potential complications** for each:

- 12 lead ECG & Rhythm Strip
- Albumin, Total protein
- Alkaline phosphatase
- Amylase
- AST/ALT
- Bilirubin
- BNP
- BUN
- Calcium (including corrected calcium)
- Carbon dioxide
- Cardiac enzymes
- CBC & differential
- Celiac- IgA EMA, IgA tTG, total IgA
- CXR
- Chloride
- CPK
- Creatinine
- CRP
- CT scan
- D-dimer
- ERCP
- ESR
- Ferritin
- Folic acid
- Glucose
- Hepatitis Panel
- HgA1C
- HIV- ELISA & Western Blot
- Lipase
- Lipid panel
- Magnesium
- MSK XRay/MRI
- PFT & Peak flow
- Potassium
- Pre-albumin
- Protein C & S
- PSA
- PT & INR
- Pulse oximetry
- Qualitative/quantitative HCG
- Reticulocyte count
- Serum iron & TIBC
- Sodium (including corrected sodium)
- Stool occult blood

- T3, T4, TSH
- Therapeutic drug levels
- Uric acid
- Urine analysis
- Vascular ultrasound
- Vitamin B12
- Wet prep

(END OF PC 1/2/3 CORE LEARNING OBJECTIVES)

PC3 ROTATION-SPECIFIC LEARNING OBJECTIVES

Upon completion of this clinical experience (PC3), the student will be able to:

- **Understand etiology, epidemiology, risk factors and pathophysiology**
 - **Evaluate clinical manifestations**
 - **Formulate a differential diagnosis**
 - **Develop an assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)**
 - **Construct a patient-specific plan (including pharmacological/ non-pharmacological, patient education, procedural and necessary referrals)**
 - **Identify the appropriate referrals and legal reporting criteria**
 - **Describe prognosis, complications, prevention, patient education, and treatment goals**
- of the following diseases/disorders/symptoms:

MENTAL HEALTH:

Abuse & Neglect

- Child abuse and neglect
- Sexual abuse & rape
- Elder abuse and neglect
- Domestic & family violence

Adjustment Disorders

Anxiety disorders:

- Generalized anxiety disorder
- Obsessive compulsive disorder
- Panic attacks
- PTSD
- Phobias
- Agoraphobia

Attention-Deficit / Hyperactivity disorder

Autism Spectrum Disorder

Behavioral Change

- Stages of readiness for behavioral change
- How a patient's stage influences the approach to management
- Strategies to promote behavior change

Bipolar & Related Disorders:

- Bipolar disorders
- Acute Manic episode

Conduct Disorder

Delirium, Dementias, Amnesic and other Cognitive Disorders

Depersonalization Disorder

Depressive disorders:

- Major and minor depression
- Dysthymia (persistent depressive disorder)

Dissociative Disorders

Eating Disorders:

- Anorexia nervosa
- Bulimia nervosa

Grief and bereavement

- Normal and complicated/prolonged grief

Issues Surrounding Sexuality & Gender Identification

Personality disorders

- Cluster A- Paranoid, Schizoid, Schizotypal
- Cluster B- Histrionic, Narcissistic, Borderline, Antisocial
- Cluster C- Avoidant, Dependent, Obsessive-compulsive

Schizophrenia & Other Psychotic Disorders:

- Schizophrenia
- Delusional Disorder

Sexual Dysfunction Disorders

Sleep-Wake Disorders:

- Insomnia
- Hypersomnia
- Restless leg syndrome
- Narcolepsy

Somatic Symptom & Related Disorders

- Somatic symptom disorder
- Illness anxiety disorder
- Conversion disorder
- Factitious disorder

Substance-Related and Addictive Disorders

- Alcohol, opioid, nicotine, anxiolytics/hypnotics, stimulants/depressants
- Approach to patient
- Education and management options for cessation

Suicide & Violence:

- Suicidal ideation
- Homicidality

Recognize the definition or a clinical presentation of:

- Addiction
- Anhedonia
- Counter transference
- Delusion
- Denial
- Dependence
- Drug abuse
- Hallucination
- Mania
- Projection
- Psychomotor agitation & retardation
- Reaction formation
- Repression
- Tolerance
- Withdrawal

MENTAL HEALTH PHARMACOTHERAPEUTICS

Students will also be expected to *discern* the **properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and side effects**. Students will also be expected to *discern* the appropriate **patient education and necessary follow up** required for the following drugs or drug classes

- Antidepressants: including SSRIs, SNRIs, TCAs, other
- Anti Anxiety meds: SSRIs, benzodiazepines, other
- Antipsychotics: to include typical and atypicals
- Mood stabilizers
- Meds to treat sleep disorders including insomnia and narcolepsy
- Beta Blockers
- Agents for drug dependence (alcohol, opioids, nicotine)
- Stimulants
- Diphenhydramine
- Anti-nausea meds
- Clonidine
- OCD drugs
- ADHD drugs
- Anticonvulsants

MENTAL HEALTH DIAGNOSTICS

Students will be expected to appropriately **recommend**, **interpret** the findings, and **recognize the indications/clinical significance** of the following diagnostic studies. In addition, students will be expected to discern appropriate **management** (including counseling and informed consent) when *abnormalities* are found in the following routine tests, and recognize the **potential complications** for each:

- Toxicology screens
- Therapeutic drug levels
- Head CT and MRI
- MMSE
- TSH

GERIATRIC MEDICINE:

General

- Falls and prevention of falls
- Sexual health
- Weight loss
- Fatigue
- Altered level of consciousness
- Appropriate dressing and wound treatments based on wound type in geriatric population
- End of Life/Palliative Care/Hospice
- Clinical manifestations of infection in the geriatric population

Cardiovascular

- Hypertension (essential, diastolic, systolic)
- Peripheral vascular disease

Dermatologic

- Atrophic
- Hypertrophic conditions
- Dermatitis

Endocrinology

- Osteoporosis
- Paget's disease

Gastroenterology

- Constipation
- Hypoalbuminemia

Genitourinary

- Urinary tract infections
- Prostate
- Incontinence
- Uterine Prolapse

Hematology

- Anemia (microcytic, macrocytic, normocytic)

Musculoskeletal

- Gait disorders and immobility

Neurological

- Confusion
- Dizziness
- Delirium
- Dementia/Alzheimer's
- Parkinson's disease
- Stroke/TIA
- MMSE score required to diagnosis stages of dementia

Psychiatric

- Depression
- Anxiety
- Sleep disorders

Pulmonary

Pneumonia (viral, bacterial and fungal)

Recognize, differentiate, evaluate and assess the following medical/legal/psychosocial issues commonly associated with the geriatric population:

- A. Differentiate between the basic self-care skills of activities of daily living (ADLs) and independent activities of daily living (IADLs) and the instruments for assessing both.
- B. Identify and recognize the options available for long term care.
- C. Identify, recognize and discern the legal and ethical issues in geriatric medicine, including assessment of competence, driving and the elderly, end of life decision making, power of attorney, living wills, advanced directives, and DNR orders.
- D. Identify and recognize injury risk reduction strategies for an elderly.

GERIATRIC PHARMACOTHERAPEUTICS

Students will be expected to discern the following issues as they relate to pharmacotherapeutics in the geriatric population. Students will also be expected to discern the appropriate patient education and necessary follow up required.

- A. Age related physiologic changes that alter a medication's pharmacotherapeutics
- B. Specific considerations and guidelines for safer prescribing practices for the geriatric population, including types of medications prescribed and renal dosing
- C. The potential complications from polypharmacy and how this problem may affect the individual patient.

Students will also be expected to discern the properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and side effects. Students will also be expected to discern the appropriate patient education and necessary follow up required for the following drugs or drug classes.

- Alzheimer's dementia agents
- Antiparkinson agents

PC 3 ROTATION: AQUIFER CASES

1. Family Med 11: 74 year old woman with knee pain
 2. Family Med 22: 70 year old male with new-onset unilateral weakness
 3. Geriatrics 03: 91 year old female with urinary incontinence
 4. Geriatrics 04: 85 year old female with dementia
 5. Geriatrics 12: 78 year old female and falls
 6. Geriatrics 24: 78 year old female with pressure injuries
- [See Appendix E](#) for suggestions of additional cases to complete.

(END OF PC3 ROTATION-SPECIFIC LEARNING OBJECTIVES)

PRIMARY CARE (PC) 4 ROTATION

Primary care rotations are the bedrock of your curriculum during the clinical year, comprising 4 of the 8 rotations. For the PC4 rotation, students are placed in an outpatient and/or inpatient setting, with a family practitioner, pediatrician and/or OBGYN, to obtain exposure to primary care medicine, with an emphasis on pediatrics, obstetrics and gynecology.

The PC4 rotation exam focuses on Pediatrics, Obstetrics, and Gynecology. The following learning objectives are designed to guide you in your clinical activities and supplemental readings during the PC4 rotation as you study for the end-of-rotation exams.

□ **PC4 Rotation-Specific Learning Objectives, which are specific to PC4 only**

Each objective, whether a core objective or rotation specific objective, is treated equally on the exam and all objectives should be thoroughly studied. Because of the nature of healthcare, it is unlikely that you will see a patient to correspond with each objective during your six-week rotation. Despite this, you are responsible for learning all objectives for the rotation.

Please note that historically, students who passively study from objective charts completed by other students do not learn the medicine as well as those who actively create an objective chart on their own.

LEARNING OUTCOMES FOR PRIMARY CARE 4 ROTATION

Pediatrics

At the completion of this rotation, the PA student will be able to:

- a) Infant:
 1. Perform a well-child exam
 2. Identify and assess developmental milestones
 3. Chart normal development and growth
 4. Initiate and manage a child's immunization schedule
 5. Formulate a differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for an infant presenting with fever
- b) Child
 1. Perform a well child exam on a toddler and child
 2. Manage a patient presenting with ear pain and symptoms indicative of an HEENT infection
 3. Update and manage a child's age-appropriate immunization schedule
 4. Formulate a differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for a child presenting with:
 - Pulmonary complaint
 - Dermatologic complaint
 - Gastrointestinal complaint
- c) Adolescent:
 1. Assess the stages of growth and development using the Tanner Scale
 2. Provide obesity screening, patient nutritional and exercise education
 3. Provide education and screening for STIs
 4. Provider education and screening for mental illness (e.g., anxiety, depression, substance use, suicidal ideation)

Gynecology & Obstetrics

At the completion of this rotation, the PA student will be able to:

- a) Gynecological care
 1. Elicit a problem-oriented history to include a sexual history, contraceptive history and gravidity/parity.
 2. Perform an age-appropriate routine gynecological (wellness) exam including reproductive health diagnostic screening, patient education, and counseling as needed.
 3. Evaluate and manage patients presenting with abnormal vaginal bleeding or discharge.
 4. Appropriately screen a patient for a sexually transmitted infection and provide the correct treatment.
 5. Conduct patient education on contraceptive use and develop a management plan.
 6. Manage peri-menopausal or menopausal symptoms.
- b) Perinatal care
 1. Provide appropriate prenatal specific patient education.
 2. Calculate the estimated date of delivery and gestational age using date of last menstrual period or abdominal ultrasound.
 3. Perform a pre-natal exam on a pregnant person.
 4. Determine fetal positioning by conducting an abdominal physical exam on a pregnant patient and confirm the presence of fetal heart tones.
 5. Accurately identify the clinical presentation of a pregnancy at risk for complications.

PC4 ROTATION-SPECIFIC LEARNING OBJECTIVES

Upon completion of this clinical experience (PC4), the student will be able to:

- **Understand etiology, epidemiology, risk factors and pathophysiology**
- **Evaluate clinical manifestations**
- **Formulate a differential diagnosis**
- **Develop an assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)**
- **Construct a patient-specific plan (including pharmacological/ non-pharmacological, patient education, procedural and necessary referrals)**
- **Describe prognosis, complications, prevention, patient education, and treatment goals**

of the following diseases/disorders/symptoms:

PEDIATRICS:

General / Multisystem

- Abuse (physical, sexual) & neglect
- Chest Pain
- Cough
- Crying / Colic
- Cyanosis
- Dehydration
- Failure to thrive
- Fetal Alcohol Syndrome
- Fever, FUO
- Kawasaki's
- Syncope
- Vomiting
- Smiles for Life online module objectives

Adolescent Gynecology

- Abnormal vaginal bleeding & irregular menses
- Breast asymmetry & masses
- Physiologic leukorrhea
- Primary dysmenorrhea

Cardiovascular System

- Acute rheumatic fever
- Congenital heart disease (Tetralogy of Fallot, VSD, PDA, ASD, Coarctation of the Aorta)
- Congestive heart failure from neonate to late adolescent
- Hypertension
- Hypertrophic cardiomyopathy
- Innocent murmurs

Dermatology

- Acne (including neonatal)
- Bullous Impetigo
- Café au lait macules
- Candidiasis
- Cellulitis
- Congenital melanocytic nevi
- Dermal melanosis
- Dermatitis- atopic, seborrheic, diaper, perioral, contact
- Erythema multiforme
- Erythema Toxicum Neonatorum
- Hemangiomas
- Impetigo
- Lice (including pubic)
- Milia
- Molluscum contagiosum
- Perianal dermatitis/perianal streptococcal disease
- Pinworm
- Pityriasis rosea
- Port-wine stain (nevus flammeus)
- Scabies
- Steven's-Johnson syndrome
- Tinea-corporis/pedis/cruris/versicolor/capitis
- Toxic Epidermal Necrolysis
- Traction alopecia
- Transient macular stains (salmon patches)
- Transient Neonatal Pustular Melanosis

Endocrine/Genetics

- Amenorrhea –primary, secondary
- Congenital adrenal hyperplasia
- Congenital hypothyroidism
- Delayed puberty
- Diabetes mellitus- Type 1 & 2
- DKA
- Down's syndrome
- Growth hormone deficiency
- Gynecomastia
- Hypothyroidism
- Klinefelter and Turner syndrome
- Metabolic syndrome
- Obesity
- Precocious puberty
- Short stature

ENT and Sinuses

- Acute parotid swelling
- Allergic rhinitis
- Bacterial tracheitis
- Cauliflower ear
- Dental caries
- Epiglottitis
- Epistaxis
- Foreign body in the ear & nose
- Gingivostomatitis
- Oral thrush
- Otitis externa
- Otitis media- AOM, OME
- Peritonsillar abscess
- Pharyngitis- bacterial, viral
- Retropharyngeal abscess
- Sinusitis
- Thrush
- URI

Fluid, Electrolytes and Nutrition

- Dehydration in a child below 2 years of age
- Feeding – breast, formula, bottle

Gastrointestinal System

- Abdominal pain– acute & chronic
- Acute and chronic diarrhea
- Acute gastroenteritis
- Appendicitis
- Celiac disease
- Constipation
- Encopresis
- Gastroesophageal reflux
- Hernias: femoral, umbilical, direct indirect
- Hirschprung disease
- Inflammatory bowel disease
- Intestinal obstruction
- Intussusception
- Jaundice in the newborn
- Malabsorption
- Meckel's diverticulum
- Pyloric stenosis
- Rectal itching
- Rectal bleeding
- Viral hepatitis
- Vitamin deficiencies
- Volvulus

Genitourinary

- Balanitis
- Cryptorchidism
- Enuresis
- Epididymitis
- Hematuria
- HSP
- Hydrocele
- Hypospadias
- Labial adhesions
- Orchitis
- Paraphimosis
- Phimosis
- Testicular cancer
- Testicular torsion
- UTI
- Vaginal foreign body
- Varicocele
- Vesicoureteral reflux

Hematology/Oncology

- Anemia – microcytic, macrocytic, normocytic, aplastic
- CNS tumors in children
- Hemophilia
- ITP
- Lead poisoning
- Leukemia
- Lymphoma
- Osteosarcoma
- Sickle cell anemia/trait
- Thalassemia
- Vitamin K deficiency
- von Willebrand’s disease

Infectious Disease

- Adenovirus
- Approach to fever by age
- Cat scratch disease
- Chlamydia
- Coxsackie virus
- Diphtheria
- Erythema infectiosum
- Gonorrhea
- Hand, foot, and mouth disease
- Herpangina
- Herpes simplex virus infections
- Human papilloma virus infections
- Influenza
- Measles
- Mononucleosis
- Mumps
- Reye syndrome
- Roseola
- Rubella
- Scarlet fever
- Sepsis
- Syphilis
- Trichomonas
- Varicella
- Viral exanthems

Musculoskeletal System

- Calcaneovalgus feet
- Congenital dysplasia of the hip
- Craniocynostosis
- Fractures- buckle, greenstick, epiphyseal
- Growing pains
- In-toeing
- Juvenile rheumatoid arthritis
- Legg-Calve-Perthes
- Limping child
- Metatarsus adductus (metatarsus varus)
- Osgood-Schlatter disease
- Osteochondritis dissecans
- Osteomyelitis
- Pathologic genu varum
- Pes planus
- Physiologic genu varum and valgum
- Popliteal cysts
- Rickett’s
- Scoliosis
- Slipped capital femoral epiphysis (SCFE)
- Sprains/Strains
- Subluxation of the radial head (nursemaid’s elbow)
- Talipes equinovarus (clubfoot)
- Torticollis
- Transient synovitis of the hip

Neurology

- Cerebral palsy
- Headaches
- Hydrocephalus
- Meningitis
- Muscular dystrophy
- Seizure disorders: febrile, partial, partial complex, absence, generalized tonic/clonic
- Spina bifida- meningocele, meningomyelocele

Ophthalmologic

- Amblyopia
- Cataracts
- Conjunctivitis- allergic, viral, bacterial, chemical, neonatal
- Nasolacrimal duct obstruction
- Ocular foreign body
- Periorbital & orbital cellulitis
- Retinoblastoma
- Strabismus

Psychiatry/Behavioral

- ADHD
- Anxiety
- Autism spectrum disorders
- Colic
- Depression
- Eating disorders
- Substance abuse
- Suicidal ideation
- Tantrums

Renal

- Glomerulonephritis
- Nephrotic syndrome
- Pyelonephritis
- Wilm's tumor

Respiratory System

- Apnea/ALTE
- Asthma
- Bronchiolitis
- Bronchitis
- Cystic fibrosis
- Foreign body aspiration
- Laryngotracheobronchitis (croup)
- Pertussis
- Pneumonia- viral, bacterial, fungal
- SIDS

PEDIATRIC PATIENT CARE

Apply knowledge of the following topics to the assessment of a child:

History

- Demonstrate ability to obtain information in an age-appropriate manner, including verbal and nonverbal skills.

Physical Exam

- Understand the general approach to the examination of a child and how it differs from adults.
- Demonstrate the ability to examine children, varying techniques to match the age of the patient.

Growth and Development

- Normal and abnormal physical exam findings from the newborn period to late adolescence. This includes accurate measurement of length, height, weight & head circumference, newborn reflexes and the determination of Tanner Staging.
- The normal progression of physical, motor (fine and gross), cognitive, language (receptive and expressive) and social/emotional growth and development of children from the newborn to late adolescence. This includes the timing and normal progression/sequence of puberty in boys and girls
- Knowledge of developmental milestones and red flags to distinguish normal from abnormal development.
- The potential implications of abnormal findings of development and when it is appropriate to refer or recommend further evaluation for a child who has not met or who has lost developmental milestones
- Accurately plot and interpret trends on pediatric growth charts

WELL CHILD CARE

Apply knowledge of recommended/standard well baby, child and adolescent care to the assessment of a child. Expected knowledge includes the following elements of well child care:

- Recommending age appropriate immunizations for healthy and high risk children and the absolute and relative contraindications to routine pediatric immunizations screenings
- Follow-up intervals for well care
- Prescriptions (including fluoride & contraception)
- Anticipatory guidance, education and counseling to foster optimal development (including puberty and sexuality)
- Guidance regarding safety plus accident, injury and violence prevention
- Car seat guidelines (State of California and American Academy of Pediatrics)
- Risk reduction of high risk behaviors
- Pediatric nutrition plus promotion of healthy diets and activities
- Guidance about common behavioral issues including colic and tantrums
- Guidance regarding normal sleep patterns and common sleep problems
- Patient education on indications for myringotomy/ tympanostomy
- Patient education on indications for tonsillectomy and adenoidectomy
- Penile circumcision: risks, benefits, contraindications and familial & cultural influences
- Common congenital anomalies of the genitourinary tract
- Guidance regarding common issues about school including school readiness and avoidance
- Objectives and components of the pre participation history and physical exam

PEDIATRIC PHARMACOTHERAPEUTICS

Students will also be expected to discern the properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and major and common side effects. Students are expected to calculate appropriate medication dosages based on an infant's or child's age and weight in a way that promotes compliance (for example: formulations, # doses/day). Students will also be expected to discern the appropriate patient education and necessary follow up required for the following drugs or drug classes.

- Acetaminophen
- Acne medications
- ADHD
- Antibiotics, Antiviral, Antifungal – all routes, formulations
- Anticonvulsants
- Antidiarrheals
- Antiemetics
- Asthma
- Corticosteroids
- Laxatives and Bowel evacuants
- NSAIDs
- Ophthalmological anti-inflammatory/ allergy/ antibiotic/ steroid preparation
- Pain management – acute, chronic
- Scabicides & pediculicides

PEDIATRIC DIAGNOSTICS

Students will be expected to identify the method of collection, appropriately recommend, interpret the findings, and recognize the indications/clinical significance of the following diagnostic studies. In addition, students will be expected to discern appropriate management (including counseling and informed consent) when abnormalities are found in the following routine tests, and recognize the potential complications for each:

- Ferritin
- Hemoglobin and hematocrit
- Lead level
- Reticulocyte count
- Tympanometry
- UA and Urine Culture: collecting a sample from a pediatric patient

Gynecology/Obstetrics:

General

- Dyspareunia
- Hirsutism
- Polycystic ovarian syndrome (PCOS)
- Premenstrual disorder (PMS)
- Premenstrual dysphoric disorder (PMDD)
- Sexual health
- Sexual assault

Breast

- Breast masses & associated skin findings
- Breast Ultrasound – indications
- Fibroadenomas
- Fibrocystic disease
- Mammogram (screening) – risks, benefits, indication
- Mammogram (diagnostic) - indications
- Mastalgia
- Mastitis
- Nipple discharge- physiologic, pathologic
- Paget's disease and inflammatory breast cancer
- Simple cysts

Adnexa

- Masses
- Ovarian cysts
- Ovarian torsion
- Tubo-ovarian abscess

Vagina/ External Genitalia

- Bacterial vaginosis
- Bartholin cysts
- Folliculitis
- Lichen sclerosus
- Prolapse
- Pubic lice

Vagina/ External Genitalia

- Bacterial vaginosis
- Bartholin cysts
- Folliculitis
- Lichen sclerosus
- Prolapse
- Pubic lice
- Vaginitis- candida, trichomonas, atrophic, irritant
- Vestibulitis & vulvodynia
- Vulvar masses

Uterus/Cervix

- Cervicitis
- Endometriosis
- Indications for endometrial biopsy, hysterectomy
- Leiomyoma
- Nabothian cysts
- Pelvic inflammatory disease

Genitourinary

- Cystocele (including staging)
- Rectocele (including staging)
- Urinary incontinence- stress, urge, and overflow
- Uterine prolapse (including staging)

Menstruation

- Abnormal uterine bleeding- PALM-COEIN
- Dysmenorrhea
- Post-coital and intermenstrual bleeding
- Primary and secondary amenorrhea

Menopause

- Hormone replacement therapy- risks, benefits, E vs E+P
- Non-hormonal treatments for menopause
- Osteoporosis
- Perimenopause and menopausal syndromes
- Post menopausal bleeding

Infertility

- Male and female factors

Contraception

- Implant (Nexplanon)
- IUDs- progestin, copper
- Surgical sterilization- vasectomy and tubal ligation
- Internal and external condoms
- Natural family planning (Rhythm, withdrawal, calendar)
- Oral contraceptive pills- combined, progestin-only
- Patch (Ortho Evra)
- Vaginal ring (Nuva Ring)
- Emergency contraception (levonorgestrel, ulipristal, IUDs)
- Diaphragm and cervical caps
- Spermicidal methods (jell, foam, film, suppositories)

Sexually Transmitted Infections

- Chlamydia
- Gonorrhea
- Herpes simplex
- HIV
- Human papilloma virus
- Molluscum contagiosum
- Syphilis
- Trichomonas

GYN Oncology

Abnormal Pap smear results and management

- ASC-US
- LSIL, HSIL
- ASC-H
- Repeat cytology

Cancer - breast, cervical, uterine and ovarian

Indications for the following:

- Diagnostic mammography
- Breast ultrasound
- Fine needle aspiration
- HPV co-testing
- Colposcopy
- LEEP, cone biopsy, laser, cryotherapy
- Diethylstilbestrol (DES) exposure
- Excisional breast biopsy
- Mastectomy

OBSTETRICS

General

- Anemia in pregnancy
- Estimated date of delivery (EDD)
- Gravida/Para terminology
- Pregnancy options counseling- parenthood, adoption, abortion
- Prenatal genetic screening

Pregnancy Dating

- LMP (last menstrual period)
- Ultrasound
- Serum qualitative/quantitative β Hcg
- Pelvic sizing
- Fetal heart tones
- Fetal movement

Abortion

- Aspiration abortion
- Medication abortion

Prenatal Care

- Dietary requirements
- Weight change guidelines
- Physiology of pregnancy
- Multiple gestation
- Components of prenatal evaluations – initial, follow- up, frequency
- Timing of routinely recommended screening and diagnostic studies
- Management and counseling of low risk pregnancy

Obstetric Complications

- Hyperemesis gravidarum
- Urinary tract infection
- Pregnancy induced hypertension
- Preeclampsia/Eclampsia/HELLP syndrome
- Placenta previa
- Placental abruption
- Incompetent cervix
- Early pregnancy loss
- Ectopic pregnancy
- Molar pregnancy
- First and third trimester bleeding
- Threatened abortion
- Gestational diabetes
- Prenatal transmission of varicella, HSV, HPV, Zika, HIV
- Preterm labor

Labor

- Stages of labor
- Rupture of membranes
- Fetal heart monitoring methods
- Decelerations – early, late, variable
- Intra-labor Medications
 - non-pharmacological/pharmacological methods of pain management
 - Analgesia – epidural, local, I.V.
 - Pitocin
 - Antibiotics

Delivery

- Vaginal delivery
- Caesarian section
- Episiotomy
- Breech presentation
- Dystocia
- Antepartum & Postpartum hemorrhage
- Prolapsed umbilical cord
- Meconium
- Retained placenta
- Post-partum fever

Postnatal care

- Perineal laceration/episiotomy care
- Normal physiology changes of puerperium
- Contraception options

OB/GYN PHARMACOTHERAPEUTICS

Students will also be expected to discern the properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and major and common side effects. Students will also be expected to discern the appropriate patient education and necessary follow up required for the following drugs or drug classes:

- Contraception
 - Implant (Nexplanon)
 - IUDs- progestin, copper
 - Oral contraceptive pills- combined, progestin-only
 - Patch (Ortho Evra)
 - Vaginal ring (Nuva Ring)
- Antibiotic- oral, intravaginal, topical
- Antiviral- oral, intravaginal, topical
- Clomid
- Pain management- pregnancy, labor, postpartum
- Emergency contraception (levonorgestrel, ulipristal, IUDs)
- Spermicidal methods (gel, foam, film, suppositories)

OB/GYN DIAGNOSTICS

Students will be expected to identify the method of collection, appropriately recommend, interpret the findings, and recognize the indications/clinical significance of the following diagnostic studies. In addition students will be expected to discern appropriate management (including counseling and informed consent) when *abnormalities* are found in the following routine tests, and recognize the potential complications for each

- Combined first trimester screening (PAPP-A, hCG, ultrasound)
- Alpha-fetoprotein screening
- Glucose tolerance test
- Hemoglobin and hematocrit
- Urine dip (proteinuria, glucosuria)
- Thyroid profile
- Syphilis
- Gestational diabetes screening
- FSH and LH
- Wet Mount
- Amine test
- DHEA
- Maternal – Fetal Rh(D) incompatibility screening
- Chorionic villi sampling (CVS)
- Pap smear
- Gonorrhea and chlamydia screening
- Herpes culture and serum studies
- Serum hCG
- Iron status
- HIV
- Prenatal contraction stress & nonstress testing
- Rubella titer
- HPV typing
- Group B beta strep screen
- Amniocentesis
- Fetal Monitoring

PC 4 ROTATION: AQUIFER CASES

1. Family Med 17: 55 year old post-menopausal woman with vaginal bleeding
 2. Family Med 23: 5 year old female with sore throat
 3. Family Med 24: 4 week old female with fussiness
 4. Pediatrics 1: Newborn male infant evaluation and care
 5. Pediatrics 2: Infant female well child visit
 6. Pediatrics 6: 16 year old male preparticipation evaluation
- See [Appendix E](#) for suggestions of additional cases to complete

(END OF PC4 ROTATION-SPECIFIC LEARNING OBJECTIVES)

EMERGENCY MEDICINE (EM) ROTATION

For the EM rotation, students are placed in a hospital-based emergency room to gain exposure to urgent and emergent care, to obtain exposure to emergency medical care.

The EM rotation exam focuses on Emergency Medicine. The following learning objectives are designed to guide you in your clinical activities and supplemental readings during the EM rotation as you study for the end-of-rotation exams.

□ EM Rotation-Specific Learning Objectives, which are specific to EM only

Each objective, whether a core objective or rotation specific objective, is treated equally on the exam and all objectives should be thoroughly studied. Because of the nature of healthcare, it is unlikely that you will see a patient to correspond with each objective during your six-week rotation. Despite this, you are responsible for learning all objectives for the rotation.

Please note that historically, students who passively study from objective charts completed by other students do not learn the medicine as well as those who actively create an objective chart on their own.

LEARNING OUTCOMES FOR EMERGENCY MEDICINE ROTATION

At the completion of this rotation, the PA student will be able to:

a) Emergent

1. Conduct a history and physical examination to determine vascular and neurological status in a patient presenting with a fracture
2. Develop an appropriate differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for a patient presenting with the following acute clinical presentations,:
 - a. Trauma/Shock
 - b. Respiratory distress
 - c. Chest pain
 - d. Acute headache
 - e. Weakness and numbness

b) Acute

1. Appropriately assess, manage and repair an acute laceration with minimal supervision from the preceptor.
2. Accurately interpret an ECG for a patient presenting with chest pain
3. Appropriately assess a patient and determine which patients have life-threatening versus non-life-threatening medical conditions.
4. Formulate a differential diagnosis, perform a problem-oriented history and physical exam, and order standard diagnostic tests for a patient presenting with the following:
 - a. Acute GI bleed
 - b. Acute low-back pain
 - c. Acute abdomen
5. Appropriately consult with an admitting provider to prepare a patient for hospital admission.

EM ROTATION-SPECIFIC LEARNING OBJECTIVES

Upon completion of this clinical experience (EM), the student will be able to:

- **Understand etiology, epidemiology, risk factors and pathophysiology**
 - **Evaluate clinical manifestations**
 - **Formulate a differential diagnosis**
 - **Develop an assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)**
 - **Construct a patient-specific plan (including pharmacological/ non-pharmacological, patient education, procedural and necessary referrals)**
 - **Describe prognosis, complications, prevention, patient education, and treatment goals**
- of the following diseases/disorders/symptoms:

Airway Management

Recognize and recommend appropriate airway management in the conscious patient, unconscious patient, pediatric patient and the patient with facial and neck trauma.

Fluid Management

Differentiate and choose the appropriate type of IV fluids

Trauma/ Shock

- Etiology of shock in a trauma patient
- Shock: hypovolemic, cardiogenic, anaphylactic, neurogenic resuscitation fluids (crystalloids versus colloids)
- Blunt versus penetrating trauma tension pneumothorax
- Cardiac (pericardial) tamponade flail chest
- Traumatic head injury
- CPR (BLS, ACLS) Protocols
- C-spine clearance protocol (National Emergency X-radiography Utilization study (NEXUS) criteria)

Respiratory Emergencies

- Pneumothorax, hemothorax
 - Aspiration
 - Exacerbation of asthma/ COPD
 - Atelectasis
 - Epiglottitis
 - Peritonsillar abscess
 - Respiratory acidosis and alkalosis
 - Pulmonary edema
 - Pulmonary embolus
 - Pleurisy
 - ARDS
 - Pneumonia (viral, bacterial and fungal)
 - Retropharyngeal abscess
 - Respiratory failure
 - Upper airway obstruction
- Identify and recommend hospital admission for respiratory emergencies using appropriate criteria.

Cardiovascular Emergencies

- Angina Pectoris
- Pericarditis
- Acute Myocardial Infarction (AMI)
- Aortic Dissection
- Pericardial Effusion And Tamponade
- Congestive Heart Failure
- Hypertensive Emergencies/Urgencies

EKG Abnormalities

- Asytrole
 - QT prolongation
 - Atrial (fibrillation, flutter)
 - Sinus bradycardia, tachycardia
 - PVCs
 - Paroxysmal supraventricular tachycardia
 - Ventricular (tachycardia, fibrillation)
 - AV block (1st, 2nd, Complete)
 - Right and left bundle branch block
 - Wolf-Parkinson-White
 - Torsade de Pointes
- Appropriately and accurately identify and recommend and/or perform cardioversion, and defibrillation.
 - Identify and recommend hospital admission for cardiac emergencies through use of appropriate criteria

Gastrointestinal Emergencies

- Appendicitis
 - Obstruction- small/large intestine, volvulus
 - Perforated peptic ulcer
 - Bowel perforation
 - Diverticulitis
 - Gastroenteritis
 - Abdominal aortic aneurysm
 - Ischemic bowel
 - Splenic rupture
 - Esophageal spasm/esophagitis
 - Esophageal varices
 - Mallory-Weiss syndrome
 - Acute pancreatitis
 - Intussusception/volvulus
 - Mesenteric ischemia
 - Hemorrhoids-thrombosed
 - Infectious diarrhea
 - Hernias-incarcerated/strangulated
 - Upper and lower gastrointestinal bleeding
 - Cholecystitis/lithiasis/biliary colic
 - Acute hepatitis
 - Inflammatory bowel disease/toxic megacolon
- Identify and recommend hospital admission for gastrointestinal emergencies through use of appropriate criteria.

Neurological Emergencies

- Glasgow Coma Scale Levels of consciousness
- Subdural hematoma
- Intracerebral hemorrhage
- Subarachnoid hemorrhage
- Meningitis
- Encephalitis Spinal cord injury
- Guillain-Barré syndrome
- Seizure disorders, status epilepticus
- Acute TIA/CVA
- Head trauma
- Cerebral contusion Headache
- Basilar skull fracture
- Hepatic encephalopathy
- Recognize and appropriately recommend the potential etiology and diagnostic approach and treatment for syncope, dizziness, and vertigo.
- Identify and recommend hospital admission for neurological emergencies through use of appropriate criteria.

Musculoskeletal Trauma and Emergencies

- Bursitis
- Contusion
- Dislocations
- Fractures
- Spasms
- Sprain
- Strain
- Tendonitis
- Types of Fractures:
 - Open
 - Closed
 - Comminuted
 - Displaced
 - Articular
 - Stress
 - Avulsion
 - Pathologic
 - Greenstick
 - Compression
 - Angulated
 - Oblique
 - Spiral
 - Transverse
 - Torus
- Location-specific fractures and dislocations:
 - Shoulder/Arm:
 - anterior/posterior shoulder dislocation
 - acromioclavicular separation
 - humeral fractures
 - clavicle fractures
 - Elbow:
 - subluxation radial head (nursemaid's elbow)
 - Supracondylar fracture
 - Forearm/Wrist
 - Colle's Fracture
 - Radial Fracture
 - Ulnar fracture
 - Scaphoid (Navicular) fracture
 - Hand/Finger:
 - MCP ulnar collateral ligament
 - Sprain/rupture (gamekeeper's thumb)
 - phalanx fractures
 - metacarpal fractures (Boxer's)
 - mallet finger
 - Ankle/foot:
 - Malleolar fractures
 - Fifth metatarsal (Jones')
 - Calcaneal fracture
 - Leg:
 - tibial fractures
 - fibular fractures
 - femur fractures
 - Salter-Harris I-V
 - Knee:
 - patella fracture/dislocation
 - Facial
 - orbital blowout fracture
 - Pelvic
 - Hip:
 - intra-trochanteric fracture
 - subcapital fracture
 - Slipped Capital femoral epiphysis
 - Legg-Calve-Perthes

- Soft tissue trauma/injuries
 - Rotator Cuff tendonitis/bursitis/tear
 - Biceps tendonitis/rupture
 - Medial/lateral epicondylitis
 - Anterior/posterior cruciate tear
 - Medial/lateral collateral ligament tear
 - Patella tendon bursitis/tendonitis
 - Achilles tendon rupture
 - Compartment syndrome

- Neck/Spine
 - Herniation
 - Vertebral fractures
 - Spinal cord injury
 - Whiplash
 - Cauda equine syndrome
 - Low back pain

- Identify and recognize the most common fracture associated with the following complications:
 - Osteomyelitis
 - Volkmann’s ischemic contracture
 - Avascular necrosis
 - Fat emboli syndrome
 - Inhibited bone growth development in the pediatric patient

Wound Care

- Tetanus prophylaxis and immunization
- Primary/secondary wound closures
- Appropriate dressing and wound treatments based on wound type

Dermatologic, Burns and Environmental Emergencies

- Herpes zoster
- Erythema multiforme
- Steven-Johnson’s Syndrome
- Toxic epidermal necrolysis
- Cellulitis
- Smoke inhalation
- Burns (all forms and degrees)
- Heat cramps/heat exhaustion/heat stroke
- Frostbite/ hypothermia
- Bites/Stings: all forms
- Rabies
- Drug eruptions
- Viral exanthems
- Utilization of the Rule of Nines
- Criteria for hospital and burn center admission for the burn patient

- Eye, Ear, Nose, Oral Cavity EmergenciesEpistaxis (anterior, posterior)
- Acute hearing loss and otalgia
- Foreign bodies
- Red eye
- Ocular pain
- Acute visual loss
- Retinal detachment
- Chemical and thermal flash burns
- Acute angle-closure glaucoma
- Hyphema
- Central retinal artery occlusion
- Otitis media/externa
- Orbital and periorbital cellulitis
- Acute pharyngitis/laryngitis
- Corneal abrasion and ocular trauma
- Acute sinusitis/mastoiditis
- Facial trauma
- Barotrauma
- Dental fractures/loss/avulsion/abscess
- Peritonsillar abscess
- Smiles for Life online module objectives

Gynecologic and Obstetric Emergencies

- Ectopic pregnancy
- Rupture ovarian cysts
- Ovarian torsion
- Placental abruption
- Placenta previa
- Spontaneous abortion
- Preeclampsia
- Eclampsia
- Pelvic inflammatory disease
- Fetal distress
- Pelvic pain
- Mastitis/breast abscess

Genitourinary Emergencies

- Glomerulonephritis
- Nephrolithiasis
- Pyelonephritis
- Testicular torsion
- Epididymitis
- Acute renal failure
- Prostatitis
- Orchitis

Peripheral Vascular Emergencies

- Abdominal aortic aneurysm
- Acute arterial occlusion
- Deep vein thrombosis

Endocrine Emergencies

- Diabetic ketoacidosis
- Thyroid storm
- Myxedema coma
- Hyperglycemic hyperosmolar nonketotic syndrome
- Acute adrenal crisis
- Hypoglycemia
- Hyper/hypo calcemia

Metabolic, Fluid and Electrolyte Emergencies

- Alcohol ketoacidosis
- Dehydration
- Hyper/hypo natremia
- Hyper/hypo kalemia
- Respiratory acidosis/alkalosis
- Metabolic acidosis (anion and non-anion gap)/alkalosis

Toxicology

- Aspirin overdose
- Digoxin overdose
- Opiate overdose
- Cocaine overdose
- Amphetamines
- Sedatives and hypnotics (benzodiazepines) overdose and toxicity
- Decontamination/detoxification/antidotes
- Acetaminophen overdose and toxicity
- Anticholinergic overdose
- Antiepileptic overdose
- Ethanol and other toxic alcohols
- Carbon monoxide poisoning

Psychiatric Emergencies

- Suicide/homicide ideations
- Depression
- Panic attack/anxiety disorders
- Bipolar disorder
- Psychosis
- Schizophrenia
- Hallucinations
- Suicide attempt

Abuse

- Sexual abuse Child abuse
- Elder abuse
- Domestic/intimate partner violence

EM PHARMACOTHERAPEUTICS

Students will also be expected to discern the properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and major and common side effects. Students will also be expected to discern the appropriate patient education and necessary follow up required for the following drugs or drug classes.

- Analgesics
- Anesthetics- topical, local
- Anxiolytics
- Antiarrhythmics
- Antibiotics- oral, IV
- Anticoagulants
- Antidepressants
- Antidiarrheals
- Antiemetics
- Antihypertensives
- Antipsychotics
- Antispasmodics/anticholinergics
- Cardiac medications
- Corticosteroids
- Diuretics
- Ophthalmological medications
- Respiratory medications
- Thrombolytics

EM SKILLS

Recognize, describe, and perform/assist in the following procedures/skills, identifying the indications and potential complications for each:

- Application of splints
- Application of wound dressings
- Control of superficial hemorrhage
- Suturing and/or stapling
- Digital/field block and/or Local anesthesia infiltration
- Fluorescein corneal examination
- Incision and drainage
- Injections (IM, SQ, or intradermal)
- IV access- peripheral
- Laceration repair
- Toenail Removal

- Urinary catheterization
- Venipuncture

Recognize, describe, and identify indications and potential complications for each of the following procedures/skills:

- Airway management
- Anterior nasal packing
- Cardiopulmonary resuscitation
- Chest tube placement
- Clearance of cervical spine
- IV access- central line
- Lumbar puncture
- Nasogastric tube placement
- Removal of superficial foreign bodies (ear, eye, wound)

EM DIAGNOSTICS

Students will be expected to appropriately recommend, interpret the findings, and recognize the indications/clinical significance of the following diagnostic studies. In addition students will be expected to discern appropriate management (including counseling and informed consent) when abnormalities are found in the following routine tests, and recognize the potential complications for each:

- | | |
|-----------------------------|----------------------|
| • Peak Flow | • Sodium |
| • X-ray (chest, abd, KUB) | • Carbon Dioxide |
| • 12 Lead ECG& Rhythm Strip | • Albumin |
| • Stool occult blood | • Lipase |
| • CBC & Differential | • Amylase |
| • Glucose | • Cardiac enzymes |
| • ESR | • TSH |
| • BUN | • CT scan |
| • Creatinine | • Urine Analysis |
| • Fluid Analysis | • Urine C&S |
| • Potassium | • HgA1C |
| • AST/ALT | • Anion gap |
| • Alkaline Phosphatase | • Calcium |
| • Chloride | |
| • Blood type and cross | |
| • Magnesium | • Rheumatoid factor |
| • ultrasonography | • Cholesterol Panel |
| • Pulse Oximetry | • Wound C&S |
| • Ferritin | • BNP |
| • D-Dimer | • Blood C&S |
| • Therapeutic drug Levels | • ABGs |
| • hCG | • PT, INR, aPTT |
| • MSK X-ray/MRI | • Toxicology screens |

EM ROTATION: AQUIFER CASES

1. Family Med 27: 17 year old male with groin pain
2. Internal Med 4: 67 year old woman with shortness of breath and lower leg swelling
3. Internal Med 7: 28 year old woman with lightheadedness
4. Internal Med 22: 71 year old man with cough and fatigue
5. Internal Med 30: 55 year old woman with leg pain

[See Appendix E](#) for suggestions of additional cases to complete.

(END OF EMERGENCY MEDICINE LEARNING OBJECTIVES)

SURGICAL MEDICINE ROTATION

For the Surgery rotation, students are placed in a practice that provides them preoperative, intraoperative, and postoperative surgical experience.

The Surgery rotation exam focuses on Surgical Medicine. The following learning objectives are designed to guide you in your clinical activities and supplemental readings during the Surgery rotation as you study for the end-of-rotation exams.

□ **Surgery Rotation-Specific Learning Objectives, which are specific to Surgery only**

Each objective, whether a core objective or rotation specific objective, is treated equally on the exam and all objectives should be thoroughly studied. Because of the nature of healthcare, it is unlikely that you will see a patient to correspond with each objective during your six-week rotation. Despite this, you are responsible for learning all objectives for the rotation.

Please note that historically, students who passively study from objective charts completed by other students do not learn the medicine as well as those who actively create an objective chart on their own.

LEARNING OUTCOMES FOR SURGICAL MEDICINE ROTATION

At the completion of this rotation, the PA student will be able to:

- a) Pre-op
 1. Elicit a history and conduct a pre-op physical examination for a surgical patient.
 2. Write an accurate pre-op note for a surgical patient.
 3. Perform a problem-oriented history and physical exam, order standard diagnostic tests, and develop an appropriate differential diagnosis for a patient presenting with an acute complaint.
- b) Intra-op
 1. Perform surgical scrub, gown and glove using sterile technique.
 2. Correctly identify surgical instruments, needles, and suture material for a surgical case.
 3. Close a surgical wound using appropriate stapling or suturing techniques.
 4. Appropriately assist with surgical procedures under direct supervision of the surgeon.
- c) Post-op
 1. Perform post-operative wound care and appropriately identify signs of infection.
 2. Accurately write a post-operative note.
 3. Perform an appropriate history, physical exam, and assess the need for antibiotic therapy in a patient with post-operative fever.
 4. Use proper techniques to remove staples or sutures for a post-operative patient returning for a follow-up visit.

SURGERY ROTATION-SPECIFIC LEARNING OBJECTIVES

Upon completion of this clinical experience (EM), the student will be able to:

- **Understand etiology, epidemiology, risk factors and pathophysiology**
 - **Evaluate clinical manifestations**
 - **Formulate a differential diagnosis**
 - **Develop an assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)**
 - **Construct a patient-specific plan (including pharmacological/ non-pharmacological, patient education, procedural and necessary referrals)**
 - **Describe prognosis, complications, prevention, patient education, and treatment goals**
- of the following diseases/disorders/symptoms:

Skin

- Cancer- basal cell, melanoma, squamous cell
- Chronic non-healing ulcers/wounds
- Lipoma
- Pilonidal cyst

Endocrine

- Cancer- adrenal, pituitary, thyroid
- Hyperparathyroidism
- Pheochromocytoma
- Pituitary adenoma
- Thyroid nodules

Breast

- Breast masses- benign, malignant

Lung

- Lung masses- benign, malignant
- Pleural effusion

Gastrointestinal

- Cancer- oral, esophageal, stomach, intestinal, rectal, pancreatic, liver
- Appendicitis
- Bowel
 - Colonic polyps
 - Diverticulitis
 - Duodenal ulcer
 - Hemorrhoids
 - Hernias- hiatal, femoral, inguinal, incisional, umbilical, incarcerated, strangulated
 - Inflammatory bowel disease
 - Intussusception
 - Ischemic bowel
 - Meckel's diverticulum
 - Obstruction of small and large bowel- functional, mechanical
 - Volvulus
- Esophagus- reflux, strictures, varices
- Gallbladder- biliary colic, cholecystitis, cholelithiasis

- Pancreas- acute pancreatitis
- Peritonitis
- Stomach- Gastric ulcer

Genitourinary

- Malignancies – bladder, ovarian, renal cell, prostate, testicular, uterine,
- Nephrolithiasis
- Scrotal masses- hydrocele, varicocele

Vascular

- Abdominal aortic aneurysm/dissection
- Arterial thrombosis/embolism
- Mesenteric artery occlusion/Mesenteric ischemia
- Peripheral arterial disease
- Venous insufficiency
- Venous thrombosis

PATIENT CARE AND DOCUMENTATION

Students must be able to demonstrate the ability to:

1. Provide preoperative care:

- Perform an appropriate pre-operative evaluation, including risk factor identification, a diagnostic workup, initiate management and prevention (if appropriate) for the following:
 - a. Healthy adult
 - b. Pediatric patient
 - c. Geriatric patient
 - d. Morbidly obese patient
 - e. Pregnant patient
 - f. Malnourished patient
 - g. Patients with the following pre-existing conditions/diseases:
 - Cardiac (HTN, MI, CHF, Angina, Valvular dx)
 - Respiratory (Asthma, COPD, URI)
 - Renal (ARI, CKD, ESRF)
 - Liver (Hepatitis, Cirrhosis)
 - Endocrine (Diabetes, Thyroid disease, Adrenal insufficiency)
 - Hematologic (Anemia, bleeding and clotting disorders)
 - Immunocompromised (HIV, chemotherapy, etc.)
- Identify the parameters used to determine whether antibiotic prophylaxis is needed for a surgical patient and be able to apply in a case scenario.
- Identify the common pathogens and recommend the appropriate antibiotic for GI, orthopedic and vascular surgeries.

2 Provide post-operative care:

- Perform an appropriate post-operative evaluation, including a diagnostic workup, initiate management, and complication prevention for the following:
 - a. Healthy adult
 - b. Pediatric patient
 - c. Geriatric patient
 - d. Morbidly obese patient
 - e. Pregnant patient
 - f. Malnourished patient
 - g. Patients with the following pre-existing conditions/diseases:
 - Cardiac (HTN, MI, CHF, Angina, Valvular dx)
 - Respiratory (Asthma, COPD, URI)
 - Renal (ARI, CKD, ESRF)
 - Liver (Hepatitis, Cirrhosis)
 - Endocrine (Diabetes, Thyroid disease, Adrenal insufficiency)
 - Hematologic (Anemia, bleeding and clotting disorders)
 - Immunocompromised (HIV, chemotherapy, etc.)
- Manage the following components of routine post-operative care:
 - a. Activity
 - b. Advancing Diet
 - c. Input / Output
 - d. IV fluids
 - e. Pain management- medication choice, appropriate dosing, routes, including indications and dosing for a PCA pump
 - f. Routine labs
 - g. Wound management
- Identify and manage the following post-operative complications, including likely time of occurrence during recovery process
 - a. Acid/base disorders
 - b. Atelectasis
 - c. Deep vein thrombosis (DVT)
 - d. Electrolyte disorders
 - e. Fever
 - f. Hemorrhage
 - g. Ileus
 - h. Pleural effusion
 - i. Pneumonia
 - j. Pressure ulcer
 - k. Pulmonary embolus
 - l. Sepsis
 - m. Urinary tract infection

3. Physical examination:

- Perform the following examination techniques and identify the rationale for performing the following physical exam tests, in addition to their sensitivity, specificity, and the clinical significance of positive/negative findings:
 - a. Psoas sign test
 - b. Obturator sign
 - c. Rovsing's sign
 - d. Murphy's sign
 - e. Rebound tenderness and guarding

4. Documentation:

- Identify the appropriate components of and appropriately document the following:
 - a. Pre-operative note
 - b. Procedure note
 - c. Post-operative orders
 - d. Post-operative progress note

SURGICAL SKILLS

Recognize, perform and/or assist in the following procedures and identify the indications and potential complications for each:

- Placement and positioning of patient on operating table
- Surgical scrub, gowning and gloving using sterile technique
- Surgical prep and draping of patient
- Maintenance of sterile field
- Suctioning and retraction
- Clamp, suture tie or ligature of hemorrhage
- Electrocautery
- Cryotherapy
- Knot tying- one and two handed, instrument
- Suture and staple placement and removal
- Wound dressing and bandaging
- Surgical drain/tube placement and removal
- Nasogastric tube placement

SURGICAL PHARMACOTHERAPEUTICS

Students are expected to discern the properties of the following drug or drug classes including mechanism of action, interactions, contraindications, and major and common side effects and appropriate dosing and routes of administration in the surgical patient. Students are also expected to discern the appropriate patient education and necessary follow up required for these drugs or drug classes.

- Analgesics- opioids, ASA, acetaminophen, NSAIDs
- Anesthetics
- Antibiotics- IV, PO
- Anticoagulants
- Antiemetics
- Beta-blockers
- IV Fluids
- Thrombolytics

SURGICAL DIAGNOSTICS

Students are expected to appropriately recommend, interpret the findings, identify causes for false positive/negative, and recognize the indications / clinical significance of the following diagnostic studies. In addition students will be expected to discern appropriate management (including counseling and informed consent) when abnormalities are found in the following routine tests, and recognize the potential complications for each:

Imaging:

- Abdominal flat plate x-ray
- Abdominal obstruction series
- Arteriography
- Bone scan
- Chest x-ray
- Ct of abdomen, pelvis, chest
- Duplex ultrasound
- Hepatobiliary iminodiacetic acid scan
- Intravenous pyelogram (IVP)
- Mammography
- MRI
- Pulmonary arteriogram
- Radioiodine scan
- Radionucleotide scans
- Ultrasound- abdomen, breast, gallbladder
- Upper/lower gastrointestinal series
- V/Q scan
- Vascular doppler
- Venogram

Labs:

- Arterial blood gases (ABG)
- Blood type and cross
- BRCA1 / BRCA2
- Carcinoembryonic antigen (CEA)
- Complete blood count w/differential
- Complete metabolic panel (CMP)
- Culture & sensitivity
- Fecal occult blood
- Liver function tests (LFT) & enzymes
- PT, PTT, INR

Procedures:

- Biopsy with needle localization
- Bronchoscopy
- Cholangiopancreatography (ERCP)
- Colonoscopy/sigmoidoscopy
- Culdocentesis
- Percutaneous transhepatic cholangiography
- Endoscopy
- Gastroduodenoscopy
- Intraoperative cholangiogram
- Needle aspiration biopsy
- Paracentesis

SURGERY ROTATION: AQUIFER CASES

1. Family Med 15: 42 year old man with right upper quadrant pain
2. Family Med 16: 68 year old man with skin lesion
3. Family Med 26: 55 year old man with fatigue
4. Internal Med 10: 48 year old woman with diarrhea and dizziness
5. Internal Med 12: 55 year old man with lower abdominal pain

[See Appendix E](#) for suggestions of additional cases to complete.

(END OF SURGERY LEARNING OBJECTIVES)

ELECTIVE ROTATIONS

For the Elective rotations, students are placed in an office or hospital based practice to gain exposure to the corresponding subject matter. **This rotation does not have a written examination.**

The following learning objectives are designed to guide you in your clinical activities and supplemental readings during the Elective rotation.

- **Elective Rotation-Specific Learning Objectives, which are specific to Electives only**

Each objective, whether a core objective or rotation specific objective, is treated equally and all objectives should be thoroughly studied. Because of the nature of healthcare, it is unlikely that you will see a patient to correspond with each objective during your six-week rotation. Despite this, you are responsible for learning all objectives for the rotation.

Please note that historically, students who passively study from objective charts completed by other students do not learn the medicine as well as those who actively create an objective chart on their own.

ELECTIVE ROTATIONS-SPECIFIC LEARNING OBJECTIVES

Upon completion of this clinical experience (Electives), the student will be able to:

- **Understand etiology, epidemiology, risk factors and pathophysiology**
 - **Evaluate clinical manifestations**
 - **Formulate a differential diagnosis**
 - **Develop an assessment (including recommendation and interpretation of laboratory, diagnostic and radiological studies/findings)**
 - **Construct a patient-specific plan (including pharmacological/ non-pharmacological, patient education, procedural and necessary referrals)**
 - **Describe prognosis, complications, prevention, patient education, and treatment goals**
- of the diseases/disorders/symptoms associated with the given specialty.

General Learning Objectives

- A. Elicit the appropriate focused history and identify the characteristic symptoms associated with the specialty.
- B. Perform the appropriate focused physical examination and identify the characteristic signs associated with conditions common to the specialty.
- C. Recognize and differentiate normal and abnormal anatomic, physiologic and cognitive changes related to the specialty.
- D. Recommend and interpret appropriate lab studies and diagnostic studies/findings.
- E. Identify, diagnose, manage and perform ongoing monitoring for conditions associated with the specialty.

- F. Identify, recommend and initiate screening/health promotion /disease prevention, immunizations and counseling for routine preventative health, well care and common illnesses/diagnoses associated with the specialty, if appropriate.
- G. Document and present medical/surgical information using acceptable abbreviations and appropriate formats (for example: H&P, SOAP, pre/post operative notes).
- H. Identify and initiate the appropriate referral for problems beyond the scope of the PA provider and practice.

ELECTIVE ROTATION: AQUIFER CASES

1. Social Determinants of Health 1: Overview
2. Social Determinants of Health 2: 2 year old male with fever and headache (shared decision making, “culture broker”/interpreter)
3. Social Determinants of Health 3: 2 year old male with pneumonia and probable empyema (partnering with families to agree on a medical plan)
4. Family Med 20: 28 year old woman with abdominal pain (IPV, trich)
5. Family Med 25: 38 year old man with shoulder pain (rotator cuff tendinopathy)
6. High Value Care 1: 45 year old man- the importance of clinical reasoning (is testing warranted)
7. Medical Home 1: 16 year old female with status asthmaticus (nonadherence, uninsured)
8. Pediatrics 23: 15 year old female with lethargy and fever (meningitis)

(END OF ELECTIVE ROTATION LEARNING OBJECTIVES)

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APPENDIX A:

CLINICAL YEAR CONTACTS AND FORMS

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CLINICAL YEAR FACULTY & STAFF DIRECTORY

The primary advisors for the clinical year are the Director of Clinical Education and/or the Clinical Coordinator. They should be your first point of contact for all issues personal and academic during the clinical year. However, faculty advisors from the didactic year, the Medical Director, Associate Program Director and Program Director are also available if needed.

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Clinical Rotation Schedule

Semester	Block	Dates	Call Back Dates / Exams
Spring 2023	1	February 13 – March 24, 2023	
	2	March 27 – May 5, 2023	May 8 - 12, 2023: EORs
Summer 2023	3	May 15 – June 23, 2023	
	4	June 26 – August 4, 2023	August 7 - 11, 2023: EORs, OSCE #1, Case Presentations
Fall 2023	5	August 14 – September 22, 2023	
	6	September 24 – November 3, 2023	November 6 - 10, 2023: EORs, OSCE #2, Case Presentations
	7	November 13 - December 22, 2023	
Spring 2024	8	December 25 - February 2, 2024	February 5 - 9, 2024: EORS, Case Presentations
	9	February 12 - March 22, 2024	EORs will occur the beginning of the Summative course

Clinical Forms Due Dates

Block	Schedule & Check In	SOAP Note	Mid Rotation Evaluation	Case Logs & MR's	
				Logs 1	Logs 2
1	Feb 17, 2023	Feb 27, 2023	Mar 3, 2024	Feb 26, 2023	Mar 26, 2023
2	March 31, 2023	Apr 10, 2023	Apr 14, 2023	Apr 9, 2023	May 7, 2023
3	May 19, 2023	May 29, 2023	Jun 2, 2023	May 28, 2023	Jun 25, 2023
4	June 30, 2023	July 10, 2023	July 14, 2023	July 9, 2023	Aug 6, 2023
5	Aug 18, 2023	Aug 28, 2023	Sept 1, 2023	Aug 27, 2023	Sept 24, 2023
6	Sept 29, 2023	Oct 9, 2023	Oct 13, 2023	Oct 8, 2023	Nov 5, 2023
7	Nov 17, 2023	Nov 27, 2023	Dec 1, 2023	Nov 26, 2023	Dec 24, 2023
8	Dec 29, 2023	Jan 8, 2024	Jan 12, 2024	Jan 7, 2024	Feb 4, 2024
9	Feb 16, 2024	Feb 26, 2024	Mar 1, 2024	Feb 25, 2024	Mar 24, 2024

Documents are to be submitted by 11:59pm PST on the designated due date above.

Please note: Paperwork due dates that fall on a federal holiday are to be submitted on the next business day. See CY Handbook for how to submit each assignment.

**Schedule is subject to changes*

ROTATION CHECK-IN AND SCHEDULE

The rotation check-in and schedule will be completed at the start of each block/clinical rotation through Canvas in a quiz format. The rotation check-in and schedule are due by 11:59 pm PST on the first Friday of your rotation. The form below is for reference only- you do not need to print or email/upload this form. **Note: Student do not complete this check-in and schedule for PHFS rotations. Refer to the PHFS guidelines for any reporting instructions.*

1. What rotation are you currently on?
 - PC1
 - PC2
 - PC3
 - PC4
 - ER
 - Surgery
 - Elective 1
 - Elective 2
 - Repeat/Remediation rotation

2. Name of Practice: _____

3. Have you been oriented to the practice/made adjustment to the site?
 - Yes
 - No

4. Have you had any direct patient contact?
**A NO response indicates that you have been at your site for one week and have seen no patients. If this applies to you, please do not complete this check-in form and contact Le'Anna & Regina via email for further instruction.*
 - Yes
 - No

5. Have you seen patients alone?
**A NO response indicates that you have been at your site for one week and have not seen patients alone, nor do you anticipate seeing patients alone in week two. If this applies to you, please do not complete this check-in form and contact Le'Anna & Regina via email for further instruction.*
 - Yes
 - No, but I expect to next week
 - No

6. What is the average number of patients seen daily by your preceptor (or at the site if you are in the ER)?
 - 5-20 patients/day
 - 20-30 patients/day
 - 30-40 patients/day
 - >40 patients/day

7. What is the average number of patients seen daily by you (where your involvement is >50%)?
**A NONE, N/A response indicates that you are not playing a primary role in the care of patients. If this applies to you, please explain in the comments section (question #15 below)*
- 3-5 patients/day
 - 5-10 patients/day
 - 10-15 patients/day
 - >15 patients/day
 - None, N/A
8. Is your site/preceptor using telehealth (or eHealth) to provide patient care? If yes, please indicate what percentage of provider-patient visits are being conducted using telehealth (e.g. synchronous audio/visual visits or audio-only telephone visits)
**If telehealth is not being used, enter No or N/A. _____*
9. Do you have any issues or conflicts with the site?
**A YES response indicates that you have significant concerns or conflict with with the site which is negatively impacting you and/or your ability to learn. If this applies to you, do not complete this check-in form and call the Director of Clinical Education (Jennifer Pimentel) immediately. If you are unable to reach her by telephone, please email the clinical team immediately with your contact information and one of us will connect with you.*
- No
 - Yes
10. Do you have any safety concerns with this site?
**A YES response indicates that you have serious concerns about your safety at this site. If this applies to you, do not complete this check-in form and call the Director of Clinical Education (Jennifer Pimentel) immediately. If you are unable to reach her by telephone, please email the clinical team immediately with your contact information and one of us will connect with you.*
- No
 - Yes

11. For each of the blanks below, enter the start/stop times for your typical work days (*not hours/day*). If you are not in that setting on a particular day, enter "0" in that space. ***Do not leave any spaces blank***

For example: *Mondays: Clinic/Office Hours: 8a-5p*

Hospital/OR/ER hours: 0

Tuesdays: Clinic/Office Hours: 1p-5p

Hospital/OR/ER hours: 8a-12p

Mon: Clinic/Office Hours: _____

Hospital/OR/ER hours: _____

Tues: Clinic/Office Hours: _____

Hospital/OR/ER hours: _____

Wed: Clinic/Office Hours: _____

Hospital/OR/ER hours: _____

Thurs: Clinic/Office Hours: _____

Hospital/OR/ER hours: _____

Fri: Clinic/Office Hours: _____

Hospital/OR/ER hours: _____

Sat: Clinic/Office Hours: _____

Hospital/OR/ER hours: _____

Sun: Clinic/Office Hours: _____

Hospital/OR/ER hours: _____

12. What are the average number of hours per week you spend at the site?

20-30

30-40

40-50

>50

13. List THREE specific goals you have for this rotation

14. Your schedule **must** be reviewed and approved by your preceptor prior to completing this submission to the Program. Please indicate that you have discussed this schedule with your preceptor and they have approved it by typing the word **YES** in the space below. **If you have not discussed your schedule with your preceptor, you cannot complete this check-in!**
15. The purpose of a check-in report is to present you with an opportunity to get acquainted with the site and providers that you will be working with during the rotation. You should be discussing rotation expectations with your preceptor (e.g. what your preceptor expects and anticipates from you over the next six weeks, how you can positively contribute to the practice, what your learning goals are, etc.) at the start of every new rotation block. Please indicate that you have done this by typing the word **YES** in the space below. **If you have not discussed expectations with your preceptor, you cannot complete this check-in!**
16. Any comments you want to add related to the above questions? _____

SOAP Note (for PC1, PC2, PC3, and PC4 Rotations ONLY) Submission Guidelines

For each Primary Care rotation (PC1-PC4), students are required to submit a SOAP note and complete a self-critique form, which they will submit by uploading into the corresponding assignment section of Canvas. A SOAP note is deemed passing when a score of **75%** is achieved and the reviewing clinician determines it to have sound clinical judgement, and that is at the expected level of proficiency.

SOAP notes must be typed in Word format (not PDF). Acceptable types of notes include visits for new complaints, routine follow-ups on chronic illnesses, or surgical workups. Annual preventative health physicals, intraoperative notes, visits for medication refills, and routine post-op notes will not be accepted. Your SOAP note must include items in the plan that you might have forgotten (e.g., “mailed patient lab slip”), and you should indicate any subjective information that you forgot to ask during the encounter by stating, “forgot to ask about X”. If you disagree with the assessment and/or plan that was provided during the clinical encounter, you need to document that for us and state what you would have done differently.

In addition to the SOAP note, students are required to submit a corresponding SOAP self-critique form. This self-critique should reflect a critical analysis of your note and allow for early recognition of any omissions, inaccuracies, or inadequacies prior to submission. **Incomplete self-critiques or failure to submit a self-critique will result in an automatic failure for the SOAP note and will result in a Forms infraction.**

The SOAP note and corresponding self-critique form must be completed and uploaded into Canvas by 11:59pm PST on the designated due date. All student SOAP notes (pass or fail) will receive written or video feedback through Canvas.

If you do not receive a passing grade of 75% on the first attempt, you will need to review and address the feedback and instructions provided by the faculty member. Inadequate re-submissions will result in a failure for the SOAP note and will result in a Forms infraction.

SOAP NOTE FORMAT

SUBJECTIVE

- **Do not include the patient's name/initials or the date of the visit anywhere in your SOAP note**
- **Chief Complaint**
 - Should include reason for visit in patient's own words (in quotations)
- **History of Present Illness**
 - Opening sentence
 - Should include age, gender (if pertinent), ethnicity (if pertinent), PMH (if pertinent), chief complaint, and duration
 - Should include OPQRST as appropriate
 - **Utilize qualifiers for symptoms (sharp, dull, pulsating, productive, dry, burning, progressive, worsening, improving, acute onset, intermittent, etc.)**
 - Diet, exercise, stress levels and other patient concerns related to chief complaint(s) should be addressed
 - Socioeconomic issues that complicate CC should be brought up
 - Follow up visits should include: last OV, labs, taking meds as prescribed, symptoms appropriate for condition(s), prescription side-effects, complications, etc
- **Review of Systems**
 - Include pertinent +/- symptoms from those systems which you believe may relate to the cause of the CC and for any of the patient's chronic illnesses
 - Do NOT use organ system subtitles
- **Past Medical History: if not pertinent, list "none" or "N/A"**
 - Includes:
 - Hospitalizations (for what & when) (If relevant to CC)
 - Medical illnesses/diseases including psychiatric (diagnosis & when diagnosed)
 - Preventive Care (includes age-appropriate vaccines and screenings)
 - Significant Injuries & Accidents
 - Surgeries (for what & when) (If relevant to CC)
 - For chronic condition(s), the last set of labs, visits with specialists, and other interventions that were completed can be listed here instead of HPI
- **Family History: should be pertinent to your CC (e.g. if patient here for chest pain, should probably ask about AMI, CVA, DM, HTN, and other risk factors for your ddx)**
 - (mirrors PMH) List (+) and (-) to diseases or conditions in the organ systems you asked about in your ROS, include age of diagnosis ONLY if pertinent
 - "Not relevant" should NEVER be listed in a SOAP note.
 - You may put "Non-Contributory" if not pertinent for DDX of CC
- **Social History**
 - Relevant to CC ONLY, smoking, ETOH, drugs, + any other aspect of SH (occupation, stress, diet, caffeine intake, etc.)
- **Medications**
 - Should include name (must include generic), dosage, route (e.g. oral) and frequency of medication, one per line
 - For "prn" medications, you must list a reason (e.g. prn for SOB/wheezing).
 - Only list medications which a patient is currently taking. If non-adherent, you should address this in your HPI and/or list "not currently taking".
- **Allergies with reaction**
 - **Ask about medication and environmental allergies**

OBJECTIVE

- **Vitals**
 - Includes all relevant vital signs, including route for temp (F or C must be indicated) and position/location for BP if relevant
 - If your clinic does not perform certain vitals (e.g. SpO₂) then indicate, not performed
 - Include BMI if relevant and re-check any vitals that are outside normal limits with a manual reading
 - Clarify if SpO₂ is on room air (RA) or 2L O₂, for example.
 - Make sure to address any abnormal vitals as part of your assessment (tachycardia, BMI >30, etc.)
- **Physical Exam**
 - Includes findings from the focused physical exam appropriate for the CC and any chronic illnesses
 - Findings described with appropriate and clear terminology, avoiding “normal” or synonyms, in list format by system/area of body examined, in standard order
 - It is helpful to the reader if you somehow indicate your abnormal findings: bold, alternate color, etc.
 - It is not necessary to perform exams that are not pertinent to your differential (I.e. do not perform a sinus exam for a patient with left leg pain or an abdominal exam if nothing in the history suggestive of a possible abdominal complaint). If your preceptor requires a comprehensive exam for a patient, indicate which are not pertinent to your chief complaint.
- **Diagnostics**
 - All diagnostics pertaining to CC that are completed at point of care or reviewed from prior records should be noted at the END of Objective section
 - If none necessary/performed, you can indicate: “none ordered/performed” or similar
 - List ranges for values and indicate whether H (high), L (low), or WNL (within normal limits)
 - You should address any abnormal values in your A/P section.

ASSESSMENT/PLAN

- **Assessment**
 - Number or bullet each assessment
 - Can be combined into A/P in same line
- **Established Diagnosis** (e.g. Stage I Hypertension, Type II Diabetes, Stage 3a Chronic Kidney Disease)
 - Chronicity (acute/chronic vs. acute on chronic vs. recurrent)
 - Status (worsening/improving, controlled/uncontrolled, stable/unstable)*
 - Evidence supporting your status*
 - Goals of therapy
 - Any complications or side effects
- **New Diagnosis** (e.g. Acute Viral Pharyngitis, Acute URI, Acute Uncomplicated UTI)
 - At least three potential differentials*
 - Rationale/evidence for selected diagnosis only*
 - Discussion of the status/severity, prognosis, and potential complications*
 - Discussion of next steps and goal
- **New Sign or Symptom** (e.g. Acute Cough, Dysuria, Low Back Pain, Fever)
 - At least three potential differentials*
 - All pertinent positives and negatives from history, physical exam, and diagnostic data listed for each differential*
 - Identification the most likely or leading diagnosis with rationale/evidence provided*
 - Discussion of next steps and goals of therapy
- **Plan**
 - Addresses diagnostic, therapeutic, and patient education plans in clear and complete fashion. Make sure to indicate to the patient to continue or discontinue any medications, if necessary.
 - Aligns with identified differential diagnosis and severity and urgency of problem, as well as any psychosocial issues identified.

- Addresses routine HCM issues (It is ok to have preventative HCM issues addressed in the plan not linked to a Dx)
- Includes follow up, referrals, prescriptions and OTC medications (medication name, sig, route, QTY/RFL, rx side effects (if newly prescribed), counseling/education, emergency/ER precautions)
- Support your treatment/therapeutic decisions, which can include social determinants of health
 - Example: why you chose prescriptive management over surgical intervention
 - Example: why you selected to add on one anti-HTN agent versus another
 - Example: why you elected to start insulin therapy rather than oral DM medications
 - Example: why you decided on OTC medications rather than antibiotics (or vice-versa) for a patient with uncertain diagnosis
 - Example: why you chose to order specific labs (what are you evaluating for?)
- **Signature**
 - Sign your note and include preceptor's name
 - Failure to sign your note w/ your name and preceptors = Automatic Failure

SOAP GRADING RUBRIC

AUTO FAILURE CRITERIA: 1. Patient identifiers (real or fake) 2. HIPAA violations 3. Failure to sign note, include preceptor's name 4. Inability to complete self-critique

Criteria	Ratings		
Chief Complaint <ul style="list-style-type: none"> Should include reason for visit in patient's own words (in quotations) 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
History of Present Illness <ul style="list-style-type: none"> Opening sentence should include age, gender, ethnicity (if pertinent), PMH (if pertinent), chief complaint, and duration Should include OLDCAARTS as appropriate Diet, exercise, stress levels and other patient concerns related to chief complaint(s) should be addressed Socioeconomic issues that complicate CC should be brought up <p>Follow up visits should include: last OV, labs, taking meds as prescribed, symptoms appropriate for condition(s), prescription side-effects, complications, etc.</p>	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
Review of Systems <ul style="list-style-type: none"> Include pertinent +/- symptoms from those systems which you believe may relate to the cause of the CC and for any of the patient's chronic illnesses Do not use organ system subtitles 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
Past Medical History Includes: <ul style="list-style-type: none"> Hospitalizations (for what & when) (If relevant to CC) Medical illnesses/diseases including psychiatric (diagnosis & when diagnosed) Preventive Care Significant Injuries & Accidents Surgeries (for what & when) (If relevant to CC) <p>For chronic condition(s), the last set of labs, visits with specialists, and other interventions that were completed can be listed here instead of HPI</p>	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
Family History <ul style="list-style-type: none"> Mirrors PMH) list (+) and (-) to diseases or conditions in the organ systems you asked about in your ROS, include age of diagnosis ONLY if pertinent "Not relevant" should NEVER be listed in a SOAP note You may put "Not contributory" if not pertinent for DDX of CC 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
Social History <ul style="list-style-type: none"> Relevant to CC ONLY, smoking, ETOH, drugs, + any other aspect of SH 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
Current medications/herbs/supplements <ul style="list-style-type: none"> Should include name, dosage, route (oral) and frequency of medication, one per line 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
Allergies w/ reaction	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing

Criteria	Ratings		
Vitals <ul style="list-style-type: none"> Includes all relevant vital signs, including route for temp and position for BP if relevant 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
Physical Exam <ul style="list-style-type: none"> Includes findings from the focused physical exam appropriate for the CC and any chronic illnesses Findings described with appropriate and clear terminology, avoiding "normal" or synonyms, in list format by system/area of body examined, in standard order 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
Diagnostics <ul style="list-style-type: none"> All diagnostics pertaining to CC that are completed at point of care or reviewed from prior records should be noted at the END of Objective 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
Assessment <ul style="list-style-type: none"> Number or bullet each assessment Can be combined into A/P in same line <p>Established Diagnosis</p> <ul style="list-style-type: none"> Chronicity (acute/chronic vs. acute on chronic vs. recurrent) Status (worsening/improving, controlled/uncontrolled, stable/unstable)* Evidence supporting your status* Goals of therapy Any complications or side effects <p>New Diagnosis</p> <ul style="list-style-type: none"> At least three potential differentials* Rationale/evidence for selected diagnosis only* Discussion of the status/severity, prognosis, and potential complications* Discussion of next steps and goal <p>New Sign or Symptom</p> <ul style="list-style-type: none"> At least three potential differentials* All pertinent positives and negatives from history, physical exam, and diagnostic data listed for each differential* Identification the most likely or leading diagnosis with rationale/evidence provided* Discussion of next steps and goals of therapy 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
Plan <ul style="list-style-type: none"> Addresses diagnostic, therapeutic, and patient education plans in clear and complete fashion Plan aligns with identified differential diagnosis and severity and urgency of problem, as well as any psychosocial issues identified. Address routine HCM issues. (It is ok to have preventative HCM issues addressed in the plan not linked to a Dx) Should include follow up, medication name, sig, rx side effects (if newly prescribed), counseling/education, emergency precautions 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
Signature <ul style="list-style-type: none"> Sign your note and include preceptor's name! Failure to sign your note w/ your name and preceptors = Automatic Failure* 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing

Criteria	Ratings		
<p>Clarity</p> <ul style="list-style-type: none"> • Language, including spelling and grammar, are appropriate and do not detract from reading health record • No use of inappropriate/ non-standard and unexplained abbreviations 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
<p>Structure</p> <ul style="list-style-type: none"> • Sections (Subjective, Objective, Assessment, Plan) clearly identified and presented in standard format to assist the reader (either using full name or S, O, A, and P) 	2 pts Appropriate	1 pt Needs Improvement	0 pts Missing
<p>Clinician Rating</p> <p>A SOAP note is deemed passing when a score of 75% is achieved AND the reviewing clinician determines it to have sound clinical judgement, and that is at the expected level of proficiency.</p>	Passing Note		Not a Passing Note

SOAP NOTE SELF CRITIQUE FORM

Student Name: _____ **Block #:** _____ **Rotation:** _____

Instructions: The purpose of this assignment is for you to critically analyze your own SOAP note. Using your copy of the SOAP note you submitted, complete this form in detail.

SUBJECTIVE:

1. The chief complaint should include either:

- a. The reason for visit in patient's own words (in quotations)

OR

- b. Age, gender, complaint, and duration of complaint

Does your cc follow this ? Yes No

2. The HPI should include:

- a. An opening sentence that includes age, gender, ethnicity (if pertinent), PMH (if pertinent), chief complaint, and duration
- b. OLDCAARTS as appropriate, including qualifiers as necessary
- c. Diet, exercise, stress levels and other patient concerns related to chief complaint(s) should be addressed
- d. Socioeconomic issues that complicate CC should be brought up
- e. Specific concerns that the patient may have (e.g. if the patient initiated discussion about the role of cancer screening test, cholesterol measurement, etc).
- f. Any important clinical events that have occurred since the last visit. For example, visits to the emergency room, visits to subspecialists, hospital admissions, out-patient procedures, etc

Does your HPI follow this ? Yes No

3. The ROS should include:

- a. Pertinent +/- symptoms from those systems which you believe may relate to the cause of the CC and for any of the patient's chronic illnesses
- b. Do not use organ system subtitles (only do this for your physical exam)
- c. Write your ROS in a list format (see below)

Example:

Positive for _____, _____, _____, _____

Negative for _____, _____, _____, _____

Does your ROS follow this ? Yes No

4. The past medical history should include:

- a. Hospitalizations (If relevant to CC)
- b. Medical illnesses/diseases including psychiatric (diagnosis & when diagnosed)
- c. Preventive Care
- d. Significant Injuries & Accidents (If relevant to CC)

- e. Surgeries (for what & when) (If relevant to CC)

Does your PMH follow this ?

Yes No

5. The family history should:

- a. Mirror PMH list (+) and (-) to diseases or conditions in the organ systems you asked about in your ROS, include age of diagnosis ONLY if pertinent
- b. “Not relevant” should NEVER be listed in a SOAP note
- c. You may put “Non-Contributory” if not pertinent for DDX of CC

Does your FHx follow this ?

Yes No

6. The social history should be:

- a. Relevant to CC ONLY, smoking, ETOH, drugs, + any other aspect of SH
- b. Can be in a list or narrative format
- c. “Not relevant” should NEVER be listed in a SOAP note
- d. You may put “Non-Contributory” if not pertinent for DDX of CC

Does your SHx follow this ?

Yes No

7. Current medications/herbs/supplements and allergies should include:

- a. Name, dosage, route, and frequency of medication, one per line
- b. If there is a drug allergy, the reaction should document

Does your medication and allergies follow this ?

Yes No

OBJECTIVE:

8. Are all **vital signs** relative the CC(s) and any chronic conditions documented?

Yes No

9. The **physical exam** should include:

- a. Findings appropriate for the CC and any chronic illnesses
- b. Findings described with appropriate and clear terminology, avoiding “normal” or synonyms, in list format by system/area of body examined, in standard order

Does your vitals and physical exam follow this ?

Yes No

10. Are your diagnostics pertaining to CC that are completed at point of care or reviewed from prior records noted at the END of Objective section?

Yes No

ASSESSMENT:

1. For your assessments:

- a. Number or bullet each assessment
- b. Can be separated or combined with the “plan”
- c. List them in the order of highest to lowest significance/severity

- Established Diagnosis
 - Chronicity (acute/chronic vs. acute on chronic vs. recurrent)
 - Status (worsening/improving, controlled/uncontrolled, stable/unstable)*
 - Evidence supporting your status*
 - Goals of therapy
 - Any complications or side effects

- New Diagnosis
 - At least three potential differentials*
 - Rationale/evidence for selected diagnosis only*
 - Discussion of the status/severity, prognosis, and potential complications*
 - Discussion of next steps and goal

- New Sign or Symptom
 - At least three potential differentials*
 - All pertinent positives and negatives from history, physical exam, and diagnostic data listed for each differential*
 - Identification the most likely or leading diagnosis with rationale/evidence provided*
 - Discussion of next steps and goals of therapy

Do your assessments follow this ? Yes No

2. Are your assessment(s) mentioned in the HPI, ROS, vitals, or physical exam? Yes No

3. The **Plan** should:

- a. Have every sentence should start with a verb (await, order, plan, refer, defer, discontinue, increase, etc)
- b. Address diagnostic, therapeutic, and patient education plans in clear and complete fashion
- c. Include medication names, sig, rx side effects (if newly prescribed), counseling/education/ER precautions, and follow up plan
- d. Align with the differential diagnosis or established problem

Does your plan follow this ? Yes No

4. Did you conclude each note with a **Health Care Maintenance** section? This includes age and sex specific screening tests as well as vaccinations. Yes No

5. Are there **follow-up** instructions mentioned at the conclusion of the note? Yes No

Example:

#1: Dyspnea on Exertion (new diagnosis)

Etiology unclear. Differential includes COPD, ACS, pulmonary malignancy, CHF, and anemia. Favoring COPD given significant smoking history and main presenting symptom of exercise intolerance. He is at increased risk for pulmonary ca though reassuringly there are no signs of cough, hemoptysis, or unintentional weight loss. Less likely ACS (no chest pain and HLD is well controlled) or CHF (recent BNP and echo wnl). Will need additional workup to rule out other cardiac and respiratory causes before initialing any form of therapy.

- Obtain PFTs, EKG, and CXR
- Ordered CBC to r/o anemia

- Return to clinic in 6 weeks (or patient will call sooner if symptoms worsen). At that time, will consider repeat exercise tolerance test and repeat echo to assess LV function

#2: Hyperlipidemia (Chronic)

Controlled. LDL 80, HDL 40; both at target levels on Simvastatin 20 mg/d. Tolerating statin without myalgias.

Anticipate continued disease control with ongoing lifestyle changes and statin therapy.

- Continue Simvastatin at current dose
- Check parenchymal liver enzymes and Creatinine Kinase today and in 6 months to assure no hepatotoxicity
- Follow up in 6 months

#HCM:

- Discussed colonoscopy and low dose CT chest; will follow up at next visit
- Administered Pneumovax today

Follow up: Return to clinic in 6 weeks

Overall:

- | | | |
|---|-----|----|
| 6. Is the note signed? | Yes | No |
| 7. Is your note in narrative format? Address your SOAP note to other medical professionals, not to the patient. The words “ <i>your and you</i> ” should not be in your SOAP note. | Yes | No |
| 8. Is the note organized? (i.e. has appropriate headings, information in correct sections, note is easy to read and has logical flow?) | Yes | No |
| 9. Do the subjective and objective components of this note give you a sense of the provider’s working differential diagnosis or status of an established diagnosis? | Yes | No |
| a. If so, how? If not, why not? | | |
| 10. If you were the next provider to see this patient, does this note effectively communicate this visit, summarize your thought process, and provide actions steps that need to be completed? | Yes | No |
| a. If so, how? If not, why not? | | |

Touro University California
Site Visit Evaluation Form / Class 2024

Overall Percentage _____ %
 Overall Impression (circle one): PASS FAIL

Student: _____ Dates of Clinical Block: _____ to _____

Block #: ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 Site: _____

Specialty: ___PC1 ___PC2 ___PC3 ___PC4 ___ER ___Surgery ___Elective/Variable (type _____)

I. Patient Information

1. Type: Acute Chronic Annual Physical/WCC F/U Visit New Pt.

2. Setting: Hospital Office 3. CC: _____

II. Professional Behavior

PA student wearing student I.D. Done _____ (2) Not Done _____ (0)

Introduces self as a PA student (**must do both to get credit**)

Rapport with patient/caregiver Appropriate _____ (2) Inappropriate _____ (0)

Smooth task transition (Interview/exam) Yes ___ (2) Needs Improvement ___ (1) No ___ (0)

Exhibits professionalism w/ pt/staff/physician Yes ___ (2) Needs Improvement ___ (1) No ___ (0)

III. History

1. Does student review chart before entering room Done _____ (2) Not Done _____ (0)

2. Appropriate vital signs assessed or reviewed (e.g. 3 BPs for HTN patients) Done _____ (2) Not Done _____ (0)

3. Chief complaint, including duration Done _____ (2) Incomplete (1) ___ Not Done _____ (0)

4. OPQRST+ assoc.sx/Appropriate HPI Appropriate _____ (2) Incomplete _____ (1) Not Done ___ (0)

5. Medication(s) (name, dose) Appropriate _____ (2) Incomplete _____ (1) Not Done ___ (0)
 Allergies (Name and Reaction) Appropriate _____ (2) Incomplete _____ (1) Not Done ___ (0)

6. Directed ROS Appropriate _____ (2) Incomplete _____ (1) Not Done ___ (0)

7. PMH Appropriate _____ (2) Incomplete _____ (1) Not Done ___ (0)

8. FH Appropriate _____ (2) Incomplete _____ (1) Not Done ___ (0) N/A ___

9. SH Appropriate _____ (2) Incomplete _____ (1) Not Done ___ (0) N/A ___

Please add additional scoring for additional CCs

10. Additional CC (s): _____
 Chief complaint, including duration Appropriate _____ (2) Incomplete _____ (1) Not Done ___ (0) N/A ___

11. Directed ROS for each additional CC Appropriate ____ (2) Incomplete ____ (1) Not Done __ (0) N/A ____
12. PMH/FH/SH Appropriate ____ (2) Incomplete ____ (1) Not Done __ (0) N/A ____

IV. Physical Examination

1. Washed/Sanitized Hands Done ____ (2) Not Done ____ (0)
2. Directed PE performed based on CC
Systems Examined: Appropriate ____ (2) Incomplete ____ (1) Not Done __ (0)
Systems Missed:
3. Appropriate patient instructions given to facilitate PE Appropriate ____ (2) Incomplete ____ (1) Not Done __ (0)
4. Proper techniques & appropriate equipment is used to gather relevant data Appropriate ____ (2) Incomplete ____ (1) Not Done __ (0)

V. Assessment

1. Formulates appropriate diagnosis(es) Done ____ (2) Incomplete ____ (1) Not Done ____ (0) N/A ____
2. Orders/Identifies appropriate diagnostic studies Done ____ (2) Incomplete ____ (1) Not Done ____ (0) N/A ____
3. Student has rationale for selecting studies (*ask student questions*) Done ____ (2) Incomplete ____ (1) Not Done ____ (0) N/A ____

VI. Plan

1. Formulates proper management (in relation to practice criteria) Appropriate ____ (2) Incomplete ____ (1) Not Done __ (0) N/A ____
2. Explains Mgmt to pt; provide rationale for therapeutic decisions Appropriate ____ (2) Incomplete ____ (1) Not Done __ (0) N/A ____
3. Patient education with respect to Dx, Tx, Complications, etc. Appropriate ____ (2) Incomplete ____ (1) Not Done __ (0) N/A ____
4. Follow-up care arranged/Discussed Done ____ (2) Incomplete ____ (1) Not Done ____ (0) N/A ____
5. Counseling/discussion regarding psychosocial issues is completed Done ____ (2) Incomplete ____ (1) Not Done ____ (0) N/A ____

VII. Oral Presentation

1. Accurately, concisely & efficiently presents case to preceptor or site visitor Appropriate ____ (2) Incomplete ____ (1) N/A ____

_____/60

General Impression:

Did the student miss any global issues that would impact patient care?

Yes _____ No _____

If yes, Please list:

Did the student demonstrate overall competency? Yes _____ No _____

X. An additional Site Visit is recommended Yes _____ No _____

Reasons for additional site visit:

PRECEPTOR COMMENTS

Take a few minutes to talk with the preceptor (remember preceptors will also be completing a thorough, written evaluation of the student). If the preceptor is unavailable, the Clinical Coordinator will call the preceptor at a later time.

The preceptor was available during this site visit. Yes___ No___

The following are SUGGESTED questions to discuss with the preceptor. Mainly, you are trying to determine if there are any glaring problems with the student.

1. Is the student's general fund of medical knowledge satisfactory? Yes___ Somewhat ___ No___ N/A___
2. Are the students History and Physical skills appropriate/ satisfactory? Yes___ Somewhat ___ No___ N/A___
3. Does the student order/ interpret appropriate diagnostic studies? Yes___ Somewhat ___ No___ N/A___
4. Are the student's assessment/management skills satisfactory? Yes___ Somewhat ___ No___ N/A___
5. Is the student exhibiting the expected level of professionalism? Yes___ Somewhat ___ No___
6. Has the student demonstrated knowledge of current practice standards? Yes___ Somewhat ___ No___
7. If deficiencies are noted above, has the preceptor discussed them with student? Yes___ No ___ N/A___
8. What area should the student concentrate on during his/her next Clinical Block (*if applicable*).

STUDENT COMMENTS

What is the student's overall impression of this clinical experience? (A few words are fine).

Evaluator's Name & Signature

Date

Student Name _____ Date of Site visit _____

Site Visitor's Name _____ Site _____ / Setting OP IP ER/ Specialty _____

General Issues Discussed with Student (Ex. Student Adjustment, personal issues)

None

Student Concerns Addressed

None

Student performance deficiencies discussed (General deficiencies, site visit case specific, program concerns)

No specific deficiencies to discuss

Any plans discussed for improvement/reevaluation/continued growth

Student has no safety concerns at the site

Student given a copy

Student emailed a copy/Receipt Confirmation attached

GUIDELINES FOR OBTAINING AND SUBMITTING PRECEPTOR EVALUATIONS OF STUDENT PERFORMANCE

Use the approved forms to obtain evaluations

- Mid-Rotation Feedback Evaluation Form: used for all rotations
- Final Preceptor Evaluation Forms:
 - Form A= PC1, PC2, and PC4
 - Form B = PC3
 - Form C = Emergency Medicine
 - Form D = Surgery Rotation
 - Form E = Elective 1 and 2

Who should complete an evaluation form:

- The main clinical preceptor (MD, DO, PA, NP) with whom you worked the majority of the rotation and who can fully evaluate your clinical abilities and professional behavior.
- Split rotations:
 - Obtain an evaluation from the main preceptor at each rotation.
- Rotations with more than one preceptor:
 - If you spent **equal** time with two preceptors, then you should obtain evaluations from each preceptor. Your grade will be calculated using the average of the evaluations.
 - For practices with more than two providers (as may be the situation in the ER or surgery rotations), you are to obtain an evaluation from the preceptor with whom you spent the majority of time. Refer to the above, if you spent equal time with two preceptors. Submission of evaluation forms from providers with whom you only spent a few days with is not appropriate and will not be accepted.
 - At some sites a preceptor or their representative may complete the form after obtaining input from several team members who have directly supervised the student. This is also appropriate and you should follow the site policies regarding evaluations.
 - All evaluations you receive must be submitted. You may not choose the best evaluation or disregard or destroy any evaluation.
 - You must notify the Director of Clinical Education if you plan to request/submit more than one preceptor evaluation for a rotation. You must also provide the names of the preceptors that will be submitting forms.
 - **Once a rotation grade has been calculated, no further evaluations will be considered.**

Completion of the **Mid-Rotation Feedback Evaluation Form:**

- Must be completed and uploaded into Canvas by 11:59 pm PST on the designated due date.
- It is the student's responsibility to ensure the uploaded PDF document is visible/readable and legible.

Completion of the **Final Preceptor Evaluation Form:**

- Preceptors may complete final evaluations electronically (through a secure email generated by the Program through Typhon) or on paper.
 - If a preceptor has indicated on the student's mid-rotation evaluation that they would prefer to complete the final evaluation electronically, it will be sent to them at the start of the final week of the rotation. **Note: It is the student's responsibility to ensure that the preceptor is provided a paper copy of the final evaluation form- even if the preceptor plans to submit it electronically.*

- If a preceptor prefers to complete the final evaluation on paper, the student must provide the evaluation form to the preceptor(s) at the start of the final week of the rotation to allow ample time for completion.
- Evaluation forms must be completed before the student leaves the rotation site.
- Preceptors should be free to fill out these forms without the student being present. It is **not** appropriate for a student to be standing next to the preceptor during the completion of the form. After completing the evaluation, the preceptor may review it with the student. Students may discuss a preceptor's evaluation in a calm manner but should **never** be argumentative, aggressive or debate the evaluation. Should the preceptor choose not to review the evaluation with the student, the student will be given the opportunity upon returning to campus to review all evaluations.

Submission of Final Preceptor Evaluation:

- Electronic submissions will be sent directly to the Program.
- Paper submissions:
 - The evaluation must be placed in sealed envelope with the preceptor's signature across the seal.
 - The student is responsible for submitting the sealed envelope to the Program.
 - If the preceptor wishes to mail it directly, then the student must provide a stamped envelope addressed to the Program. The student must notify the Director of Clinical Education immediately via email.
 - The sealed envelope may be hand-delivered or mailed to:
Touro University California, MSPAS/MPH Program, Attn Clinical Team 1310 Club Dr,
Vallejo, CA 94592

Any falsification of evaluation forms or logs, forgery of signatures, tampering with or destruction of evaluation forms is prohibited and will be referred to the SPC and may be grounds for disciplinary action, up to and including program dismissal.

**Touro University California Joint
MSPAS/MPH Program
Mid-Rotation Feedback Evaluation**

Please provide feedback on our student's progress mid-way through the rotation.

Student: _____ **Rotation** _____ **Block:** _____

	On the right track, learning appropriately	Emphasize more study and practice in this area	Area of concern	Not Applicable
1. Medical/Surgical Fund of Knowledge				
2. History Taking Skills				
3. Physical Exam Skills				
4. Interpreting Labs-Tests				
5. Formulating Differential Diagnoses				
6. Management and Treatment Plans				
7. Documentation: Concise & Pertinent				
8. Oral Presentation: Concise & Pertinent				
9. Patient Education Knowledge				
10. Technical skills (e.g. diagnostic/ therapeutic procedures, suturing, etc.)				
Professional Behavior:				
1. Communication Skills w/Patients/Caregivers				
2. Rapport with patients/caregivers				
3. Rapport with clinic staff				
4. Enthusiasm & self-motivation				
5. Accepts criticism				
6. Recognizes own limitations				
7. Functions well in a team				
8. Displays cultural competency				
9. Dependable & Punctual				
10. Adheres to dress code including ID Badge & White Coat (if required)				

Specific Examples/Commentary: _____

Clinical Preceptor (Signature): _____ **Date:** _____

Clinical Preceptor (PRINTED Name): _____

Clinical Preceptor (Email)*: _____

**Note: Final Rotation Evaluations can now be offered electronically. Please indicate your preference:*

- YES- I would like to complete this student's final evaluation electronically, use the above email address
- NO- I prefer to complete the student's final evaluation on paper and return it by mail to the Program

STUDENT: *It is your responsibility to ensure that the information written above is legible (specifically the email address of your preceptor, if provided). The completed Mid-Rotation Evaluation should be returned by the student to the program by uploading into the corresponding location in Canvas by 11:59pm PST on the designated due date.*

**Touro University California
Joint MSPAS/MPH Program**

FINAL PRECEPTOR EVALUATION - FORM A (PC1, PC2, PC4)

Your evaluation of the student's progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.

STUDENT:		MEETS EXPECTATIONS Knowledge as expected	APPROACHING EXPECTATIONS Knowledge not meeting expectations	BELOW EXPECTATIONS Poor/ Unacceptable performance	NOT OBSERVED (N/O)/ NOT APPLICABLE (N/A)
Preceptor:					
Rotation Title: Family/Internal Medicine/ OB/Gyn/Pediatrics	Block:				
Rotation Dates:					
GENERAL CLINICAL KNOWLEDGE / SKILLS		3	2	1	
1. Medical fund of knowledge					
2. History taking skills					
3. Physical examination skills					
4. Clinical reasoning skills (Data integration/DDX development)					
5. Ordering and interpreting laboratory and diagnostic tests					
6. Develops appropriate Assessment					
7. Implements appropriate Management/Treatment plan					
8. Provides appropriate patient education and counseling					
9. Oral Presentation Skills					
10. Encounter documentation/medical records					
LEARNING OUTCOMES – FM/IM					
Formulate DDX, perform a problem-oriented HX/PE, and order standard diagnostic tests for a patient presenting with the following symptoms:					
a. Dysuria					
b. Dyspnea					
c. Cough					
d. Rectal Bleeding					
e. Rash					
f. Diarrhea					
g. Constipation					
h. Abdominal pain					
Formulate a DDX, perform a problem-oriented HX/PE, and order standard diagnostic tests for a patient presenting with the following diagnosis:					
a. Hypertension					
b. Low Back Pain					
c. Diabetes Mellitus Type 2					
d. Hyperlipidemia					
e. COPD					
f. CHF					
g. Osteoarthritis					
Perform a complete HX/PE on a patient for a routine annual visit.					
Identify CV risk factors and appropriately determine lifestyle modifications and/or medication management.					
Appropriately educate patients substance misuse/dependency disorders (e.g., nicotine, alcohol, opioid, or other commonly abused substances).					
Identify patients classified as overweight/obese and educate on lifestyle modification.					
Through diagnostic testing of a patient, identify patients at risk of developing diabetes mellitus type 2 through appropriate diagnostic testing.					

Provide patient education on colorectal cancer screening and recommend/perform the appropriate screening.				
Please evaluate student on the following additional learning outcomes	MEETS EXPECTATIONS Knowledge as expected	APPROACHING EXPECTATIONS Knowledge not meeting expectations	BELOW EXPECTATIONS Poor/Unacceptable performance	NOT OBSERVED (N/O)/ NOT APPLICABLE (N/A)
<input type="checkbox"/> <i>Check here if little or no Women's Health care provided during this rotation</i>				
<input type="checkbox"/> <input type="checkbox"/> <i>Check here if little or no Pediatric care provided during this rotation</i>				
LEARNING OUTCOMES – OB/Gyn	3	2	1	
GYNECOLOGICAL CARE				
Elicit a problem-oriented history to include a sexual history, contraceptive history and gravidity/parity				
Perform an age appropriate routine gynecological (wellness) exam including reproductive health diagnostic screening, patient education, and counseling as needed.				
Evaluate and manage patients presenting with abnormal vaginal bleeding or discharge.				
Appropriately screen a patient for a sexually transmitted infection and provide the correct treatment				
Conduct patient education on contraceptive use; develop a management plan.				
Manage peri-menopausal and menopausal symptoms.				
PERINATAL CARE				
Provide appropriate perinatal specific patient education				
Calculate the estimated date of delivery and gestational age using date of last menstrual period or abdominal ultrasound.				
Provide prenatal care to a pregnant patient				
Determine fetal positioning by conducting an abdominal physical exam on a pregnant patient and confirm the presence of fetal heart tones.				
Accurately identify the clinical presentation of a pregnancy at risk for complications				
LEARNING OUTCOMES - Pediatrics				
INFANTS	3	2	1	N/O N/A
Perform a well-child exam on and infant				
Identify and assess developmental milestones				
Chart normal development and growth				
Initiate and manage an infant's immunization schedule				
Formulate a DDX, perform a problem-oriented HX/PE, and order standard diagnostic tests for an infant presenting with fever				
CHILD				
Perform a well child exam on a toddler and child				
Manage a patient presenting with ear pain and symptoms indicative of an HEENT infection				
Update and manage a child's age-appropriate immunization schedule				
Formulate a DDX, perform a HX/PE, and order diagnostic tests for a child presenting with a pulmonary complaint.				
Formulate a DDX, perform a HX/PE, and order diagnostic tests for a child presenting with a dermatological complaint.				
Formulate a DDX, perform a HX/PE, and order diagnostic tests for a child presenting with a gastrointestinal complaint.				
ADOLESCENT				
Assess the stages of growth and development using the Tanner Scale				
Provide obesity screening, patient nutritional and exercise education				
Provide education and screening for STIs				
Provide education and screening for mental illness (anxiety, depression, substance use, suicidal ideation)				

INTERPERSONAL SKILLS/PROFESSIONALISM	YES (2)	Inconsistent (1)*	No (0)*
Communicates effectively and appropriately with patients, develops rapport			
Team player, works well and is respectful of other clinicians & clinic staff			
Demonstrates ethical behavior, protects confidentiality			
Exercises sound judgment			
Recognizes own limitations; seeks help when needed			
Seeks additional learning opportunities, enthusiastic, self-motivated			
Demonstrates appropriate response to criticism and feedback			
Is attentive to detail			
Is dependable & punctual			
Completes tasks in a timely manner			
Demonstrates cultural competency			
Dressed Professionally including wearing appropriate ID badge & White Coat (if required)			

Overall Impression: Do you feel that the student should pass this rotation: Yes No Please Call Me

Comments and Explanation:

Have you discussed the content of this evaluation with the student? Yes No

Clinical Preceptor Signature: _____ Date: _____

If you have suggestions regarding the Program’s curriculum, please comment below.

Mail to: Touro University California, MSPAS/MPH Program, Attn Clinical Team
 1310 Club Drive, Vallejo, CA 94592

Touro University California Joint MSPAS/MPH Program

CLINICAL FINAL PRECEPTOR EVALUATION - FORM B (PC3)

Your evaluation of the student's progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.

STUDENT:		MEETS EXPECTATIONS Knowledge as expected	APPROACHING EXPECTATIONS Knowledge not meeting expectations	BELOW EXPECTATIONS Poor/ Unacceptable performance	NOT OBSERVED (N/O)/ NOT APPLICABLE (N/A)
Preceptor:					
Rotation Title: Geriatrics/Behavioral Medicine	Block:				
Rotation Dates:					
<i>GENERAL CLINICAL KNOWLEDGE / SKILLS</i>		3	2	1	
1. Medical fund of knowledge					
2. History taking skills					
3. Physical examination skills					
4. Clinical reasoning skills (Data integration/DDX development)					
5. Ordering and interpreting laboratory and diagnostic tests					
6. Develops appropriate Assessment					
7. Implements appropriate Management/Treatment plan					
8. Provides appropriate patient education and counseling					
9. Oral Presentation Skills					
10. Encounter documentation/medical records					
<i>LEARNING OUTCOMES - Geriatrics</i>					
Assess a geriatric for potential falls					
Conduct a medication review to determine if some medications may be discontinued in a situation of polypharmacy.					
In a geriatric patient, determine osteopenia/osteoporosis risk and management using FRAX and DEXA scan screening.					
In a patient presenting with cognitive impairment, perform a MMSE, problem-focused HX/PE to determine reversible vs. nonreversible disorders of cognition					
Assess and refer for the correction of hearing and/or visual impairment					
Appropriately make recommendations for immunizations (pneumococcal pneumonia, influenza, herpes zoster, and/or tetanus)					
<i>LEARNING OUTCOMES – Behavioral Medicine</i>					
Perform a mental status and depression screening with a patient					
Appropriately formulate a DDX, perform a problem-oriented HX/PE, and order standard diagnostic tests for 3-5 of the following:					
a. Depression					
b. Anxiety					
c. Substance Use Disorder					
d. Eating Disorder					
e. Sleep Disorders					

INTERPERSONAL SKILLS/PROFESSIONALISM	YES (2)	Inconsistent (1)*	No (0)*
Communicates effectively and appropriately with patients, develops rapport			
Team player, works well and is respectful of other clinicians & clinic staff			
Demonstrates ethical behavior, protects confidentiality			
Exercises sound judgment			
Recognizes own limitations; seeks help when needed			
Seeks additional learning opportunities, enthusiastic, self-motivated			
Demonstrates appropriate response to criticism and feedback			
Is attentive to detail			
Is dependable & punctual			
Completes tasks in a timely manner			
Demonstrates cultural competency			
Dressed Professionally including wearing appropriate ID badge & White Coat (if required)			

Overall Impression: Do you feel that the student should pass this rotation: Yes No Please Call Me

Comments and Explanation:

Have you discussed the content of this evaluation with the student? Yes No

Clinical Preceptor Signature: _____ Date: _____

If you have suggestions regarding the Program’s curriculum, please comment below.

Mail to: Touro University California, MSPAS/MPH Program, Attn Clinical Team
 1310 Club Drive, Vallejo, CA 94592

**Touro University California
Joint MSPAS/MPH Program**

CLINICAL FINAL PRECEPTOR EVALUATION - FORM C (EM)

Your evaluation of the student's progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.

STUDENT:		MEETS EXPECTATIONS Knowledge as expected	APPROACHING EXPECTATIONS Knowledge not meeting expectations	BELOW EXPECTATIONS Poor/ Unacceptable performance	NOT OBSERVED (N/O)/ NOT APPLICABLE (N/A)
Preceptor:					
Rotation Title: EMERGENCY MEDICINE	Block:				
Rotation Dates:					
GENERAL CLINICAL KNOWLEDGE / SKILLS		3	2	1	
1. Medical fund of knowledge					
2. History taking skills					
3. Physical examination skills					
4. Clinical reasoning skills (Data integration/DDX development)					
5. Ordering and interpreting laboratory and diagnostic tests					
6. Develops appropriate Assessment					
7. Implements appropriate Management/Treatment plan					
8. Provides appropriate patient education and counseling					
9. Oral Presentation Skills					
10. Encounter documentation/medical records					
LEARNING OUTCOMES					
EMERGENT					
Conduct a HX/PE to determine vascular and neurological status in a patient presenting with a fracture.					
Develop an appropriate DDX, perform a problem-oriented HX/PE, and order standard diagnostic tests for a patient presenting with the following acute clinical presentations:					
a) Trauma and/or Shock					
b) Respiratory Distress					
c) Chest Pain					
d) Acute Headache					
e) Weakness and numbness					
ACUTE					
Appropriately assess, manage and repair an acute laceration with minimal supervision from the preceptor.					
Accurately interpret an ECG for a patient presenting with chest pain					
Appropriately assess a patient and determine which patients have life-threatening versus non-life-threatening medical conditions.					
Formulate a DDX, perform a problem-oriented HX/PE, and order standard diagnostic tests for a patient presenting with the following:					
a) Acute GI bleed					
b) Acute Back Pain					
c) Acute Abdomen					
Appropriately consult with admitting provider to prepare a patient for hospital admission.					

<i>INTERPERSONAL SKILLS/PROFESSIONALISM</i>	YES (2)	Inconsistent (1)*	No (0)*
Communicates effectively and appropriately with patients, develops rapport			
Team player, works well and is respectful of other clinicians & clinic staff			
Demonstrates ethical behavior, protects confidentiality			
Exercises sound judgment			
Recognizes own limitations; seeks help when needed			
Seeks additional learning opportunities, enthusiastic, self-motivated			
Demonstrates appropriate response to criticism and feedback			
Is attentive to detail			
Is dependable & punctual			
Completes tasks in a timely manner			
Demonstrates cultural competency			
Dressed Professionally including wearing appropriate ID badge & White Coat (if required)			

Overall Impression: Do you feel that the student should pass this rotation: Yes No Please Call Me

Comments and Explanation:

Have you discussed the content of this evaluation with the student? Yes No

Clinical Preceptor Signature: _____ Date: _____

If you have suggestions regarding the Program’s curriculum, please comment below.

Mail to: Touro University California, MSPAS/MPH Program, Attn Clinical Team
 1310 Club Drive, Vallejo, CA 94592

**Touro University California
Joint MSPAS/MPH Program**

CLINICAL FINAL PRECEPTOR EVALUATION - FORM D
(Surgery)

Your evaluation of the student's progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.

STUDENT:		MEETS EXPECTATIONS Knowledge as expected	APPROACHING EXPECTATIONS Knowledge not meeting expectations	BELOW EXPECTATIONS Poor/ Unacceptable performance	NOT OBSERVED (N/O)/ NOT APPLICABLE (N/A)
Preceptor:					
Rotation Title: SURGERY	Block:				
Rotation Dates:					
GENERAL CLINICAL KNOWLEDGE / SKILLS		3	2	1	
1. Medical fund of knowledge					
2. History taking skills					
3. Physical examination skills					
4. Clinical reasoning skills (Data integration/DDX development)					
5. Ordering and interpreting laboratory and diagnostic tests					
6. Develops appropriate Assessment					
7. Implements appropriate Management/Treatment plan					
8. Provides appropriate patient education and counseling					
9. Oral Presentation Skills					
10. Encounter documentation/medical records					
LEARNING OUTCOMES					
PRE-OP					
Elicit a history and conduct pre-op physical examination for a surgical patient.					
Write an accurate pre-op note for a surgical patient.					
In a patient presenting with an acute complaint, perform a problem-oriented HX/PE, order standard diagnostic tests, and develop an appropriate DDX.					
INTRA-OP					
Perform surgical scrub, gown and glove using sterile technique					
Correctly identify surgical instruments, needles, and suture material for a surgical case					
Close a surgical wound using appropriate stapling or suturing techniques.					
Appropriately assist with surgical procedures under direct supervision of the surgeon.					
POST-OP					
Perform post-operative wound care and appropriately identify signs of infection.					
Accurately write a post-operative note.					
In a patient with post-operative fever, perform an appropriate history, physical exam, and assess the need for antibiotic therapy.					
In a post-operative patient returning for a follow-up visit, use proper techniques to remove staples or sutures.					

INTERPERSONAL SKILLS/PROFESSIONALISM	YES (2)	Inconsistent (1)*	No (0)*
Communicates effectively and appropriately with patients, develops rapport			
Team player, works well and is respectful of other clinicians & clinic staff			
Demonstrates ethical behavior, protects confidentiality			
Exercises sound judgment			
Recognizes own limitations; seeks help when needed			
Seeks additional learning opportunities, enthusiastic, self-motivated			
Demonstrates appropriate response to criticism and feedback			
Is attentive to detail			
Is dependable & punctual			
Completes tasks in a timely manner			
Demonstrates cultural competency			
Dressed Professionally including wearing appropriate ID badge & White Coat (if required)			

Overall Impression: Do you feel that the student should pass this rotation: Yes No Please Call Me

Comments and Explanation:

Have you discussed the content of this evaluation with the student? Yes No

Clinical Preceptor Signature: _____ Date: _____

If you have suggestions regarding the Program’s curriculum, please comment below.

Mail to: Touro University California, MSPAS/MPH Program, Attn Clinical Team
 1310 Club Drive, Vallejo, CA 94592

**Touro University California
Joint MSPAS/MPH Program**

CLINICAL PRECEPTOR EVALUATION - FORM E

(Electives 1 & 2)

Your evaluation of the student's progress is a significant factor in the overall grade for the rotation. Please check the appropriate box. Be as specific as possible in the comments section.

STUDENT:		MEETS EXPECTATIONS Knowledge as expected	APPROACHING EXPECTATIONS Knowledge not meeting expectations	BELOW EXPECTATIONS Poor/ Unacceptable performance	NOT OBSERVED (N/O)/ NOT APPLICABLE (N/A)
Preceptor:					
Rotation Title: ELECTIVE 1 OR 2	Block:				
Rotation Dates:					
<i>CLINICAL KNOWLEDGE / SKILLS</i>					
1. Medical fund of knowledge					
2. History taking skills					
3. Physical examination skills					
4. Clinical reasoning skills (Data integration/DDX development)					
5. Ordering and interpreting laboratory and diagnostic tests					
6. Develops appropriate Assessment					
7. Implements appropriate Management/Treatment plan					
8. Provides appropriate patient education and counseling					
9. Oral Presentation Skills					
10. Encounter documentation/medical records					
11. Technical skills (suturing, procedures, etc)					
<i>INTERPERSONAL SKILLS/PROFESSIONALISM</i>		YES (2)	Inconsistent (1)*		No (0)*
Communicates effectively and appropriately with patients, develops rapport					
Team player, works well and is respectful of other clinicians & clinic staff					
Demonstrates ethical behavior, protects confidentiality					
Exercises sound judgment					
Recognizes own limitations; seeks help when needed					
Seeks additional learning opportunities, enthusiastic, self-motivated					
Demonstrates appropriate response to criticism and feedback					
Is attentive to detail					
Is dependable & punctual					
Completes tasks in a timely manner					
Demonstrates cultural competency					
Dressed Professionally including wearing appropriate ID badge & White Coat (if required)					

Have you discussed the content of this evaluation with the student? Yes No

Clinical Preceptor Signature: _____ Date: _____

If you have suggestions regarding the Program's curriculum, please comment below.



Mail to: Touro University California, MSPAS/MPH Program, Attn Clinical Team
1310 Club Drive, Vallejo, CA 94592

**Touro University California
Joint MSPAS/MPH Program**

CLINICAL YEAR STUDENT TIME OFF REQUEST FORM

Student Name: _____ Date Submitted: _____

ALL INFORMATION IS REQUIRED. INCOMPLETE FORMS WILL BE RETURNED.

Initial requests for time off due to the Program 30 days prior to the first day requested off.
Student must obtain Preceptor approval no sooner than 2 weeks prior to the start of the rotation.

Date(s) requested off: _____

- Religious Observance: Identify observance below
- Holiday: Identify observance below
- Other: Explain below, in detail, the reason for time requested off

Explanatory information as indicated above: (Attach additional sheets as needed)

Due to the Covid-19 related impact, all students seeking time off must be prepared to obtain a SARS-CoV-2 test upon their return to their clinical site, at their own expense. The Program, Preceptor(s), and Clinical Sites reserve the right to determine if a Covid-19 test is required to resume the clinical rotation, which might occur at short notice due to rapidly changing recommendations and guidelines across the country and among various counties. Students must provide the name, address, & phone number of a testing site where they can obtain an asymptomatic SARS-CoV-2 test should this be required upon their return to the clinical rotation after their time off.

Testing Site, Address & Phone number:

By signing below, I agree to obtain a SARS-CoV-2 test upon my return to the clinical rotation/site, should I be requested to do so by the Program, Preceptor, or Clinical Site for any reason. I understand that this requirement may be provided to me in short notice and it will be at my own expense. Should I decline to obtain the requested testing, I understand that I will not be able to continue the rotation and will need to make-up the entire 6-week block at the end of the clinical year prior to graduation. If travel guidelines or restrictions change, resulting in the need for a period of quarantine of 10 or more days upon my return after taking time off, I understand that I may not be able to continue the rotation and will need to make-up the entire 6-week block at the end of the clinical year prior to graduation. If I obtain testing and my results are inconclusive or positive, I understand that this may result in the need for a period of quarantine or isolation for 10 or more days. As such, I may not be able to continue the rotation and will need to make-up the entire 6-week block at the end of the clinical year prior to graduation. Furthermore, if I test positive, I agree to immediately notify TUC student health.

Student Signature: _____ Date: _____

**Submission of this request does not constitute approval by the Program or the Preceptor. Students should not assume a request has been granted until a notification has been sent.*

This page is reserved for Program & Preceptor responses:

- Program Response: Approved, with Preceptor/Site request indicated below:
 Make up time at Preceptor discretion Make up time REQUIRED
- Denied
Reason for Denial:

Signature: _____ Date: _____
(Director of Clinical Education)

Preceptor Response (please select ONE):

- Student may resume their rotation with me/at my site without a SARS-CoV-2 test. Should this request change, I will notify the Program immediately.
**Contact: Jennifer Pimentel: Jpimente@touro.edu*
- I request that the student obtain SARS-CoV-2 test upon their return from time off, within 72 hours of resuming their rotations with me/at my site.

Signature: _____ Date: _____
(Preceptor)

Clinical Year Case Presentations

The Call Back Clinical Case Presentation is a detailed narrative in which students share a perplexing, challenging, or unique clinical patient scenario that they encountered during a clinical rotation. Similar to grand rounds, the clinical case presentation is designed to allow students to share their experiences and challenges and contribute meaningfully to the knowledge and education of their clinician peers. Additionally, completion of the case presentation and corresponding class handout is intended to encourage students to become involved in medical research and act as an introduction to medical writing.

The presenting student is expected to “work through” a case including formulating a clinical question and/or stating the patient’s problem, performing a literature search to find the best evidence-based data of the differential diagnosis derived from the patient’s problem and critically analyze that data, while applying the evidence to the clinical encounter. The student’s presentation and corresponding class handout should follow the CARE (CAse REport) guidelines as much as possible, which has become a standard for scientific writing in health and medicine. Each student will be given 15 minutes to present their case, followed by an additional 5-10 mins for audience questions.

Case Choice:

Your chosen case must meet one or more of the following criteria:

1. The case illustrates a diagnostic or therapeutic problem you encountered
2. The case presents an illness or disease not covered during the didactic year
3. The case describes a new disease or one that is rarely encountered
4. The case illustrates how a patient’s ethnicity, culture, or spiritual beliefs contributed to the disease or illness and affected their treatment and outcomes

Technology Format:

Students must use a presenting program/platform such as Power Point, Keynote, Prezi, Google Slides, etc.

Presentation Format:

Presenting your chosen case study should begin with an introduction explaining the context and relevance of the case, followed by the patient story. This should be a narrative that includes the patient’s presenting problem or complaint, your differential diagnosis based on the presenting complaint, the subjective and objective clinical findings identified during the patient encounter, all relevant diagnostic studies performed, and clinical interventions that were proposed and chosen. The patient outcomes including any adverse events, and follow-up should also be included. The presentation should conclude with a discussion of the rationale for any conclusions made and “clinical pearls” or key takeaway points.

Your presentation must include the following 8 sections. (*Applicable CARE guidelines items are referenced for you as well*):

1. Title (CARE item #1)
 - The diagnosis or intervention of primary focus followed by the words “case report”
2. Introduction (CARE item #4)
 - One or two brief paragraphs summarizing why this case is unique and why you chose it (*bullet points with adequate narration are acceptable too*)

3. Patient Information (CARE item #5a thru 5d)
 - De-identified demographic information of the patient (if relevant, you can include age, gender, ethnicity, occupation, etc.)
 - Chief complaint or primary concern/symptoms of the patient
 - Your differential diagnosis determined from the chief complaint or primary concern/symptoms of the patient.
 - Relevant medical, family, and psychosocial history of the patient. Be sure to include:
 - Details about relevant comorbidities or chronic illnesses
 - Psychosocial history, including lifestyle when relevant
 - Genetic information if relevant
 - *Note: If relevant to the case, provide a timeline of key events in the patient's history (CARE item #7)*
 - Information regarding past treatments and interventions, including the outcomes
4. Clinical Findings (CARE item #6)
 - Describe relevant physical examination findings and any other important clinical findings
5. Diagnostic Assessment (CARE item #8a thru 8d)
 - Diagnostic methods utilized (such as physical exams performed, laboratory testing, imaging, questionnaires/surveys)
 - Diagnostic challenges (such as access to testing, financial, or cultural)
 - Diagnostic reasoning (including a discussion of the other diagnoses you considered and how you were able to rule those out)
 - Prognosis or staging when applicable (such as staging in oncology)
6. Therapeutic Interventions (CARE item #9a thru 9c)
 - Types of therapeutic intervention that were used and/or recommended (such as pharmacologic, surgical, preventive, self-care)
 - Administration of therapeutic intervention (such as dosage, strength, duration)
 - Any changes made to the therapeutic intervention (with rationale for the change)
7. Follow-up and Outcomes (CARE item #10a thru 10d)
 - When applicable, include clinician and patient-assessed outcomes- this can include objective measures such as lab tests results, or may be subjective outcomes perceived by the patient
 - Important follow-up diagnostics and other test results (including results if available)
 - Intervention adherence and tolerability (when applicable, include how was this assessed)
 - Adverse and unanticipated events
 - *Note: If possible and relevant, include the patient's perspective on the treatment(s) they received (CARE item #12)*
8. Discussion (CARE item #11a & 11d)
 - A scientific discussion of the strengths AND limitations you encountered while managing this patient
 - The primary “take-away” lessons of this case report (without references)

Class Handouts:

Students will be required to provide a bullet point/quick reference handout of the case study topic (*not a summary of the clinical encounter*). The handout should NOT be a full narrative, nor a copy and paste of your presentation. The purpose of the handout is to provide your medical colleagues a quick snapshot of information about the disease/illness so it can be referenced at a later date.

Your handout must include the following 5 sections. (*Applicable CARE guidelines items are referenced for you as well*):

1. Title (CARE item #1)
 - The diagnosis or intervention of primary focus (this should be very similar to your presentation title)
2. Key Words (CARE item #2)
 - 2 to 5 key words that identify diagnoses or interventions in this case report, including "case report". (*Note: Keywords help identify the focus of a case report and, if you were to publish a case study, they would be the terms used to find your publication in a database search*)
3. Disease/Illness fact sheet (CARE item #11b)
 - A summary of the relevant medical literature and findings. You must include the following:
 - a. Brief description/definition of the diagnosis including diagnostic criteria (*when applicable*)
 - b. A summary of the “classic” signs and symptoms
 - Include what should be on your differential diagnosis list when a patient presents with these signs & symptoms
 - c. A summary of the “classic” physical exam findings, lab results, and diagnostic findings
 - Include how these objective findings help discriminate between the various diseases/illnesses on your differential diagnosis list
 - d. The standard treatment options (*describe first, second, and third line options*), comparing the risks/benefits of each choice and the goals of treatment (both initial and long-term)
 - e. Any impact that ethnic, cultural, or spiritual beliefs might have on the diagnosis, treatment, or anticipated outcomes
4. Key take-away points (“Clinical Pearls”) about the diagnosis
5. List the references/resources you used (a minimum of 3)

Grading:

As stated in the clinical year handbook, failure to complete the case presentation on the assigned day demonstrates a lack of professionalism and may result in automatic failure and placement on academic probation. Students are required to pass the case presentation with a grade of 75%. Failure of the case presentation will result in a program warning and the student will be required to generate a new case presentation(s) to present until a grade of 80% is achieved.

Clinical Year Case Presentation Grading Rubric

Student:

Title/Topic of case:

Clinical question/why this case was chosen:

1. Title, Introduction

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as 1) Chosen case meets specified criteria and the title follows CARE guidelines 2) Introduction is brief, succinct and 1-2 paragraphs in length (<i>bullet points with narration is acceptable too</i>) 3) Introduction summarizes uniqueness of this case study			
	Needs Improvement	Good	Very good	Excellent
Fail	1-2	3-4	5-6	7-9

2. Patient Information

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as a presentation that includes 1) Demographic information that is relevant to the case and de-identifies the patient 2) A discussion of the patient's chief complaint and primary symptomology 3) A differential list that includes relevant diagnoses based on the patient's presenting complaint 4) Pertinent components of the PMHx including the presence/absence of comorbidities 5) Pertinent components of the family history 6) Relevant components of the psychosocial history 7) Information regarding past treatments and interventions, including the outcomes			
	Needs Improvement	Good	Very good	Excellent
Fail	1-5	6-10	11-15	16-20

3. Clinical Findings & Diagnostic Assessments

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as a presentation that includes 1) Pertinent physical examination findings and their relevance to the final diagnosis 2) A discussion of the diagnostic methods used including test results 3) Describes barriers and challenges to making the diagnosis 4) An explanation of your clinical reasoning, describing the differential diagnoses you originally considered and how you were able to rule them out 5) Patient prognosis (<i>when applicable</i>)			
	Needs Improvement	Good	Very good	Excellent
Fail	1-3	4-6	7-9	10-12

4. Therapeutics

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as a presentation that describes 1) The types of therapeutic interventions considered and recommended to the patient, including non-pharm and preventative 2) Information regarding the chosen intervention including drugs, dosage, schedule and duration 3) Changes that were made to the therapeutic regimen and/or a discussion of anticipated changes (<i>if student was not present during follow-up</i>)			
	Needs Improvement	Good	Very good	Excellent

Fail	1-3	4-6	7-9	10-12
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5. Follow-up and Outcomes

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as a presentation that describes 1) Important follow-up assessments including any labs/diagnostics needed to evaluate the chosen therapeutic regimen 2) Patient adherence to and tolerability of the therapeutic intervention 3) Adverse events or unanticipated outcomes			
	Needs Improvement	Good	Very good	Excellent
Fail	1-2	3-4	5-6	7-9

6. Class Handout

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as a handout that includes 1) A defining title with corresponding key words 2) A brief description of the diagnosis including diagnostic criteria (<i>when applicable</i>) 3) Typical signs & symptoms of the diagnosis including what should be included on a differential 4) Expected physical exam and diagnostic findings that discriminate between the diagnosis and the differential 5) A summary of the treatment modalities available including when to choose each 6) The initial versus long-term goals of treatment 7) An explanation of how ethnic, cultural, or spiritual beliefs might impact making the diagnosis, the therapeutics use, and/or the expected outcomes 8) Key “clinical pearls” 9) A broad and up-to-date list of references that are evidence-based (<i>minimum of 3</i>)			
	Needs Improvement	Good	Very good	Excellent
Fail	1-6	7-12	13-19	20-27

7. Overall Impression

Incomplete or Inaccurate	<u>Excellent</u> in this category is defined as 1) A presentation that is focused and relevant, follows provided guidelines, and is appropriate length 2) Oral presentation is well-paced, professional medical terminology is used, thorough preparation is reflected, ideas are presented in logical order 3) Presenter demonstrates thorough understanding of content, makes good eye contact, avoids distracting gestures, answers audience questions/comments with authority and accuracy 4) Handout is well developed, provides accurate and relevant information, reflects depth on topic, contains no grammar errors			
	Needs Improvement	Good	Very good	Excellent
Fail	1-2	3-5	6-8	9-11

Additional Comments/Feedback: _____

Faculty Grader: _____

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Touro University California

Blood/ Body Fluid Exposure Protocol

Student Responsibilities:

- Receive office/department orientation regarding infection control policy and post exposure management procedures.
- Utilize appropriate barrier precautions during the administration of care to all individuals.
- Utilize appropriate safety devices for the handling/disposing of contaminated sharp instruments or other equipment.
- Immediately report accidental needle sticks and exposure to blood or body fluids.* (see below)
- Initiate immediate intervention for the management of accidental exposure to blood or body fluids.* (see below)
- Provide health education to individuals and groups regarding the prevention, transmission and treatment of HIV.

*Accidental/Occupational Exposure Procedure

In the event of an accidental/occupational exposure to blood or body fluids, which includes accidental needle sticks, the student will:

- Immediately** wash the area of exposure with soap and water.
- Immediately** report the incident to instructor, preceptor or supervisory personnel and to Touro University California, Student Health Services. (707) 638-5220.
- Initiate** referral to the nearest Emergency Department, Clinic, or Private Physician for post exposure management.
- STUDENTS WILL ADVISE TOURO UNIVERSITY CALIFORNIA, STUDENT HEALTH SERVICES OF THE INCIDENT WITHIN 24 HOURS** of the occurrence, leaving a message if there is no answer. Student Health Services will be responsible for notifying the respective program (COM, COP, PA) through the designated clinical coordinator of that program.
- Complete** a Touro University **Incident Report Form AND Blood- Body Fluid Exposure Report. Send the completed forms to:**
 - Touro University-California
 - Attention: Student Health Center
 - 1310 Club Drive - Building H89, Suite
 - 1537 Vallejo, California 94592
 - Fax to: 707-638-5261 or Email to: tuc.studenthealth@touro.edu
- Decisions regarding post exposure management, prophylaxis and follow-up will be made upon recommendation of the care provider. Touro University California, Student Health Services require a minimum of obtaining a baseline screening for HIV and a Hepatitis panel (to include antibodies) and to update any needed immunizations.
- BE ADVISED THAT THE SCHOOL IS NOT LIABLE FOR HEALTH CARE COSTS ACCRUED IF AN EXPOSURE OCCURS. STUDENTS ARE EXPECTED TO SUBMIT CLAIMS TO THEIR OWN MEDICAL HEALTH INSURANCE.**
- Touro University California, Student Health Services will be available to guide the student as to further follow-up based on current CDC guidelines in conjunction with the treating physician.

BLOOD-BODY FLUID EXPOSURE REPORT

Date: _____

Name of Student: _____

Date and Time of Exposure: _____

Name of Site: _____

Type of Exposure:

- Percutaneous- Needle-stick or cut through skin
- Mucous Membrane- Splash into eye or mouth
- Cutaneous- Contact with exposed, chapped, abraded, dermatitis skin with large amount of blood or prolonged time

Description of Incident: _____

Person notified at the site: _____

Witnesses: _____

Date and Time of Site Notification: _____

Student Tested: yes no

Counseling offered: yes no If so, by whom: _____

Treatment offered: yes no

Treatment accepted: yes no

Signatures:

Student: _____

Director of Clinical Education/ Faculty: _____

Students will submit this completed form to Touro University California Student Health Services within 24 hours.

Fax: 707-638-5261, voice: 707-638-5220, email: tuc.studenthealth@touro.edu

Student Health Department

Date Notified: _____

Date Program Notified: _____

Person notified at the Program: _____

Date form received: _____

Touro University California

INCIDENT REPORT

Date of Incident: _____ Time: _____ Location _____

Person Reporting: _____

List involved Individuals and any witnesses. *(Do not list person reporting.)*

Full Name:	Telephone Number:	Witness/Primary Person:
		<input type="radio"/> Witness <input type="radio"/> Primary Person
		<input type="radio"/> Witness <input type="radio"/> Primary Person
		<input type="radio"/> Witness <input type="radio"/> Primary Person

Describe the facts of the incident. Please include all information that may be relevant. Be thorough and objective. Please sign and date the form and return it to the Student Services Office..

Signature of Person Reporting: _____ Today's Date: _____

Student Health Department

Date Notified _____
 Date Program Notified: _____
 Person notified at the Program: _____
 Date form received _____

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APPENDIX B:

CODE OF RESPONSIBILITIES OF STUDENTS

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CODE OF RESPONSIBILITIES AND RIGHTS OF THE STUDENTS OF TOURO UNIVERSITY CALIFORNIA

This code is entitled *The Code of Responsibilities and Rights of the Students of Touro University* and is in Appendix E in the TUC Catalog. A portion of it is excerpted here.

Definition and Basic Concepts

The Code of Responsibilities and Rights of the Students of Touro University is a part of each student's educational commitment. The following definitions of terms are made for clarification.

1. The "university" refers to Touro University. The term includes the physical plant, the total educational program, students, faculty, employees, officers and trustees.
2. A "student" is anyone who has matriculated at the university and has commenced classes. The term does not include an individual who has applied for admission to but has not been in attendance at the university, nor does it include alumni.
3. The "faculty" constitutes those individuals appointed to the faculty by the President of the University.
4. A "student organization" is any group of students given recognition by the Student Government Association (SGA) administration.
5. The "SGA" is the university student governance structure. The leadership of the SGA is elected by the entire student body. The SGA is composed of all the class officers and student organization officers. All students are invited to participate in SGA meetings.
6. "Student affairs" includes areas of student interest and involvement through which their academic, social and professional goals can be achieved.
7. "University affairs" are the academic, business, administrative, professional and public relations activities of the University.
8. "University programs" are those academic programs established by Touro University for osteopathic medicine, pharmacy, allied health, and teacher education.
9. "Academic freedom" is the right of faculty and students to study, discuss, investigate and function within the educational process.
10. "Requirements of the University" are those prerequisites for receipt of the degrees, granted by the University, which are delineated in the college catalog and in official pronouncements of the Board of Trustees, faculty and administration. Such requirements may change from time to time as need arises to insure acceptability and respectability of the various degrees offered by the university.

Student Responsibilities

- To achieve and maintain a high standard of academic, professional and social conduct considering individual aptitude and abilities.
- To recognize the value and necessity for active and life-long learning as a vital adjunct to the university's formal educational program and to work diligently to learn from their own strengths and weaknesses so as to become competent professionals who can live up to the standards set by their chosen professional fields.
- To be familiar with this code and the bylaws regulated.
- To meet the requirements of the Code of Responsibilities and Rights of the Students of Touro University's degree programs.
- To work toward better relations with the general public on behalf of all programs of Touro University California and their respective profession.

- To help promote excellence in education, patient oriented health care, and community services as provided by the university.
- To exhibit personally the highest ethical and professional performance and to work with others to promote similar performance among fellow students and alumni.
- To serve on any university committees to which appointed with the understanding that such appointment requires accurate representation of the opinions of the entire student body of the committee.
- To maintain good academic standing (i.e., not on academic probation) to be eligible to hold elected positions in their classes, colleges or organizations, to maintain university committee appointments, or travel on behalf of student organizations representing the University.

APPENDIX C:

**IMPORTANT PROGRAM
AND UNIVERSITY
CONTACT
INFORMATION**

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IMPORTANT PROGRAM AND UNIVERSITY CONTACT INFORMATION

JOINT MSPAS/MPH Program

*1310 Club Drive
Vallejo, CA 94592
Program Main: 707-638-5809*

Joint MSPAS/MPH Program

Clinical Administrative Coordinator

Regina Branch
P: 707-638-5854
F: 707-638-5891
E: rbranch@touro.edu

Director of Clinical Education

Jennifer Pimentel, MAEd
Cell: 707-246-7613
E: jpimente@touro.edu

Clinical Coordinator

Paul Gonzales, MPAS, PA-C
Cell: 512-944-3803
E: pgonzale3@touro.edu

Associate Professor - Clinical Education

Le'Anna St.John Paul, MPAS, PA-C
E: lstjohn@touro.edu

MPH Program

Administrative Coordinator

Charleane Williams
Phone: 707-638-5838
Fax: 707-638-5871
E: cwilliam27@touro.edu

Program Director

Gayle Cummings, PsyD, MPH
Phone: 707-638-5831
E: gcumming@touro.edu

Field Study Coordinator

Nemesia Kelly, MPH
Phone: 707-638-5827
E: nkelly@touro.edu

Touro University California

Main: 707-638-5200

Student Health / Counseling Services

Phone: 707-638-5220

Fax: 707-638-5261

Email: tuc.studenthealth@touro.edu

Bursar Office

Phone: 707-638-5253

Email: tuc.bursar@touro.edu

Registrar Office

Phone: 707-638-5984

Fax: 707-638-5267

Email: [_tuc.registrar@touro.edu](mailto:tuc.registrar@touro.edu)

Financial Aid

Phone: 707-638-5280

Fax: 707-638-5262

Email: tuc.finaid@touro.edu

Dean of Student Affairs

Steven Jacobson, Ed.D

Phone: 707-638-5935

Email: sjacobso10@touro.edu

Student Services (Parking)

Karen Malone

Phone: 707-638-5935

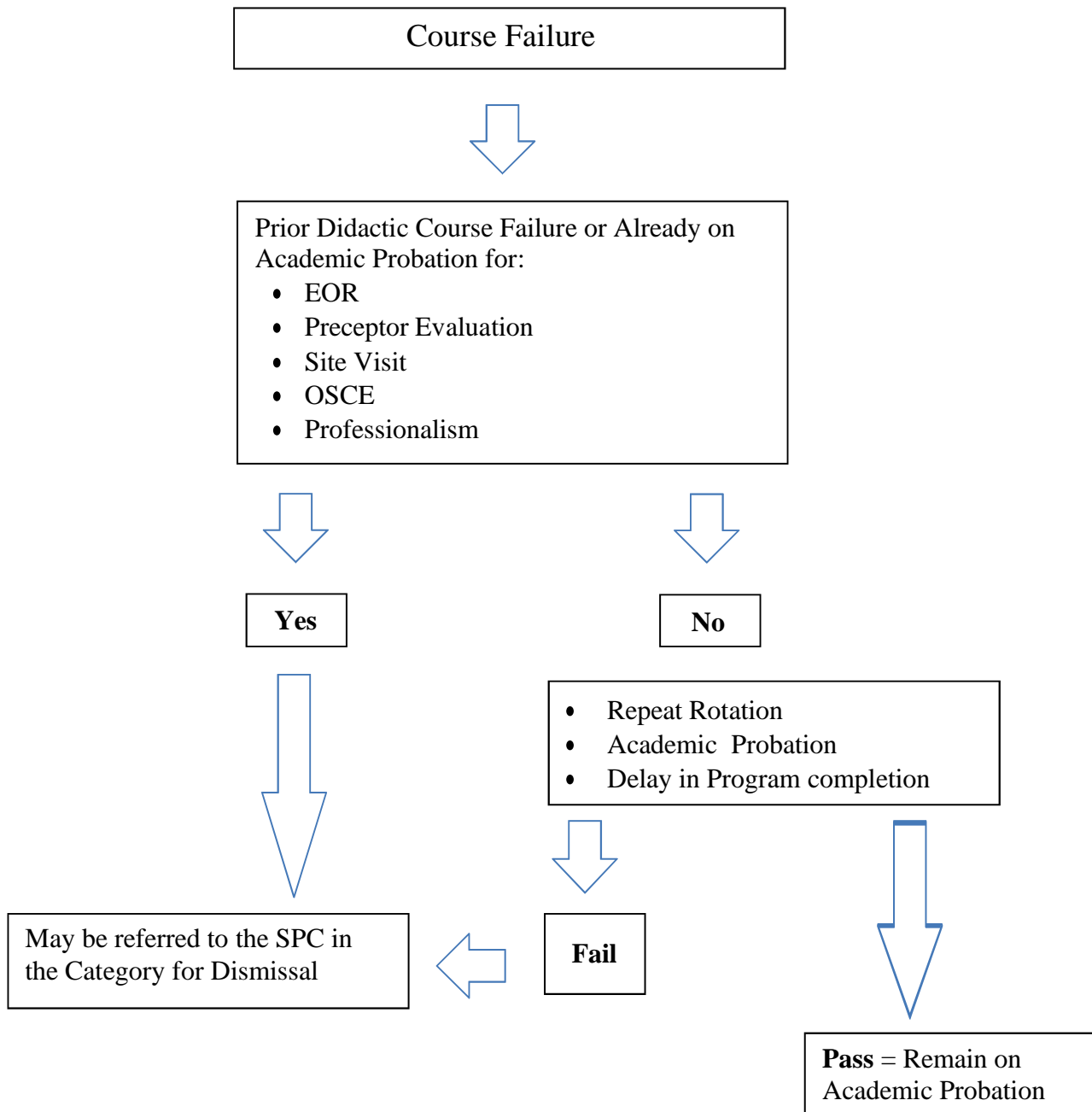
Fax: 707-638-5255

Email: kmalone@touro.edu

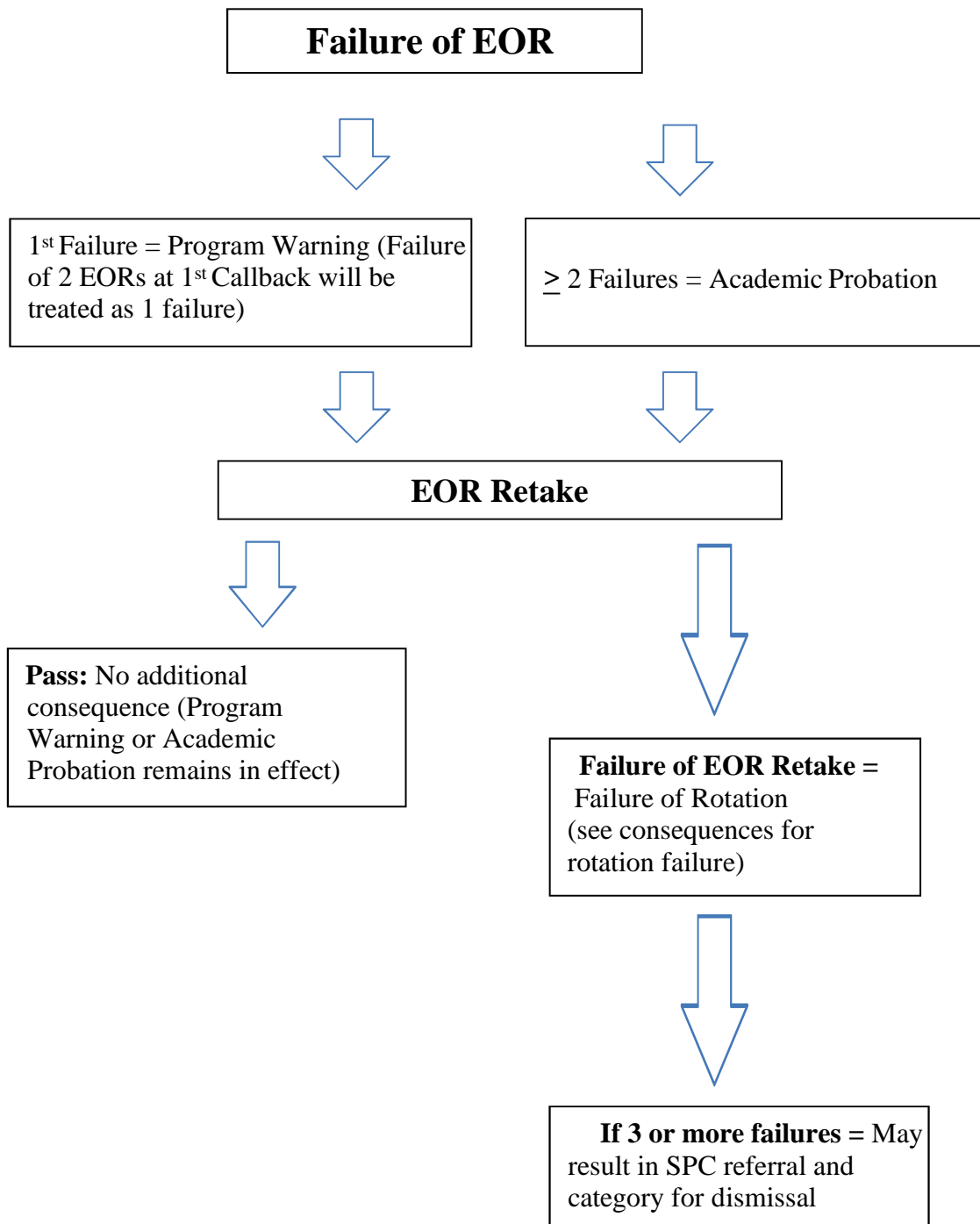
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APPENDIX D: MSPAS SPC ALGORITHMS FOR CLINICAL ROTATIONS (COURSE) FAILURES

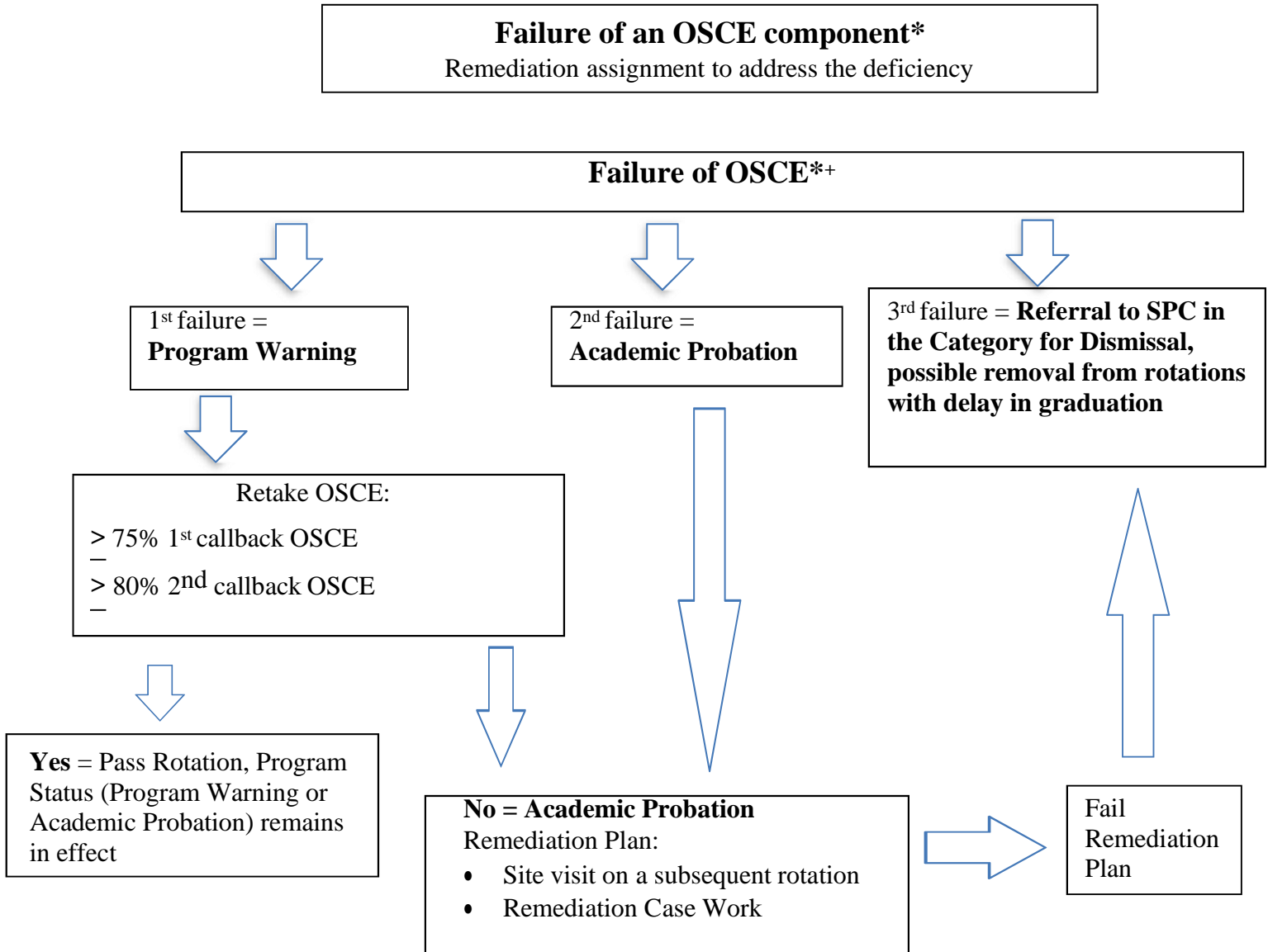
Rotation (Course) Failure



End of Rotation (EOR) Exams



OSCEs



* Additional consequences and/or assignments may be assigned, including possible removal from rotations for repeated failures of the same component. This may delay program completion.

+ There are two clinical year OSCEs, each with a retake for those who fail. Each of these 4 possible OSCEs count towards the number of failures listed within the algorithm.

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APPENDIX E:

AQUIFER ASSIGNMENTS

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Clinical Year Aquifer Assignments- Class of 2024

Aquifer is an excellent case-based, multimedia learning tool that will help you develop some of the most challenging skills needed to become a great PA. These include critical thinking, developing differential diagnosis lists, putting together a patient encounter from beginning to end, and effective communication with patients and families. It takes time and practice to develop these skills, and we hope these cases will facilitate your journey.

The cases listed below should be completed by the last day of the corresponding rotation. Ideally you should do 1-2 cases per week. Please take advantage of this resource and give yourself the time you need to adequately learn from these cases!

Each of these Aquifer cases will be graded as Complete or Incomplete. In order to obtain a 'Complete' for an individual case, you must:

1. Complete ALL sections of the case. Once you get to the bottom of each section, you will know there is more material in the section if there is a blue 'Continue' button. If the continue button is gray, you have completed the section.
2. Complete ALL questions (both multiple choice and essay) and ALL summary statements.
3. Click the 'Finish Case' button when you are done (under Case Summary Download section).

We recommend that you also complete the 'Deep Dive's and Feedback sections.

You do not have to submit any paperwork after completion; this information is provided to the Program electronically by Aquifer.

Getting to Aquifer

Go to <https://aquifer.org/>(you should already be registered from didactic year courses)

You can access each rotation (course) by typing "2024 CY" in the search box, and then select the course corresponding with your rotation.

If you want to do more than your assigned cases, feel free! Many students have completed dozens of extra cases and reported a significant improvement in their skills.

Feel free to contact Le'Anna (lstjohn@touro.edu) if you have any questions.

REQUIRED CASES BY ROTATION

PC1/2- whichever one you have 1st

1. Family Med 1: 45 year old woman wellness visit
2. Family Med 2: 55 year old man wellness visit
3. Family Med 8: 54 year old man with elevated blood pressure
4. Internal Med 15: 50 year old man with cough and nasal congestion
5. Internal Med 16: 45 year old man who is overweight

PC1/2- whichever one you have 2nd

1. Family Med 4: 19 year old woman with sports injury
2. Family Med 7: 53 year old man with leg swelling
3. Internal Med 2: 60 year old woman with chest pain
4. Internal Med 8: 55 year old man with chronic disease management
5. Internal Med 34: 55 year old man with low back pain

PC3

1. Family Med 11: 74 year old woman with knee pain
2. Family Med 22: 70 year old male with new-onset unilateral weakness
3. Geriatrics 03: 91 year old female with urinary incontinence
4. Geriatrics 04: 85 year old female with dementia
5. Geriatrics 12: 78 year old female and falls
6. Geriatrics 24: 78 year old female with pressure injuries

PC4

1. Family Med 17: 55 year old post-menopausal woman with vaginal bleeding
2. Family Med 23: 5 year old female with sore throat
3. Family Med 24: 4 week old female with fussiness
4. Pediatrics 1: Newborn male infant evaluation and care
5. Pediatrics 2: Infant female well child visit
6. Pediatrics 6: 16 year old male preparticipation evaluation

Surgery

1. Family Med 15: 42 year old man with right upper quadrant pain
2. Family Med 16: 68 year old man with skin lesion
3. Family Med 26: 55 year old man with fatigue
4. Internal Med 10: 48 year old woman with diarrhea and dizziness
5. Internal Med 12: 55 year old man with lower abdominal pain

Emergency Med

1. Family Med 27: 17 year old male with groin pain
2. Internal Med 4: 67 year old woman with shortness of breath and lower leg swelling
3. Internal Med 7: 28 year old woman with lightheadedness
4. Internal Med 22: 71 year old man with cough and fatigue
5. Internal Med 30: 55 year old woman with leg pain

Elective

1. Social Determinants of Health 1: Overview
2. Social Determinants of Health 2: 2 year old male with fever and headache
3. Social Determinants of Health 3: 2 year old male with pneumonia and probable empyema
4. Family Med 20: 28 year old woman with abdominal pain
5. Family Med 25: 38 year old man with shoulder pain
6. High Value Care 1: 45 year old man- the importance of clinical reasoning
7. Medical Home 1: 16 year old female with status asthmaticus
8. Pediatrics 23: 15 year old female with lethargy and fever

OPTIONAL CASES BY ROTATION- **Note: Some of these you might have already completed in other courses*

Optional and useful for ALL rotations

Oral Presentation Skills 1-4

Student Learning Cultural Awareness, Medical Home, On Language, Special Healthcare Needs

High Value Care 3: 65 year old woman- adult preventative care and value

High Value Care 4: 80 year old woman- medications and value

High Value Care 5: 78 year old woman- high value care in the inpatient setting

High Value Care 6: 65 year old man- paying for value insurance part 1

High Value Care 7: 7 year old female- rooting out waste

High Value Care 12: 17 year old female- paying for value insurance part 2

Diagnostic Excellence- all 12 cases

Radiology 1: 23 year old man chest infection

Radiology 4: 65 year old woman chest vascular COPD

Any other radiology cases

PC1/2 Optional-

Family Med 10: 45 year old man with low back pain

Family Med 13: 40 year old man with a persistent cough

Family Med 18: 24 year old woman with headaches

Family Med 19: 39 year old man with epigastric pain

Family Med 33: 28 year old woman with dizziness

Internal Med 6: 45 year old man with hypertension

Internal Med 11: 45 year old man with abnormal LFTs

Internal Med 13: 65 year old woman for annual physical

Internal Med 14: 18 year old woman for pre-college physical

Internal Med 19: 42 year old woman with anemia

Internal Med 32: 39 year old woman with joint pain

PC3 Optional-

Internal Med 18: 75 year old with memory problems

Diagnostic Excellence 5: 84 year old woman with sepsis

PC4 Optional-

Pediatrics 3: 3 year old male well child visit

Pediatrics 4: 8 year old male well child check

Pediatrics 5: 16 year old female health maintenance visit

Pediatrics 14: 18 month old female with congestion

Pediatrics 22: 16 year old female with abdominal pain

Pediatrics 28: 18 month old male with developmental delay

Pediatrics 30: 2 year old male with sickle cell

Family Med 14: 35 year old woman with missed period

Family Med 30: 27 year old woman labor and delivery

Family Med 32: 33 year old woman with painful periods

Medical Home 3: 2 year old male with language delay

Surgery Optional-

WISE-MD case modules (access via 'LAUNCH WISE-MD' button)

WISE-MD skill modules (access via 'LAUNCH WISE-MD' button)

EM Optional-

Internal Med 3: 54 year old woman with syncope

Internal Med 24: 52 year old woman with headache, vomiting, and fever

Internal Med 25: 75 year old woman with altered mental status

Internal Med 26: 58 year old man with altered mental status

Pediatrics 13: 10 month old female with cough

Radiology 16: 24 year old man MSK trauma

WISE-MD case modules (access via 'LAUNCH WISE-MD' button)

WISE-MD skill modules (access via 'LAUNCH WISE-MD' button)

APPENDIX F:

PAEA CORE COMPETENCIES FOR NEW PHYSICIAN ASSISTANT GRADUATES



Core Competencies for New Physician Assistant Graduates

Background

As the physician assistant (PA) profession looks back on 50 years of growth, and ahead to a US health system that will no doubt continue to change, the time has come for a reconnection to the values that have made PAs an essential part of that system. The profession has reached an important milestone — not only in age, but also in maturity and prominence in patient care — which provides a meaningful opportunity to reexamine the profession’s core values and shape the way PAs are prepared for clinical practice. While significant environmental and social changes have shaped the profession since PAs emerged on the health care scene in 1967, caring for patients remains core to the profession’s identity.

Entry into the PA profession today requires successful attainment of a master’s degree, which, according to the requirements set forth in the Degree Qualifying Profile (DQP), demands higher-order thinking skills and evidence of learning through the design, development, creation, and articulation of knowledge and skills via projects and papers.¹ Beyond attaining the necessary knowledge and skills, PA education requires practical application in various patient care settings. Entry into the profession also requires passing a national certifying examination, and PAs must maintain their certification throughout their careers via continuing medical education and periodic recertification.

Since 2005, PA programs have relied on the Competencies for the Physician Assistant Profession to develop and map curricula and assess graduates’ readiness to enter clinical practice. However, these professional competencies, established and periodically revised (most recently in 2012) by the four national PA organizations, were not designed specifically with new graduates in mind. Rather, they were developed to provide “a foundation from which physician assistant organizations and individual physician assistants could chart a course for advancing the competencies of the PA profession.”²

While necessary for the profession as a whole, the Competencies for the Physician Assistant Profession are insufficient for making decisions about the practice readiness of new graduates. In the absence of such new graduate competencies, each program bears the burden of determining the knowledge, skills, and attitudes that graduates should have. This should cause concern for educators, employers, and accreditors because it means that each of the 235 currently accredited PA programs — and any future program — is codifying the profession in its own way.

Today, both PA education and the profession face increasing demands for greater accountability. It is therefore imperative that PA education and practice are closely aligned, so that new graduates are prepared to deliver quality, patient-centered care from “day one.”

To that end, PAEA created a task force in 2016 to think through how to accomplish this goal. Originally named the Primary Care Competencies Task Force, it was charged by the PAEA Board of Directors to “shape and inform a discussion that will impact students’ learning experiences and the future of PA education, through the development of a set of graduation competencies emphasizing primary care.”

Early discussions focused on the unique characteristics of both PAs and the competencies required of primary care providers. The diverse composition of the task force helped in the discussion of specific competencies and competency frameworks from health professions represented by individual task force members.

Some members of the task force saw the PA profession as defined by primary care and viewed primary care competencies as synonymous with PA competencies. Others felt it was essential to think more broadly than primary care, especially given that most PAs (more than 70 percent) now enter specialty practice after graduation.

After much discussion, the task force ultimately agreed that the competencies they were working to develop should represent the skills, attributes, and behaviors expected of *any* new PA graduate. This new set of competencies, **Core Competencies for New Physician Assistant Graduates**, could also serve as the foundation for any revisions to the Competencies for the Physician Assistant Profession. They may even be an important milestone on the path to autonomous practice.

To reflect this decision, PAEA renamed the group the Core Competencies Task Force, which then set out to codify a set of competencies that all new PA graduates should be accountable for demonstrating by the end of their formal PA education.

Approach

The Core Competencies for New Physician Assistant Graduates were developed by first asking the question, “What must new PA graduates know and be able to do on day one of clinical practice?”

Framing the discussion around this seemingly simple question spurred much debate and required nearly two years of research and ongoing discussion for the task force to reach consensus in a meaningful, measurable, and evidence-based manner. At the PAEA Stakeholder Summit in 2016, the same question was asked of a broad audience of stakeholders in PA education, higher education, health professions education, government, private and public practices, and other diverse fields. The task force used their responses, in combination with an extensive review of literature on competency-based medical education and review by an expert panel of interprofessional leaders, to develop this new framework with a set of robust, patient-centered competency domains and competencies.

The task force believes that the core competencies in this document are a validation of the roots of the profession — a profession that values teamwork and emphasizes that patients are partners in decision-making and care. PAs know that their primary obligation is to give a voice to the patients they serve. They recognize that both health and ill health are developed in context and that each patient has a story — a narrative that must be considered when making health care decisions.

In the Core Competencies for New Physician Assistant Graduates, there is a distinct focus on health rather than on disease — a focus in which the needs of patients are considered above those of educators, students, or providers in determining the knowledge, skills, attitudes, and behaviors that new PA graduates need to demonstrate. The task force encourages PA programs to use these competencies to drive curricular decisions and create learning experiences, and it hopes they will appreciate the intention behind keeping the patient at the center of care — a hallmark of the PA profession.

Methodology

To determine the knowledge, skills, behaviors, and attitudes that best describe the essential functions of PAs in practice, the task force began with a comprehensive review of the literature on competencies and competency frameworks from across a wide array of the health professions. They also drew on the humanities, including sociology, cultural anthropology, and philosophy. According to the Degree Qualifying Profile, a competency framework developed by the Lumina Foundation, students earning master’s degrees must be proficient in their ability to consolidate learning from different broad fields of study.¹

The task force also studied workforce trends and employers' expectations of new graduates. Employers are increasingly expressing the need for new graduates to possess more than knowledge and technical skills. According to a 2017 special report from the *Chronicle of Higher Education*, "more jobs will require recent college graduates to more fully merge their training in hard skills with soft skills."³ This opinion was also expressed by attendees at the PAEA 2016 Stakeholder Summit.⁴ Employers from across the health professions and industry leaders agreed that it is insufficient for new graduates to possess only medical knowledge and clinical skills; rather, they will need to know how to "put it all together" to care for patients. A deeper dive into this issue revealed the need for greater emphasis on critical thinking, empathy, and communication skills. The importance of these skills will only grow as more and more PAs join the workforce. According to the Bureau of Labor Statistics, projected PA job growth is robust — PAs could see a 37 percent increase in jobs by 2026.⁵

The task force also wanted to ensure that the competencies promoted patient safety and social justice and addressed health disparities. Drawing on the work of Paulo Freire and other social scientists helped make social justice and individual responsibility to patients explicit in the expectations of competent health care providers. This means that instructors must instill in new graduates the need to uphold high moral and ethical standards in individual practice and "to operate as invested citizens of their varied local, national, and international communities."⁶

Definitions

For the purposes of this work, the task force defined the following terms: *competency*, *domains of competence*, *competency framework*, and *new PA graduate*, based on both experience of the task force members and on published definitions, as shown in Figure 1.

<p>Competency: A specific skill, knowledge, or ability that is both observable and measurable.</p> <p>Competency framework: An organized and structured representation of a set of interrelated and purposeful competencies.</p> <p>Domains of competence: Broad distinguishable areas of competence that, in the aggregate, constitute a general descriptive framework for a profession.</p> <p>New graduate: An individual who has graduated from a PA program and is entering clinical practice as a PA for the first time.</p>
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Figure 1. Definitions (References: *competency*,⁷ *competency framework*,⁸ *domains of competence*⁹)

A comprehensive review of the literature included a seminal work from medical education, “Toward a common taxonomy of competency domains for the health professions and competencies for physicians,” by Englander et al,⁹ which describes the Association of American Medical Colleges’ (AAMC’s) efforts to identify a classification structure to catalog its curriculum resources. The authors conducted a thorough comparison of the Accreditation Council for Graduate Medical Education’s six core competency domains¹⁰ and 153 lists of competencies from various medical specialties, subspecialties, countries, and health professions. Given both the comprehensive nature of this study and the methodology used, the task force made extensive use of the article’s framework in coming to a consensus on the Core Competencies for New Physician Assistant Graduates. Using a similar approach to that of Englander et al, the task force conducted a crosswalk to compare competency lists and frameworks from nursing, oral health, primary care, the Interprofessional Practice and Education Collaborative, and the National Center for Culturally and Linguistically Competent Care to the 4 Orgs’ Competencies for the Physician Assistant Profession document.² Mapping the competencies from this literature against the Competencies for the Physician Assistant Profession provided a starting point for the task force to develop competency domains and identify important competencies.

This mapping process yielded a few important themes and decisions, including the decision to use the term “patient-centered practice knowledge” instead of “medical knowledge” or “knowledge for practice.” Terms related to the concept “patient-centered” were found throughout the documents used in the crosswalk, and our use of this term reinforces the point that patient-centered care is a major part of the identity of PAs.

Another important theme that emerged was the focus on quality and safety. The task force added language from the Physician Competency Reference Set (PCRS)⁹ and Family Medicine Milestones (FMM)¹⁰ to ensure that safety was included and emphasized where appropriate. A detailed review of the crosswalk also revealed the need to make explicit the inclusion of population health. The Population Health Competencies developed by faculty at Duke University School of Medicine¹¹ and the Interprofessional Collaborative Education and Practice (IPEC) Core Competencies¹² heavily influenced the task force to ensure that the competencies were focused on health over health care, prevention over treatment only, and patients and populations as opposed to patients only.

The task force also benefited from a major event that informed the development of the core competencies. In March 2016, PAEA hosted a Stakeholder Summit in collaboration with the National Commission on the Certification of Physician Assistants, the American Academy of PAs, and the Accreditation Review Commission on Education for the Physician Assistant. At this meeting, 61 leaders from across multiple health professions and from PA education and practice, met to discuss the knowledge, skills, attitudes, and behaviors new graduates need on “day one” of clinical practice. The task force used the insights and information gleaned from the Stakeholder Summit to inform the development of the Core Competencies for New Physician Assistant Graduates.

Following the Stakeholder Summit and completion of the comprehensive literature review, the task force determined that the widely used Bodenheimer's Ten Building Blocks of High-Performing Primary Care¹³ was the best model to use as a guide to develop the competencies. Using the building blocks concept and insights gained from the literature review, the task force decided on six domains on which to build the competencies. These six domains reaffirm a patient-centered focus, highlight the role society plays in determining individual and population health, emphasize communication and team-focused care, and delineate the larger systems that impact health and well-being. The six domains are:

1. Patient-centered practice knowledge
2. Society and population health
3. Health literacy and communication
4. Interprofessional collaborative practice and leadership
5. Professional and legal aspects of health care
6. Health care finance and systems

In addition to these six building block domains, the task force determined that two other competency domains are also essential in and across each of the other six domains: (1) cultural humility and (2) self-assessment and ongoing professional development (see Figure 2).

Cultural Humility

Across each of the six core domains, competent PA graduates must demonstrate the ability to exercise humility, “a state of openness toward understanding and respecting important aspects of other people’s cultural identities.”¹⁴ This requires an awareness of one’s personal and professional beliefs, biases, attitudes, and actions that affect patient care and a commitment to ongoing professional development. To demonstrate cultural humility, according to Tervalon and Murray-Garcia, “health care providers should consider a person’s culture from the individual’s specific view and to be aware and humble enough to ‘say that they do not know when they do not know’ and know when to ask for help.”¹⁵ Integrity is an essential skill under the Professional and Legal Aspects of Health Care.

Cultural humility requires listening to those from different backgrounds while also being aware of one’s own thoughts and feelings about the culture of others.^{15,16} Cultural humility goes hand-in-hand with ongoing professional development because developing it is a lifelong project. Some experts in the field believe that “cultural humility does not have an end point” and therefore requires a commitment on the part of the health care professional to be open to learning from their patients in a true partnership in health care.¹⁵

Self-Assessment and Ongoing Professional Development

Within each of the six core domains, competent graduates must demonstrate an awareness of their personal and professional limitations and develop plans and interventions for addressing gaps. Being competent in this domain requires self-reflection, metacognition, continuous quality improvement, and recognition of the PA's potential impact for improving the health of individual patients, populations, and society at large.

Competent graduates develop systems and strategies for determining their level of understanding and confidence in addressing patients' health needs. This is an ongoing, continual process that requires discipline and self-control. Graduates must possess the ability to self-evaluate and make a commitment to refining their knowledge throughout their career as practitioners.



Figure 2. The six building block domains and two cross-cutting domains

The task force also believed it was essential to consider the external influences on the PA profession as the health care landscape continues to evolve. They determined that four major environmental factors — social determinants of health, population health, health system delivery and capacity, and higher education — will continue to impact the profession in unpredictable ways.

Figure 3 illustrates the point that the profession is situated within these four factors and must adapt to its position in this context. Embedded in these factors are the social, economic, political, regulatory, technological, and educational threats and opportunities the profession must understand and consider when making decisions about the education of its future workforce.

The pace of change in these four areas requires graduates to possess the ability to adapt quickly to new surroundings and expectations. With an increasing emphasis on the social drivers of health and a shift toward caring for populations of patients rather than focusing strictly on individual patients, competent graduates need the knowledge and skills to think beyond individual patient encounters; they should have the ability to integrate and apply knowledge more broadly. Graduates also need to be able to handle the uncertainty and ambiguity about the future that is present within each of the four environmental factors.

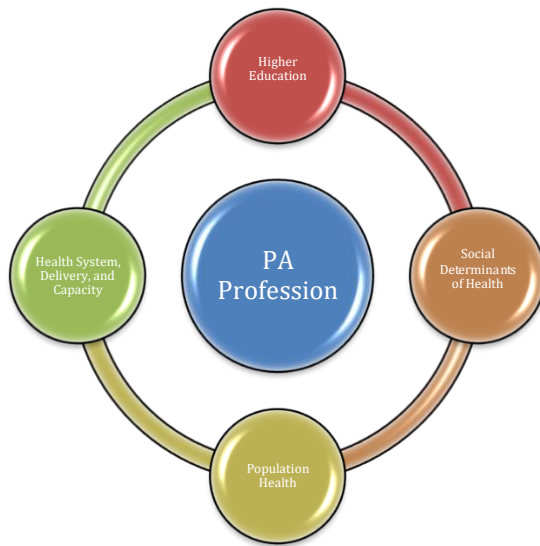


Figure 3. Four major environmental factors affecting the PA profession

Competency Domains

The six domains selected by the task force are described in more detail here. Each domain includes background on its importance for PA practice, the overall domain competency, competencies, essential skills, and questions to consider.

Key

Competencies that mirror those from other sources are denoted with the following:

CLAS: US Department of Health and Human Services Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care¹¹

IPEC: Interprofessional Education Collaborative's Core Competencies for Interprofessional Collaborative Practice: 2016 Update¹² (*Note: This document comprises four competencies, which are also noted below as Values/Ethics for Interprofessional Practice (VE), Roles/Responsibilities (RR), Interprofessional Communication (CC), and Teams and Teamwork (TT). If followed by a number, that number refers to the specific competency.*)

FMM: The Accreditation Council for Graduate Medical Education and the American Board of Family Medicine's Family Medicine Milestones⁷

PA Comp.: The 4 Orgs' Competencies for the Physician Assistant Profession² (*Note: Not all of the competencies are referenced in this paper. The ones referenced are abbreviated below as: Patient Care (PC) and Interpersonal and Communications Skills (Comm).*)

PCRS: Association of American Medical Colleges' Physician Competency Reference Set⁹ (*Note: The PCRS comprises eight competencies, not all of which are referenced in this paper. Those referenced are: 1: Patient Care, 2: Knowledge for Practice, 4: Interpersonal and Communication Skills, and 5: Professionalism, as well as their competencies. The competency domain and its competency referenced are both noted.*)

1. Patient-Centered Practice Knowledge

Intended to help graduates understand that the patient is at the center of care, this domain emphasizes the essentials of medical knowledge in the context of the knowledge needed to care for *individual* patients.

Framing knowledge as needed for the practice of patient-centered care creates an orientation from which all medical knowledge should be considered — that is, based on the needs of the patient. Situating medical knowledge in this way has implications for the new graduate competencies, as well as curriculum and assessments.

A cursory reading of the new graduate competencies may cause some alarm for readers expecting to see a comprehensive list of all of the medical knowledge and clinical skills that have traditionally been listed in competency documents. However, no such list will be found in the Core Competencies for New PA Graduates, and there are at least three good reasons for this omission:

1. Medical knowledge alone is insufficient. It is not enough to know information for its own sake; rather, new graduates must deeply understand the core knowledge needed to care for patients and be able to apply it. With a solid foundation of the knowledge needed for patient care, new graduates will then be able to extend their knowledge through lifelong learning and the use of technology.
2. Not all medical knowledge is essential for patient care. PA curricula should focus on ensuring that new graduates possess and can apply the core knowledge needed to care for patients upon entry into clinical practice. Additional knowledge and skills will be gained as new graduates gain on-the-job experience.
3. Given the exponential growth in medical knowledge, it is no longer feasible for new graduates to know everything. According to Prober and Kahn, “It is neither possible nor desirable for all students to deeply explore all aspects of biomedical knowledge.”¹⁸ Therefore, PA program curricula should not try to cover as much content as possible. Rather, the scope should be narrowed to focus on the medical knowledge that is essential, thus allowing for deeper understanding of core knowledge that has practical application for better patient care.

Competent graduates will continually refine and revise their knowledge base to ensure they remain abreast of current scientific evidence and best practices in patient care.

Demonstrating the ability to continually assess one’s level of medical knowledge and constantly strive to augment it is essential for lifelong learning and delivering quality, patient-centered care.

Graduates must demonstrate the ability to listen to and understand patients’ beliefs and attitudes toward health and health care. Competent graduates understand that their relationship with patients can be affected by differences in power, privilege, and the inequities embedded therein, and they work to ensure that patients are viewed as partners in health. Competent practitioners must be able to develop the professional relationships with their patients that will ensure patient-focused decision-making.

The competent graduate will be able to access and integrate pertinent information from both the best scientific evidence and their clinical expertise, and apply it to the care of the patient in a way that respects the individual needs, desires, care preferences, and values of the patient. In this way, PAs use an evidence-based approach to shared medical decision-making. Developing not only critical thinking and clinical reasoning skills but also critical consciousness is essential for graduates.¹⁹

Domain Description

Graduates will be able to recognize healthy versus ill patients in the context of the patients’ lives and determine the stage of illness — acute, at risk of illness (emerging), or chronic. Graduates will demonstrate the ability to utilize up-to- date scientific evidence to inform clinical reasoning and clinical judgment (PCSR 1.5).

Competencies

- 1.1 Recognize normal and abnormal health states
- 1.2 Discern among acute, chronic, and emerging disease states
- 1.3 Elicit and understand the stories of individual patients and apply the context of their lives (including environmental influences, cultural norms, socioeconomic factors, and beliefs) when determining healthy versus ill patients
- 1.4 Develop meaningful, therapeutic relationships with patients and their families (PA Comp. PC, FMM)
- 1.5 Partner with patients to address issues of ongoing signs, symptoms, or health concerns that remain over time without clear diagnosis despite evaluation and treatment (PA Comp. PC)

Essential Skills

- Information gathering
- History-taking
- Physical examination
- Discernment of important versus extraneous information
- Prioritization of actions and clinical care decisions based on information available and the patient’s beliefs about their care
- Empathetic listening

- Relationship building
- Evidence-based decision-making

Questions to Consider

- Are graduates able to apply appropriate scientific evidence to patient care?
- Are graduates able to recognize sick versus healthy patients?
- Are graduates able to gather essential and accurate information about patients?

2. Society and Population Health

This domain is intended to ensure that graduates understand how the health of individual patients may be affected by and contribute to the health status of the larger community. Good health care providers are part of the fabric of the community. While caring for individual patients in a health care setting is often the focus of the PA's daily work, new graduates should appreciate the patient's existence within the broader context of society.

A population health approach is required for improving health outcomes and reducing health disparities. Competent graduates will understand how individual patients are affected by the communities in which they live and work. They will also be able to demonstrate an understanding of how their patients contribute to the health of the community and society at large. By understanding the community, environmental, genetic, and other influences on the health of a community, graduates will be able to accept the responsibility for the betterment of the patient populations they serve.

Competent graduates must be aware of their own biases and work intentionally to recognize that their ego and ethnocentric beliefs and norms can impact patient care.⁸ They will understand how civic responsibility, patient advocacy, service to the community, diversity of the workforce, and improving the health of underserved populations factor into patient care.²⁰

Domain Description

Graduates will be able to recognize and understand that the influences of the larger community may affect the health of patients and integrate knowledge of social determinants of health into care decisions.

Competencies

- 2.1 Recognize the cultural norms, needs, influences, and socioeconomic, environmental, and other population-level determinants affecting the health of the individual and community being served
- 2.2 Recognize the potential impacts of the community, biology, and genetics on patients and incorporate them into decisions of care

- 2.3 Demonstrate accountability and responsibility for removing barriers to health
- 2.4 Understand the role of structural disparities in causing illness
- 2.5 Engage members of the health care team in the surveillance of community resources to sustain and improve health
- 2.6 Engage the health care team in determining the adequacy of community resources
- 2.7 Reflect on personal and professional limitations in providing care
- 2.8 Exercise cultural humility
- 2.9 Elicit and hear the story of the individual and apply the context of the individual's life (including environmental influences, culture, and disease) when determining healthy versus ill patients
- 2.10 Understand and apply the fundamental principles of epidemiology
- 2.11 Recognize the value of the work of monitoring and reporting for quality improvement
- 2.12 Use appropriate literature to make evidence-based decisions on patient care

Essential Skills

- Patient advocacy
- Patient agency
- Self-advocacy
- Self-agency
- Active community engagement
- Resourcefulness
- Relationship development
- Self-awareness
- Interpersonal skills including influence, empathy, and humility
- Awareness of unconscious biases
- Information gathering
- Discernment of important versus extraneous information
- Prioritization of action steps based on information available
- Awareness of biases and attitudes towards others
- Empathetic listening

Questions to Consider

- Can graduates define key terminology and apply basic concepts of population health?
- Are graduates able to locate and secure resources for patients within a given community?
- Are graduates able to identify personal bias or knowledge deficits that would adversely affect delivery of patient-centered care?

3. Health Literacy and Communication

This domain is intended to underscore the importance of two key tenets required for patient-centered care: (1) the patient’s capacity for understanding information about their health and (2) the ability of the health care provider to communicate with patients to ensure they understand their health and the care they are receiving. These are combined because they are closely connected.

Competent PAs understand the importance of helping and possess the skills to help patients become partners in their health care. Competent PA graduates will also use a variety of techniques to determine patients’ capacities for understanding their health and the systems that serve them. For example, new graduates must be able to incorporate an understanding of genetics and pathophysiology as well as the importance of environmental and societal influences on health.

PA graduates must be emotionally intelligent and able to guide how best to communicate with patients, then adjust the content and style of their verbal communication for maximum clarity. Developing strategies to communicate effectively with patients will become increasingly important as demographics shift and reliance on technology continues to increase. Competent PA graduates will need to be able to establish rapport and communicate in meaningful ways with patients, regardless of the modality. In addition, competent PA graduates will need to be able to recognize and overcome linguistic and cultural barriers to effective communication, as well as understand different perspectives and expectations about health and how health care can impact health disparity.

Domain Description

Graduates will be able to communicate with patients as partners who engage in shared decision-making and who communicate, interpret, and express themselves as individuals with unique personal, cultural, and social values.

Competencies

- 3.1 Establish meaningful, therapeutic relationships with patients and families that allow for a deeper connection and create space for exploration of the patients’ needs and goals to deliver culturally competent care (PA Comp. PC, FMM)
- 3.2 Interpret information so that patients can understand and make meaning out of the information conveyed to them
- 3.3 Recognize the need for and governing mandates that ensure patients have access to interpreters and appropriate resources when barriers to communication arise

- 3.4 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions (PCRS 4.7)
- 3.5 Communicate effectively with patients, families, and the public
- 3.6 Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs (CLAS)
- 3.7 Organize and communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible, and checking to ensure understanding (IPEC CC2)

Essential Skills

- Self-awareness
- Knowing when to consult
- Awareness of unconscious biases
- Interpersonal skills
- Active listening
- Patient education
- Cultural competency
- Health literacy
- Trust-building

Questions to Consider

- Are graduates able to demonstrate sensitivity to patient health needs in the context of the patient's life and views on health and health care?
- Are graduates able to establish rapport and communicate with patients to appropriately address the patients' health needs?

4. Interprofessional Collaborative Practice and Leadership

This domain emphasizes that teamwork is key to delivering safe, quality health care, in a way that is complementary to the goals of the provider-patient partnership. PAs are well positioned to coordinate care across health professions and specialties. The profession's identity is grounded in team-based care. PAs have worked in collaboration with their physician and other colleagues since the profession began.

Competent PA graduates will have a firm grasp of the roles of PAs and other team members, and will demonstrate the ability to work effectively in teams, but not for this end unto itself. Rather, effective teamwork begins by ensuring that the goals of the patient remain the focus of the health care team.

As patient advocates, PAs will have to assume a leadership role on a health care team, and they will also need to understand how to contribute to quality patient care by working with other health care professionals. PAs who possess knowledge and skills in this domain will have the self- and team awareness to recognize limitations and rely on other members of the team to provide the highest level of patient care.

Leadership in this context is demonstrated regardless of title or status and is determined by the needs of the patient above all else. Knowing when to lead and when to follow is essential and demonstrates one's ability to value the needs of the patient over self. The ability to determine how to demonstrate leadership requires PAs to be competent in self-awareness, communication, and interpersonal skills.

Domain Description

Graduates will be able to recognize that the patient is at the center of all health care goals and to partner with the patient to define the patient's health care goals.

Competencies

- 4.1 Articulate one's role and responsibilities to patients, families, communities, and other professionals (IPEC RR1)
- 4.2 Redirect the focus of the health care team to the needs of the patient
- 4.3 Assure patients that they are being heard
- 4.4 Ensure patients' needs are the focus over self and others
- 4.5 Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices (PCRS 2.6)
- 4.6 Recognize when referrals are needed and make them to the appropriate health care provider
- 4.7 Coordinate care
- 4.8 Develop relationships and effectively communicate with physicians, other health professionals, and health care teams (PA Comp. Comm)
- 4.9 Use the full scope of knowledge, skills, and abilities of available health professionals to provide care that is safe, timely, efficient, effective, and equitable (IPEC RR5)
- 4.10 Use unique and complementary abilities of all members of the team to optimize health and patient care (IPEC RR9)
- 4.11 Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and health care needs of patients and populations (IPEC RR3)
- 4.12 Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health (IPEC RR10)

Essential Skills

- Interpersonal skills including humility and beneficence
- Self-awareness
- Effective communication
- Empathetic listening
- Advocacy
- Teamwork
- Relationship building
- Care planning

Questions to Consider

- Are graduates able to work effectively as members of a team to address the patients' health needs?
- Are graduates able to articulate the appropriate scope of PA practice?
- Are graduates able to determine which patients require other team members to participate in the delivery of care to achieve the patient's goals?

5. Professional and Legal Aspects of Health Care

This domain is intended to stress the importance of practicing medicine in ethically and legally appropriate ways and emphasize the need for graduates to demonstrate professional maturity and accountability for delivering safe and quality care to patients and populations. Competent PA graduates will be able to articulate and adhere to standards of care and will possess knowledge of the laws and regulations that govern the delivery of health care in the United States. They will be able to demonstrate professional maturity by attending to the needs of the patient over self-interest. Competency in this domain requires graduates to use self-assessment and metacognitive skills, as well as exercise humility and compassion to provide patient-centered care regardless of the situation. This requires a level of maturity and professional identity that is demonstrated consistently, even in high-stress, ambiguous, and uncomfortable situations.

Domain Description

Graduates will be able to practice medicine in a beneficent manner, recognizing and adhering to standards of care while attuned to advancing social justice.

Competencies

- 5.1 Articulate standard of care practice
- 5.2 Admit mistakes and errors
- 5.3 Participate in difficult conversations with patients and colleagues
- 5.4 Recognize one's limits and establish healthy boundaries to support healthy partnerships
- 5.5 Demonstrate respect for the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care (IPEC VE2)
- 5.6 Demonstrate responsiveness to patient needs that supersedes self-interest (PCRS 5.2)

- 5.7 Demonstrate accountability to patients, society, and the profession (PCRS 5.4)
- 5.8 Exhibit an understanding of the regulatory environment

Essential Skills

- Interpersonal skills including humility, compassion
- Empathetic listening
- Ethical decision-making
- Integrity
- Accountability
- Humanism
- Responsibility
- Help-seeking behaviors
- Self-advocacy

Questions to Consider

- Are graduates able to demonstrate adherence to standards of care?
- Are graduates able to admit mistakes and take accountability for their actions?
- Are graduates able to discuss and explore ethical issues in a thoughtful, nonbiased manner that respects the autonomy of patients while demonstrating beneficence and non-maleficence?

6. Health Care Finance and Systems

This domain focuses on the essential knowledge and skills needed to successfully navigate the health care system to deliver high-quality, patient-centered care.

Competent graduates will understand how the micro and macro systems of health care impact patient outcomes, and they will be able to increase their capacity to improve access to care and quality of care. This requires graduates to not only identify the barriers but to see the avenues to quality care. Competency in this domain requires an understanding of the economic factors that affect access to care, including how to deliver high quality care in a value-based system. Graduates must also demonstrate an understanding of their role and productivity limits and potential and how it impacts the finances of their organizations.

Domain Description

Graduates will be able to articulate the essential aspects of value-based health care and apply this understanding to the delivery of safe and quality care.

Competencies

- 6.1 Recognize that health care is a business
- 6.2 Articulate individual providers' value-add to the health care team in terms of cost
- 6.3 Appreciate the value of the collaborative physician/PA relationship

Essential Skills

- Systems thinking
- Adaptability
- Leadership
- Stewardship of resources
- Help-seeking behaviors
- Reimbursement
- Coding
- Care coordination
- Technology fluency
- Patient and personal safety
- Quality improvement
- Evidence-based practice
- Practice-based improvement

Questions to Consider

- Are graduates able to articulate the defining characteristics of value-based health care and apply this knowledge to care for patients in a cost-conscious, fiscally responsible manner?
- Are graduates able to identify and resolve issues in the health system that affect the quality and safety of patient care?

Conclusion

These Core Competencies for New PA Graduates are designed to answer the question “What must new PA graduates know and be able to do on day one of clinical practice?” The 2016 Stakeholder Summit and PAEA’s research with PA employers have shown the need for improved alignment between PA education and practice, and both PA education and clinical practice generally are being held more accountable for meeting specific, articulated goals.

In this environment, the PAEA Core Competencies Task Force, originally charged by the Board to develop graduation competencies in primary care, developed a set of competencies that all new PA graduates should be accountable for demonstrating.

The task force drew on the Stakeholder Summit work as well as a comprehensive literature review to develop the competencies. The diverse composition of the task force helped in the discussion of specific competencies and competency frameworks from health professions represented by individual task force members.

We chose to keep the patient at the center of health care, and the competencies therefore focus on health rather than on disease. These competencies are intended to drive curricular decisions and create learning experiences that will keep the patient at the center of care, a hallmark of the PA profession.

About the Task Force

The task force comprised interprofessional thought leaders from several professions, including two co-chairs who are PAs. Individuals represented PA, nursing, medical, and oral health education, as well as leadership in PA certification and government.

- Karen Hills, MS, PA-C; PA (co-chair)
- Mary Jo Bondy, DHEd, MHS, PA-C; PA (co-chair)
- Bob McNellis, MPH, PA-C; PA, primary care research
- Dawn Morton-Rias, EdD, PA-C; PA, certification
- Maryellen Gusic, MD; academic medicine
- Cindy Lord, MHS, PA-C; PA, oral health
- O. T. Wendel, PhD; community health
- Terri Cameron, MA; academic medicine
- Robin Newhouse, PhD, RN; nursing
- Sara Fletcher, PhD; PAEA

References

- ¹ Lumina Foundation. The Degree Qualifications Profile; 2014. <http://bit.ly/29pUtwQ>. Accessed April 2, 2018.
- ² AAPA, PAEA, ARC-PA, NCCPA. Competencies for the Physician Assistant Profession; 2005, rev. 2012. <http://bit.ly/2j1AdaW>. Accessed April 2, 2018.
- ³ Carlson S. *Chronicle of Higher Education* Special Report: The Future of Work; 2017:9.
- ⁴ Physician Assistant Education Association. 2016 Stakeholder Summit Summary. <http://paeaonline.org/wp-content/uploads/2018/01/Stakeholder-Summit-Summary.pdf>.
- ⁵ Bureau of Labor Statistics. Occupational Growth Handbook: Physician Assistant. <https://www.bls.gov/ooh/healthcare/physician-assistants.htm>. Accessed April 2, 2018.
- ⁶ DasGupta S, Formari A, Geer K, et al. Medical education for social justice: Paulo Freire revisited. *J Med Humanit*. 2006;27(4):245-51.
- ⁷ American Council on Education and Blackboard. Clarifying Competency-Based Education Terms. <http://bit.ly/2ib6f7n>. Accessed April 2, 2018.
- ⁸ MedBiquitous Competencies Working Group. Performance Framework – Definitions website. <http://bit.ly/2ic3ouQ>. Updated January 30, 2013. Accessed November 28, 2017.
- ⁹ Englander R, Cameron T, Ballard AJ, et al. Toward a common taxonomy of competency domains for the health professions and competencies for physicians. *Acad Med*. 2013;88(8):1088-1094. doi: 10.1097/ACM.0b013e31829a3b2b.
- ¹⁰ Accreditation Council on Graduate Medical Education, American Board of Family Medicine. The Family Medicine Milestone Project; 2015. <http://bit.ly/2AdQdix>. Accessed April 2, 2018.
- ¹¹ Kaprielian VS, Silberberg M, McDonald MA, et al. Teaching population health: a competency map approach to education. *Acad Med*. 2013;88(5):626-637. doi: 10.1097/ACM.0b013e31828acf27.

- ¹² Interprofessional Education Collaborative. Core Competencies for Interprofessional Collaborative Practice: 2016 Update. Accessed Dec 2, 2022.
- ¹³ Bodenheimer T, Ghorob A, Willard-Grace R, et al. The 10 building blocks of high-performing primary care. *Ann Fam Med*. 2014;12(2):166-171.
- ¹⁴ Holm AL, Rowe Gorosh M, Brady M, White-Perkins D. Recognizing privilege and bias: an interactive exercise to expand health care providers' personal awareness. *Acad Med*. 2017;92(3):360-364. doi: 10.1097/ACM.0000000000001290.
- ¹⁵ Tervalon M, Murray-Garcia J. Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *J Health Care Poor Underserved*. 1998;9(2):117-125. doi: 10.1353/hpu.2010.0233.
- ¹⁶ El-Askari G, Walton S. Local government and resident collaboration to improve health: a case study in capacity building and cultural humility. In: Minkler M, ed. *Community Organizing and Community Building for Health*. 2nd ed. New Brunswick, NJ: Rutgers University Press; 2005:254-271.
- ¹⁷ US Department of Health and Human Services Office of Minority Health. The National CLAS Standards website. <http://bit.ly/2mzVL29>. Updated September 1, 2016. Accessed November 28, 2017.
- ¹⁸ Prober CG, Kahn S. Medical education reimaged: a call to action. *Acad Med*. 2013;88(10):1407-10. doi: 10.1097/ACM.0b013e3182a368bd.
- ¹⁹ Kumagai AK, Lyson ML. Beyond cultural competence: critical consciousness, social justice, and multicultural education. *Acad Med*. 2009;84:782-787. doi.org/10.1097/ACM.0b013e3181a42398.
- ²⁰ Valsangkar B, Chen C, Wohltjen H, Mullan F. Do medical school mission statements align with the nation's health care needs? *Acad Med*. 2014;89(6):892-895. doi: 10.1097/ACM.0000000000000241.

2024 CLINICAL HANDBOOK SIGNATURE SHEET

Every attempt is made to provide a complete clinical handbook that provides an accurate overview of the clinical curriculum. However, circumstances and events may make it necessary to modify the handbook during the clinical year. Any amendments will supersede those sections of the original handbook.

I attest that I have received, read, and fully understand the Touro University Joint MSPAS/MPH Program Class of 2024 Clinical Year Handbook. I understand that amendments may be made to the policy and procedures noted within. I hereby agree to comply with all provisions listed in this handbook and any future amendments.

Signature

Date

Print Name

This form is due back to the Joint MSPAS/MPH program (via Canvas upload to the CY Organization) by January 31, 2023.