



Master of Physician Assistant Studies  
Preceptor Handbook

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Dear Preceptor:

We would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this Program and to our physician assistant (PA) students.

The clinical experiences the student will obtain in your practice are of critical importance to a successful learning experience in the Program.

The clinical setting synthesizes concepts and application of principles for quality healthcare delivery.

You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting.

The PA student will work closely with you, learning from your advice and example.

Please take some time and familiarize yourself with the contents of the Preceptor Handbook as it addresses all areas encompassing the clinical year. If you have questions or concerns at any time, please contact the Director of Clinical Education for assistance.

The learning outcomes outlined in the Handbook are there to enable the student to become a competent physician assistant. While in your practice for a rotation, the student should have hands-on experiences with patients, to include history-taking, examination, formulation of differential diagnosis and a proposed treatment plan. The student should also have opportunities to participate in clinical procedures, as appropriate. The clinical experience that the student has with you is crucial to his/her preparation and development as a newly graduated primary care PA.

Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing primary care PA.

Thank you for your commitment to PA education.

# Executive Summary of the Preceptor Handbook

Dear Preceptor,

Thank you for your desire to join our family and become a preceptor for the Florida Gulf Coast University (FGCU) Master of Physician Assistant Studies (MPAS) Program.

The following is a summary of the main points that are covered in the Preceptor Handbook.

1. The policies, procedures, and outcomes of the clinical rotation outlined in the Preceptor Handbook, and incorporated by reference, shall govern the operation of the clinical rotation.
2. The student will maintain liability insurance for the duration of the clinical rotation year. The student is only covered if attending the assigned rotation. The student is not to participate in clinical activities outside of the assigned rotation site/preceptor without prior permission of the MPAS Program.
3. During the rotation, the preceptor will coordinate hands-on learning experiences for the student in appropriate health care facilities, which may include hospitals, clinics, nursing homes, assisted living facilities or other facilities for appropriate instruction of the student in the clinical rotation discipline.
4. The preceptor must supervise the student throughout the rotation. This responsibility may be allocated to another practitioner as long as the primary preceptor approves of the learning experience, and the secondary preceptor agrees to take on the supervisory responsibility of the student. The supervising clinician must be available to the student at all times. The student is not permitted to be in a facility, seeing patients, without the immediate availability of the preceptor. Please see the Preceptor Handbook for specific instructions.
5. The preceptor, via this Handbook and associated attachments, has received the outcomes for the rotation(s) that he/she will be providing for the clinical experience. He/she agrees to periodically review the outcomes with the student to ensure the student will have as many opportunities as possible to meet the outcomes.
6. The preceptor is to provide ongoing feedback to the student, including assisting the student with their completion of the informal Mid-Rotation Evaluation. A formal assessment of the student's experience is to be completed at the end of the rotation. This evaluation shall be completed using the PA Program's end of rotation evaluation form (in Typhon) and shall be submitted to the Director of Clinical Education as part of the student's rotation grade. For the student to receive a passing grade for the rotation, the student must receive an 80% or greater from the preceptor's end-of-rotation evaluation.
7. The preceptor agrees not to mistreat the student or allow others to mistreat the student. The PA Program's definition of student mistreatment is consistent with that of the American Medical Association's Council on Medical Education.

8. The preceptor agrees to contact the Director of Clinical Education in the event that the student is acting in an unprofessional way. This includes unexcused absences, professional misconduct, or significant lack of medical knowledge.
9. The preceptor may contact the Director of Clinical Education or any faculty member of the MPAS Program at any time to obtain guidance or assistance in dealing with any PA student education or professional issue.
10. The MPAS Program is committed to fostering and maintaining open communication with the preceptor, in part to solicit feedback from the preceptor with regard to the quality, content, and effectiveness of the didactic education that is being delivered to the MPAS students.

The FGCU MPAS Program thanks you for becoming a preceptor for our students. We look forward to working with you as together we help shape the future of our profession!

Please do not ever hesitate to contact the Director of Clinical Education if you have any questions. We promise to always be responsive to your questions or concerns.

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## Introduction

We would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this Program and our physician assistant (PA) students. The clinical experiences the student will obtain at your clinical site are of critical importance to a successful learning experience in the Program. The clinical setting synthesizes concepts and application of principles for quality healthcare delivery. As a clinical preceptor, you are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing PA. Thank you for your commitment to PA education.

## Program Mission

The mission of the MPAS Program at Florida Gulf Coast University is to prepare competent and effective master's level primary care physician assistant practitioners who will collaboratively practice with physicians and other members of the healthcare team to provide high quality patient-centered care. As part of our continuous self-study process our mission statement, goals, learning outcomes and competencies will be routinely re-evaluated with input and expertise from faculty, advisory board, students, alumni, patients and employers.

## Program Description

The MPAS Program is a 27-month curriculum leading to a Masters Degree in Physician Assistant Studies. The first 15 months are dedicated to didactic education; the final 12 months of the Program are dedicated to supervised clinical rotations. **Clinical rotations are 4 weeks in length** and are located at healthcare sites primarily across Southwest Florida.

Admission to the MPAS Program is highly competitive. Healthcare experience is a prerequisite for the Program, and students averaged over 3,000 hours of experience prior to entry into the Program. Coursework in biology, chemistry, organic or biochemistry, anatomy and physiology, microbiology, and genetics are required as prerequisites, with a minimum GPA of 3.0. Incoming students have averaged a GPA greater than 3.5.

Students take courses on the campus of Florida Gulf Coast University in Fort Myers, Florida. Didactic courses include anatomy, physiology, pharmacology, clinical medicine, ethics, and clinical skills.

The clinical phase of the Program allows students to integrate their learned knowledge into healthcare practice. Students may not begin clinical rotations until:

- Successful completion of all didactic year coursework



- Criminal background check and urine drug screen with favorable results
- Documentation of CDC-recommended screening, immunization and titers
- Successful completion of Health Insurance Portability and Accountability Act (HIPAA), Occupational Safety and Health Administration (OSHA), Basic Cardiac Life Support (BLS), and Advanced Cardiac Life Support (ACLS) trainings.
- Students may be required to perform additional background checks, drug screenings, and training required by individual rotation sites.

Failure to complete the curriculum requirements may delay the start of clinical rotations and may ultimately delay a student's graduation.

Core clinical rotations are in:

- Behavioral health
- Emergency medicine
- General surgery
- Inpatient internal medicine
- Outpatient internal medicine
- Pediatrics
- Primary care medicine (2 rotations)
- Women's health

Three selective rotations are required. The selective rotation is based upon the student's request and the needs of the student and the Program.

Rotation sites may vary in schedule, expectations, and assignments. All are initially and continually assessed for appropriateness, adequacy, and quality, to ensure that the students are able to meet Program expectations by the end of the clinical year.

## Program Curriculum

### Didactic Phase (August - December)

Fall (16 weeks)

PAS 6036C	Physical Diagnosis I	2 credit hours
PAS 6002	Medical Communications	2 credit hours
PAS 6010	Clinical Medicine I	4 credit hours
PAS 6024	Human Physiology	3 credit hours
PAS 6022C	Gross Anatomy	4 credit hours
PAS 6050	Intro to PA Practice	2 credit hours

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Total credit hours: 17

Spring (16 weeks)

PAS 6037C	Physical Diagnosis II	2 credit hours
PAS 6020	Clinical Medicine II	5 credit hours
PAS 6023	Pharmacology I	2 credit hours
PAS 6030	Diagnostic & Laboratory Study	3 credit hours
PAS 6051	Legal & Ethical Issues	2 credit hours
PAS 6045	Integrated Clinical Science	2 credit hours

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Total credit hours: 16

Summer A & B (12 weeks)

PAS 6012	Clinical Integration I	2 credit hours
PAS 6031C	Clinical Skills I	3 credit hours
PAS 6033	Clinical Medicine III	2 credit hours
PAS 6026	Pharmacology II	2 credit hours

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Total credit hours: 9

Fall (16 weeks)

PAS 6005	Behavioral Medicine	2 credit hours
PAS 6013	Evidence-based Medicine	2 credit hours
PAS 6017	Clinical Integration II	2 credit hours
PAS 6021	Public Health	1 credit hour
PAS 6032C	Clinical Skills II	1 credit hour
PAS 6035	Clinical Medicine IV	4 credit hours

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Total credit hours: 12

**Total Didactic Year Credit Hours: 53**

Clinical Phase (January – December)

The following clinical rotations will be scheduled during the Spring, Summer, and Fall semesters.

PAS 6100	Internal Medicine I	3 credit hours
PAS 6101	Internal Medicine II	3 credit hours
PAS 6125	Behavioral Health	3 credit hours
PAS 6200	Surgery	3 credit hours
PAS 6300	Pediatrics	3 credit hours
PAS 6400	Primary Care I	3 credit hours
PAS 6401	Primary Care II	3 credit hours
PAS 6505	Women's Health	3 credit hours

PAS 6600 Emergency Medicine	3 credit hours
PAS 6940 Selective Rotation I	3 credit hours
PAS 6941 Selective Rotation II	3 credit hours
PAS 6942 Selective Rotation III	3 credit hours

The following course will take place in the 7<sup>th</sup> Semester

PAS 6935 Seminar	1 credit hour
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Note: During the clinical phase of the Program, the course schedule/calendar may differ from that of the general FGCU schedule. Students may only have “vacation” days in between rotations. The student schedule is controlled by the preceptor.

**Total Clinical Year Credit Hours: 37**

**TOTAL PROGRAM CREDIT HOURS: 90**

## General Goals of the Clinical Year

The clinical year takes students from the theoretical classroom setting to an *active, hands-on learning environment* to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA.

The ultimate goal of the clinical year is to provide hands-on experiences that will, in combination with independent study and on-campus activities, allow the student to meet the Program learning outcomes, which are listed below.

Meeting the Program learning outcomes will mean that the PA student has attained the knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities needed for entry-level practice as a newly-graduated PA.

## Rotation Guidelines

Clinical rotations are defined by the FGCU MPAS Program to be “supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and which result in a detailed plan for patient management.”

**The goal of clinical rotations is to prepare the PA student for effective clinical practice as a new graduate primary care PA.** The preceptor should keep this in mind as he or she guides the student during the rotation. The rotation objectives, topic blueprint, and learning outcomes have been created with this goal in mind. **To achieve this goal, the students are expected to have a “hands-on” clinical experience, which goes well beyond mere “shadowing.”**

Furthermore, note that **rotations must address the fundamental principles of the rotation subject, especially in the core clinical rotations** (i.e. family medicine, emergency medicine, internal medicine, surgery, pediatrics, womens’ health, and behavioral health).

**The rotation-specific learning outcomes can be found in Appendix B of this handbook.** It is of vital importance that the preceptor become and remain familiar with the student learning outcomes because they help guide student learning. Also, they are assessed at the end of every rotation and help ensure that the student is prepared to enter clinical practice. If the preceptor is having trouble logging in to Typhon, contact the Clinical Director, Amy Steinhour, at [asteinhour@fgcu.edu](mailto:asteinhour@fgcu.edu) or (239) 590-7536.

Throughout the entire year, students are expected to be fully involved in the activities at the clinical site to improve upon their skills (i.e., patient interviews, examinations, workups, differential diagnoses, proposed treatment plans, attending lectures/rounds, participating in procedures, etc.).

Outlined on the FGCU PA Program Website are the Program learning outcomes and graduate competencies with which students must become proficient by the end of their clinical year:

<https://www.fgcu.edu/mariebcollege/healthsciences/physicianassistantstudies-mpas.aspx#LearningOutcomes>

The professional competencies for physician assistants, which are evaluated during the clinical year include:

- The effective and appropriate application of medical knowledge
- Interpersonal and communication skills
- Patient care
- Professionalism
- Practice-based learning and improvement
- Systems-based practice

The MPAS Program has adopted and integrated learning outcomes into its curriculum, representing the knowledge, interpersonal, clinical and technical skills, as well as the professionalism, clinical reasoning, and problem-solving abilities that are needed to be a competent new graduate PA.

- Typically, students in their first three rotations of clinical training are beginning to develop these basic skills, building upon the foundation that is formed during the didactic phase courses.
- During the fourth through the sixth rotations, students typically are gaining confidence in their abilities and continue to improve their clinical presence.
- From the seventh rotation to the end of the clinical year, refining the students' skills is the main emphasis.

*If the preceptor notes any possible deficits, comments should be included on the student's evaluation or the Program's Clinical Director should be notified directly, so the Program may remediate accordingly.*

## The Preceptor-PA Program Relationship

The success of clinical training of PA students depends on maintaining good communication among the student, the PA Program, preceptors, and the Director of Clinical Education. All members of the team should share contact information.

If a preceptor has a question or concern about a student, he or she is urged to contact the Clinical Director. The Program strives to maintain open faculty–colleague relationships with its preceptors and believes that should problems arise during a rotation, by notifying appropriate

Program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

## Professional Liability

Each PA student is fully covered for malpractice insurance by the CM&F Group, with occurrence based coverage at \$1 million per incident and \$3 million aggregate. The insurance covers the student for the assigned clinical site, while functioning within the scope of a PA student, under the responsible supervision of the preceptor within the scope of the agreed-upon clinical experience. This is vital in preserving the professional liability coverage provided and is important to protect both the student and the employer in the case that legal action is sought by a patient.

Students completing a rotation with a preceptor or site that may end up becoming an employer must maintain a “student” role in the clinic and should not assume responsibilities of an employee until after matriculation from the Program. Furthermore, students must not participate in patient-care activities outside of the student’s rotation assignment, unless previously approved by the program. While these opportunities may be attractive and are seemingly benign, they must be avoided, as the liability coverage may not cover the student in these circumstances. All clinical sites and preceptors must be evaluated and approved by the Program, as required by the Program’s accrediting body.

In addition, if a PA student is working in a paid position in a different health-care related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance may not cover any student assuming the “PA student” role outside of an assigned clinical rotation. Again, all clinical sites and preceptors must be evaluated and approved by the Program, as required by the Program’s accrediting body. Assuming the “PA student” role outside of an assigned clinical rotation circumvents this requirement.

## Site Visits by Program Faculty

Site visits, both announced and unannounced (to the student), may occur during the rotation month. During the site visit, a faculty member or other person designated by the PA Program will visit a preceptor and the student in their clinical site. Site visits will be conducted in a manner that does not cause disruption to the preceptor’s practice.

## Preceptor Development

Appendix A lists tools to aid with preceptor development and orientation to the role of “preceptor”.

Preceptors are encouraged to use these suggestions, as appropriate to their own practice, to help them become more effective as preceptors. These tips may also help to reduce the impact that teaching has on preceptor productivity.

Additionally, the relevant rotation syllabus will be provided to the preceptor, so that he/she will be oriented to what is expected of the student.

## Preceptor Role and Responsibilities

### Definition of the Preceptor Role

The preceptor is an integral part of the PA Program, serving as a part of the instructional faculty. Preceptors will serve as role models for the student and, through guidance and teaching, will help students perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

### Preceptor Responsibilities

Preceptor responsibilities include, but are not limited to, the following:

- **Being familiar with the learning objectives and outcomes of the rotation**, in order to know what the program’s expectations of the student are.
- **Coordinating hands-on learning experiences** for the student to attain the learning outcomes of the rotation, addressing the fundamental principles of the specialty. This coordination includes:
  - **Encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and which result in a detailed plan for patient management.**
  - **Access to physical facilities for the rotation.** This may include hospitals, clinics, nursing homes, assisted living facilities or other facilities for appropriate instruction of the student in the clinical rotation discipline.
  - **Access to patient populations appropriate to the rotation.** Common diagnoses and patient demographics are key.
  - **Access to supervision** and monitoring of progress towards attaining the rotation learning outcomes.
- **Orienting PA students** at the onset of the rotation with the practice/clinical site policies and procedures and review the expectations and objectives for the rotation

- **Supervising, demonstrating, teaching, and observing** clinical activities in order to aid in the development of clinical skills and ensure proper patient care
- **Providing ongoing and timely feedback** regarding clinical performance, knowledge base, and critical thinking skills.
  - This can be done with the student informally each week or at a designated time and can be formally reported to the Director of Clinical Education by assisting the student in submitting the mid-rotation and the submission of the preceptor's end-of-rotation evaluation
  - Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationship
- Delegating to the PA student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise
- Engaging in dialogue with faculty during site visits to evaluate student progress and assist the learning process
- Evaluating the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans
- Promptly notifying the PA Program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
- **Participating in the assessment/evaluation of the student's ability** to achieve Program-defined learning outcomes, objectives, clinical skills, and medical knowledge base through the following mechanisms:
  - Direct supervision, observation, and teaching in the clinical setting
  - Direct evaluation of presentations (including both oral and written)
  - Assignment of outside readings and research to promote further learning
- Completing and promptly returning the electronic evaluation forms (located in Typhon) provided by the Program reflecting on student knowledge and skills as well as their improvement throughout the rotation
- Maintaining an ethical approach to the care of patients and serving as a role model for the student
- Demonstrating cultural competency through interactions with patients

## The Preceptor-PA Student Relationship

The preceptor must maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Twitter, Instagram, Snapchat, etc.) should be avoided until the student fully matriculates through the educational Program. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a



professional relationship must be maintained at all times in the clinical setting. Consensual romantic or sexual relationships in which one party maintains a direct supervisory or evaluative role over the other party are unethical. *As such, PA students will not be permitted to be precepted by anyone with whom they are involved in a romantic or sexual relationship.*

## Student Mistreatment

Per the Association of American Medical Colleges, “mistreatment either intentional or unintentional occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include

- sexual harassment;
- discrimination or harassment based on race, religion, ethnicity, gender, or sexual orientation;
- humiliation;
- psychological or physical punishment;
- and the use of grading and other forms of assessment in a punitive manner.”

**It is the goal of the MPAS Program to provide an environment for students that is conducive to learning and free of all forms of harassment. Preceptors are expected to support this goal.**

However, we recognize that misunderstandings between individuals do occur, particularly in the high-stress, low-sleep situations in which PA students and preceptors often find themselves. Mistreatment can take many forms, ranging from subtle belittlement or discrimination to blatant hostility or harassment. Mistreatment may cause a variety of emotional responses in a student, from anger to isolation and embarrassment. Fear of retaliation can be a major component. It can be difficult for students to report mistreatment, and the Program has created an easy pathway to do so.

The MPAS Program forbids any retaliatory action against students who present concerns and complaints in good faith.

A mistreatment grievance is defined as dissatisfaction occurring when a student believes that any decision, act or condition affecting her or him is illegal, unjust or has created unnecessary hardship. Mistreatment grievances may concern, but is not limited to, the following:

- Public belittlement or humiliation
- Threats of physical harm or actual physical punishment
- Requirements to perform personal services, such as shopping
- Being subjected to unwanted sexual advances
- Being asked for sexual favors in exchange for grades
- Being denied opportunities for training because of gender, race/ethnicity or sexual orientation
- Being subjected to offensive remarks/names directed at you based on gender, race/ethnicity or sexual orientation

- Receiving lower grades or evaluation based on gender, race/ethnicity or sexual orientation Physical punishment or physical threats
- Sexual harassment
- Discrimination based on race, religion, sex, sexual orientation, national or ethnic origin, age, disability
- Repeated episodes of psychological punishment of a student by a particular superior (e.g. public humiliation, threats and intimidation, removal of privileges)
- Grading used to punish a student rather than to evaluate objective performance
- Assigning tasks for punishment rather than to evaluate objective performance
- Requiring the performance of personal services
- Taking credit for another individual's work
- Intentional neglect or intentional lack of communication.

The FGCU MPAS Program is committed to:

- Treating all students fairly with regard to both personal and professional concerns;
- ensuring that concerns are promptly dealt with and resolutions reached in a fair and just manner;
- proactively educating program faculty (including principle and instructional) and staff regarding student mistreatment and making it clear that student mistreatment is unacceptable;
- encouraging and enabling students to bring problems to the attention of the program administration in a timely manner; and
- ensuring that substantiated acts of mistreatment of students are corrected in a timely manner

## Orientation and Communicating Student Expectations

The orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team at the rotation site. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently. This is especially important as clinical rotations are four weeks in length.

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

Early in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regard to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations can include:

- Assigned hours of the rotation
- General attendance

- Call schedules, if applicable
- Interactions with office and professional staff
- Participation during rounds and lectures
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Anything additional that the preceptor feels is necessary

Please note that assigned hours should *at the very least* be equal to what would be expected for a *full-time* PA in the preceptor's practice, with the intention of maximizing clinical exposure and learning opportunities. Simply put, the more a student is present, the more learning opportunities may exist. Clinical rotations are not a part-time endeavor. This, however, does not preclude the need for the student to have adequate time to rest and to study for end of rotation exams and the national certification exam. Please see page 25 for further details on the "PA Program Student Duty Hours Policy".

Students are expected to communicate with preceptors when they may be out of the clinical setting for any reason. This could include attendance at State or National PA Conferences, illness, job interviews, or Program-required educational activities. If students anticipate missing clinical time for any reason, they should alert the preceptor and the Director of Clinical Education well in advance of the absence.

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

## Preparing Staff

The staff of an office, clinic, or other rotation site has a key role in ensuring that each student has a successful rotation. By helping the student learn about the office, clinic, or inpatient unit routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient's visit. Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about

how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss:

- Student's name
- Student's schedule
- Student's expected role in patient care
- Effect of the student on office operation and patient scheduling

## Preparing Patients

The patients are essential partners in this educational endeavor as well. Gaining patient acceptance is key to a successful clinical rotation experience. Office staff should make sure that the patient is okay with being seen by a student. Consideration should be given to posting a notice in the clinic waiting and/or exam room to notify staff or providers if patients should have questions about PA student involvement in the clinic. Patients should always be thanked for being a part of this educational endeavor.

All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient's consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students should be clearly identified as PA student and must also verbally identify themselves as such. If the patient requests a physician and refuses the PA student's services, the request must be honored. Patients must know that they will see their regular provider, and they should have an explicit opportunity to decline student involvement.

## Supervision of the PA Student

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

The performance of procedures by PA students will be based upon site/preceptor preferences and availability. If the student is permitted to perform procedures, they must be directly supervised by the clinical preceptor. The preceptor must be on site and immediately available to assist the student in the performance of the procedure if needed.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. While students, as a part of the learning process, may be asked to perform tasks that are normally performed by clinicians, technicians, assistants, and staff, ***students are not to substitute for or function as paid clinicians, clerical staff, or other workers at the clinical sites.*** On each rotation, it is the student's responsibility to ensure that the supervising preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Centers for Medicare and Medicaid Services (CMS) regulations are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" section. The PA student will not be allowed to see, treat, or discharge a patient without concurrent evaluation by the preceptor.

## Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to their practice manager, billing and coding personnel, or the MPAS Director of Clinical Education, as appropriate. Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S." Preceptors are required to document the services they provide as well as review, verify and edit all student findings and documentation.

Although student documentation may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own edification, which should be reviewed by preceptors whenever possible for feedback.

## Medicare Policy

In November 2019, the Center for Medicare and Medicaid Services (CMS) changed its rules regarding student participation in documentation. Before this change, PA students were not permitted to document the HPI, physical exam and medical decision-making components of an E/M service. According to the finalized policy, payment, and quality provisions changes to the Medicare Physician Fee Schedule for Calendar Year 2020, if the PA student documents the performance of these services, the preceptor must review and verify these elements of the visit. The preceptor does not have to redocument notes made in the chart by the PA student.

## Prescription Writing

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

## Evaluation of Student by Preceptor

Evaluations of the student by the preceptor shall be completed during at the end of the rotation. All evaluations are performed electronically in Typhon:

<https://www2.typhongroup.net/past/preceptor/login.asp?facility=7649>

Student evaluations are designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses so as to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation and assess progress in comparison to other students at the same level (i.e. a student on his or her first rotation might not be expected to perform at the same level as a student nearing the end of his or her training).

The preceptor's assessment/evaluation of the student's ability to achieve Program learning outcomes is tremendously important. On all rotations, a passing evaluation from the preceptor is mandatory. If deemed "not passing," the student may be required to repeat the rotation or undergo remediation procedures specified by the Program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the Program faculty.

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student's professionalism and

effectiveness as a team player with all members of the healthcare team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

## Feedback to Students

While students may have only one formal evaluation during the clinical rotation, *it is imperative that they receive regular positive and constructive feedback on a daily basis from their preceptors to help improve their clinical performance.* Part of this feedback will be the preceptor assisting the student with the student's mid-rotation self-evaluation, which is submitted to the Program by the end of the second week of the rotation. The evaluation at the mid-point of the rotation is meant to give the student and preceptor an opportunity to discuss the progress of the student at that point, and to provide feedback. This gives the student the opportunity to identify areas of improvement and to enhance the learning experience. Note that the student completes the Mid-Rotation Self-Evaluation, in collaboration with the preceptor. At the end of the rotation, the preceptor will complete an evaluation of the student's success in meeting the learning objectives of the rotation. The end-of-rotation evaluation should not be the first time that a student learns that his or her performance was not acceptable.

## Evaluation of Preceptor/Clinical Site by Student

Upon completion of each rotation, the student will complete an evaluation of the rotation site and preceptor. This will include the preceptor's ability to communicate effectively to students, availability to meet with and direct students, and enthusiasm about the PA profession. A student's candid and thoughtful input, suggestions and constructive criticism are welcomed and necessary to ensure quality training and to facilitate the MPAS Program's self-assessment and improvement.

## Role of the PA Student

### Expected Progression of PA student

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

## Student Responsibilities

In addition to adhering to the standards of professional conduct outlined in the MPAS Program Policies and below, students are expected to perform the following during their clinical rotations:

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

## Standards of Professional Conduct

As healthcare practitioners, PAs are required to conform to the highest standards of ethical and professional conduct. These include, but are not limited to:

- Respect
- Flexibility
- Academic and personal integrity
- Honesty and trustworthiness
- Accountability
- Cultural competency

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs. The PA Program has adopted the AAPA Guidelines for Ethical Conduct for the PA Profession. The professional conduct of PA students is evaluated on an ongoing basis throughout the Program. Violations of standards of conduct are subject to disciplinary actions administered by the University and by the Physician Assistant Program.

If preceptors observe or are informed of any concerns about a student's professionalism, please contact the Clinical Director immediately.



## PA Student Duty Hours Policy

The following is a summary of the MPAS Program policies and expectations regarding PA student duty hours during clinical rotations. Note that the intention of this policy is to maximize clinical exposure and learning opportunities while ensuring adequate time to rest and to study for end of rotation exams and the national certification exam.

- Students normally report to rotations on the first Monday of each rotation block and work until 4 PM of the last day (usually a Thursday) of the rotation block unless directed to do otherwise by the PA Program or preceptor.
- The rotation *preceptor controls the student's schedule, night call, days off, and daily routine*. Students are expected to clarify all schedule issues with the preceptor on the first day of rotation.
- MPAS students are not to work more than 16 consecutive hours providing patient care unless the student has access to an "on-call" room, and opportunities to rest.
- Students must receive at least 1 day off per week during their rotation.
- Call schedules are to be followed as the preceptor/service specifies. On-call experience should fulfill an educational function and not a site staffing need. It should not be excessive. If a problem exists, the PA Program should be notified for clarification.
- Students must not be required to perform in-house overnight call more frequently than every three days.
- Students who must have time off from a rotation, and such time off will cause the student to miss out on patient contact, must obtain approval from both their preceptor and the Clinical Director prior to the absence taking place. This is most relevant to rotations at clinics with set traditional office hours (e.g. Mon-Fri 8a-5p).
- Unexcused absences from clinical rotations will not be tolerated.
- Absence from or anticipated lateness to a rotation for any reason requires the student to notify their preceptor and the Clinical Director as soon as possible. Failure to do so is considered a very serious professional conduct violation.
- Excessive absence from a clinical rotation may result in the student receiving an "incomplete" grade for the rotation, and thereafter being placed in additional clinical experiences, up to and including a repeat of the entire rotation.
- All students at FGCU have a right to expect that the University will reasonably accommodate their religious observances, practices, and beliefs. Students, upon prior notification to their instructors, shall be excused from class or other scheduled academic activity to observe a religious holy day of their faith.

## Immunization Requirements

Students in the MPAS are required to show proof of appropriate immunity, or documented immunization, prior to matriculation and prior to the onset of actual patient contact. Ultimately, each student is responsible for his/her health and safety in the clinical/educational setting. Therefore, it is the goal of the MPAS Program that all students learn appropriate policies and procedures to follow in the event that they are injured or potentially exposed to blood-borne pathogens or other communicable diseases, as well as exposure to environmental hazards.

The requirements of the FGCU MPAS Program are consistent with the CDC recommendations for health screening and immunizations for healthcare workers and meet the requirements for credentialing at SWFL area facilities and hospitals.

## Background Check and Drug Screening

In order to meet the requirements of various clinical agencies where PA students have practice experiences, students are required to have background checks and a 10-panel urine drug screen upon matriculation to the program and prior to the start of the clinical year. A PA student with background check or drug screen results that prevent placement at clinical sites may not be able to continue in the Program. The FGCU MPAS Program requires a Level 2 FBI and FL Department of Law Enforcement Background Check. Clinical sites may reserve the right to require additional background checks and drug screens prior to the student starting a clinical rotation at the site.

## Hazardous Exposure Procedure

An occupational exposure (such as a percutaneous needlestick injury or mucus membrane exposure to bodily fluids) is considered an urgent medical concern, which requires immediate attention for proper medical management. The student must not delay in seeking medical care.

It is the responsibility of the student to report sharp injuries, needle sticks, or other potential exposure to blood-borne pathogens via blood or body fluids immediately to the preceptor or supervisor at the facility where the accident occurs. The student must also notify the PA Program in the event of an exposure incident within 24 hours of the exposure.

If the exposure occurs during normal business hours, the student should report to Student Health Services (SHS) (Hours 8:15 am to 4:45 pm Mon-Thur, 9:00 am to 4:45 pm Fri) for testing and for counseling. SHS will provide medical intervention at low cost and/or for insurance coverage. The student will be referred to his/her private physician if extended care is needed.

If the exposure occurs outside of business hours, the student should report to the nearest Emergency Department. The student should thereafter follow up with SHS.

Many clinical facilities during the clinical phase of the PA program will begin the post-exposure procedure(s) with the student. There is no mandatory requirement for them to do so. Any costs incurred by the student in following such a plan are the responsibility of the student. It is up to the student to ascertain costs (if any) in advance of accepting such services.

All MPAS students are required to obtain and maintain health insurance. The student has exclusive responsibility for his or her own medical bills.

## Case and Procedure Logging

Logging of certain patient information and procedures into databases (i.e. Typhon) are used to ensure an adequate and robust clinical educational experience is obtained by each student and is a requirement of each student. All students must log the relevant and required clinical data for each and every patient seen, and every procedure performed or observed, without exception. Failure to do so is considered a very serious professional conduct violation.

## Acknowledgements

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## Appendix A – Tips for Preceptors

The Physician Assistant Education Association (PAEA) Committee on Clinical Education has created a set of “One-Pagers for Preceptors” to help streamline and enhance this essential experience. The one-pagers below combine some of the committee’s own resources as well as some of the best precepting practices that are outlined in the literature.

These handy one-pagers offer time-tested methods for making the precepting experience as efficient and rewarding as possible.

- [Introducing/Orienting a PA Student to your Practice](#)
- [One Minute Preceptor](#)
- [Ask-Tell-Ask Feedback Model](#)
- [Incorporating Students Into Workflow](#)
- [How to be an Efficient and Effective Preceptor](#)
- [SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education](#)
- [Tailoring Clinical Teaching to an Individual Student](#)

The peer-reviewed journal Family Practice Management released an article in May 2010 which succinctly discussed the topic of “[How to be an Efficient and Effective Preceptor](#),” containing useful tips and approaches to teaching suggested by successful preceptors. Of course, not all suggestions may apply to all practices. Preceptors and practices should consider which strategies work for them. The article discusses:

- Establishing a Teaching Environment
- Communicating with Everyone Involved
- Tailoring your Teaching to the Student’s Needs
- Sharing Teaching Responsibilities
- Keeping Observation and Teaching Encounters Brief
- Broadening Student Responsibilities

## Appendix B – Rotation Specific Learning Outcomes

**These learning outcomes correlate with the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) 5<sup>th</sup> edition Standards of Accreditation.**

**Standard B3.03 a) Supervised clinical practice experiences must enable all students to meet the program's learning outcomes expected of students, to include preventive, emergent, acute, and chronic patient encounters.**

### Emergent (Emergency Medicine SCPE)

1. Appropriately assess an adult patient with a complaint of cardiac chest pain and recommend an appropriate management plan.
2. Professionally assess an adult patient presenting with neurologic changes and recommend an appropriate management plan.
3. In an adult patient with sepsis, appropriately evaluate and implement an initial management plan.
4. Evaluate a patient with acute dyspnea and implement an initial management plan.

### Acute (Emergency Medicine SCPE)

1. Assess the patient with a complaint of acute dyspnea to include performing a history and physical exam, forming a differential, ordering and interpreting diagnostic tests, and then recommending a management plan.
2. Correctly suture an open wound and provide wound care.
3. In a patient with a musculoskeletal injury, evaluate the patient using patient-centered techniques, order and interpret the x-ray and implement a management plan.
4. Order and correctly interpret a plain chest radiologic film.
5. Appropriately order and interpret a 12 lead EKG for a patient with chest discomfort.

### Acute (Primary Care I & II)

1. In a patient presenting with a headache, evaluate the patient, order and interpret diagnostic tests, form a differential diagnosis and recommend initial management.
2. Perform a patient-centered history and physical exam for patient with a complaint of back pain, interpret appropriate diagnostic tests and determine a management plan.
3. Elicit a problem-focused history and physical exam, order the appropriate labs and diagnostic tests to include radiographs, formulate a differential diagnosis and recommend a management plan for a patient presenting with joint pain.

4. In a patient presenting with dysuria, evaluate the patient, analyze the urinalysis and urine microscopy to recommend pharmacological management.
5. Accurately document an outpatient SOAP note and a referral for a patient in the family practice setting.

#### Acute (Internal Medicine I)

1. Perform a complete patient-centered history and physical exam for an adult patient on admission to the hospital.
2. Accurately document an admission note and patient orders for an adult hospital patient.
3. Recommend appropriate IV fluid management in an adult hospitalized patient.
4. In an adult patient presenting with an electrolyte disorder, evaluate and appropriately manage the disorder.
5. Correctly recommend oxygen management for an adult patient in the hospital setting.
6. When following up on a hospital patient, accurately interpret the urinary input and output, vitals, and laboratory results, perform a problem-focused H&P, and recommend a management plan.
7. Appropriately order a consult for an inpatient if indicated.
8. Accurately write a discharge summary and plan for a hospitalized patient.

#### Acute (Internal Medicine II SCPE)

1. Appropriately evaluate and manage the patient with an upper respiratory infection.
2. In a patient presenting with a rash, evaluate the patient, develop a differential and recommend a pharmacologic management plan.

#### Chronic (Primary Care I & II)

1. In a patient with dyslipidemia, recommend appropriate medication management and lifestyle modifications.
2. Perform a history and physical for a patient with type II diabetes mellitus and recommend management to include pharmacological treatment, glucose monitoring and lifestyle modifications.
3. In a patient with cardiovascular disease, take an appropriate history, perform a physical and create a management plan.
4. Educate patients on the importance of compliance with treatment regimens.

#### Chronic (Internal Medicine II SCPE)

1. Perform a patient-centered history and physical exam, order and interpret the appropriate labs and diagnostic tests to include an ECG for an adult patient with chronic elevated blood pressure or hypertension, and determine management.

2. In an adult patient with chronic dyspnea, assess the patient for stage of disease and recommend management according to the stage.
3. Screen patients for heart failure or chronic ischemia and recommend a management plan when indicated.
4. For an adult patient with hypo/hyperthyroidism, appropriately evaluate, order and interpret the thyroid labs, and recommend a modification of medication if indicated.

#### Preventive (Internal Medicine II SCPE)

1. Perform the preventive well patient history and physical in adult.
2. Screen patients for dyslipidemia by ordering and interpreting a lipid panel.
3. Identify cardiovascular risk factors for a patient and appropriately educate patients on proper diet, exercise and medication management.
4. Order age-specific preventive screenings for colon and lung cancer in a patient.

#### Preventive (Primary Care I & II)

1. Educate patients on appropriate healthy lifestyle choices.
2. Appropriately screen patients for hypertension using blood pressure readings and other diagnostic tests.
3. Professionally screen patients for tobacco use and substance abuse.
4. Conduct prostate screening to include performing a DRE and analyzing PSA Labs.
5. For patient screening for osteopenia/osteoporosis, use the FRAX tool and order and interpret DEXA scans to determine bone density status.

**Standard B3.03 b) Supervised clinical practice experiences must enable all students to meet the program's learning outcomes expected of students, for patients seeking:**

**a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly,**

#### Infant (Pediatrics SCPE)

1. Perform a preventive well patient history and physical exam on an infant.
2. Determine the developmental milestones in infants and document results.
3. Provide patient-centered education to parents regarding the immunization schedule for infants.
4. Evaluate an infant presenting with a fever and recommend the management.
5. Appropriately assess and manage an infant with an upper respiratory infection.

#### Child (Pediatrics SCPE)

1. Perform a preventive well patient history and physical for a child
2. Recognize and document normal and abnormal growth and development in children.

3. Recommend the appropriate immunization schedule for a toddler or child to include administering an IM/SC injection if warranted.
4. In a child with a sore throat, perform a H&P, obtain a throat swab, and determine the management.
5. Accurately perform an otoscopic exam on a child presenting with ear pain and recognize normal and abnormal findings.

#### Adolescent (Pediatrics SCPE)

1. Perform the preventive well patient history and physical exam for an adolescent patient.
2. Provide counseling regarding alcohol, smoking, drugs, and safe sex practices to the adolescent.
3. Assess and recommend the management of the adolescent with a musculoskeletal injury.
4. Determine the Tanner Stages of development in an adolescent and recognize normal and abnormal growth and development.
5. Professionally counsel patients on immunizations that are indicated for adolescents to include HPV.

#### Elderly (Internal Medicine I SCPE)

1. Professionally assess the functional capacity of an elderly patient in preparation for hospital discharge.
2. Review the medication and correct polypharmacy issues in the hospitalized elderly patient.

#### Elderly (Internal Medicine II SCPE)

1. Professionally assess an elderly patient for fall risk and recommend fall prevention.
2. Educate an elderly patient regarding advance directives.
3. Order appropriate immunizations for elderly patients, including pneumonia, influenza, and herpes zoster.

#### Adult (Emergency Medicine SCPE)

1. Appropriately assess a patient with a complaint of cardiac chest pain and recommend an appropriate management plan.
2. Assess a patient presenting with neurologic changes and recommend an appropriate management plan.
3. In a patient with sepsis, appropriately evaluate and implement an initial management plan.
4. Evaluate a patient with acute dyspnea and implement an initial management plan.



5. Assess the patient with a complaint of acute dyspnea to include performing a history and physical exam, forming a differential, ordering and interpreting diagnostic tests, and then recommending a management plan.
6. Correctly suture an open wound and provide wound care.
7. In a patient with a musculoskeletal injury, evaluate the patient, order and interpret the x-ray and implement a management plan.
8. Order and correctly interpret a plain chest radiologic film.
9. Appropriately order and interpret a 12 lead EKG for a patient with chest discomfort.

#### Adult (Internal Medicine I)

1. Perform a complete history and physical exam for a patient on admission to the hospital.
2. Accurately document an admission note and patient orders for a hospital patient.
3. Recommend appropriate IV fluid management in a hospitalized patient.
4. In a patient presenting with an electrolyte disorder, evaluate and appropriately manage the disorder.
5. Correctly recommend oxygen management for a patient in the hospital setting.
6. When following up on a hospital patient, accurately interpret the urinary input and output, vitals, and laboratory results, perform a problem-focused H&P, and recommend a management plan.
7. Appropriately order a consult for an inpatient if indicated.
8. Accurately write a discharge summary and plan for a hospitalized patient.

#### Adult (Primary Care I & II)

1. In a patient with dyslipidemia, recommend appropriate medication management and lifestyle modifications.
2. Perform a history and physical for a patient with type II diabetes mellitus and recommend management to include pharmacological treatment, glucose monitoring and lifestyle modifications.
3. In a patient with cardiovascular disease, take an appropriate history, perform a physical and create a management plan.
4. Educate patients on the importance of compliance with treatment regimens.
5. For patient screening for osteopenia/osteoporosis, use the FRAX tool and order and interpret DEXA scans to determine bone density status.
6. In a patient presenting with a headache, evaluate the patient, order and interpret diagnostic tests, form a differential diagnosis and recommend initial management.
7. Perform a history and physical exam for patient with a complaint of back pain, interpret appropriate diagnostic tests and determine a management plan.

8. Elicit a problem-focused history and physical exam, order the appropriate labs and diagnostic tests to include radiographs, formulate a differential diagnosis and recommend a management plan for a patient presenting with joint pain.
9. In a patient presenting with dysuria, evaluate the patient, analyze the urinalysis and urine microscopy to recommend pharmacological management.
10. Accurately document an outpatient SOAP note and a referral for a patient in the family practice setting.
11. Educate patients on appropriate healthy lifestyle choices.
12. Appropriately screen patients for hypertension using blood pressure readings and other diagnostic tests.
13. Screen patients for tobacco use and substance abuse.
14. Conduct prostate screening to include performing a DRE and analyzing PSA Labs.

#### Adult (Internal Medicine II SCPE)

1. Perform a history and physical exam, order and interpret the appropriate labs and diagnostic tests to include an ECG for a patient with chronic elevated blood pressure or hypertension, and determine management.
2. In a patient with chronic dyspnea, assess the patient for stage of disease and recommend management according to the stage.
3. Screen patients for heart failure or chronic ischemia and recommend a management plan when indicated.
4. For a patient with hypo/hyperthyroidism, appropriately evaluate, order and interpret the thyroid labs, and recommend a modification of medication if indicated.
5. Perform the preventive well patient history and physical in adult and elderly patients
6. Screen patients for dyslipidemia by ordering and interpreting a lipid panel.
7. Identify cardiovascular risk factors for a patient and appropriately educate patients on proper diet, exercise and medication management.
8. Order age-specific preventive screenings for colon and lung cancer in a patient.
9. Appropriately evaluate and manage the patient with an upper respiratory infection.
10. In a patient presenting with a rash, evaluate the patient, develop a differential and recommend a pharmacologic management plan.

**Standard B3.03 c) Supervised clinical practice experiences must enable all students to meet the program's learning outcomes expected of students, for patients seeking:  
b) women's health (to include prenatal and gynecologic care),**

#### Women's Health SCPE

##### Gynecological care

1. Perform a pelvic exam on a normal, healthy female patient under the direct supervision of a preceptor and obtain a PAP or cultures as indicated.
2. Perform a breast exam on a normal, healthy female patient under the direct supervision of a preceptor and order mammography if indicated.
3. Assess a patient with a complaint of vaginal bleeding and recommend an appropriate management plan.
4. In a patient with lower abdominal/pelvic pain, conduct a patient-centered history and physical exam and recommend an appropriate management plan.
5. Evaluate a patient with vaginal discharge by performing a pelvic exam, obtaining and interpreting cultures, and recommending an appropriate management plan

#### Prenatal

1. Obtain an obstetrical history of a patient to include contraceptive history and gravidity/parity.
2. Appropriately determine fetal heart tones and measure fundal height of the pregnant patient.
3. Determine fetal positioning during a physical exam of a prenatal patient.
4. Educate a pregnant female regarding prenatal care and healthy practices during pregnancy
5. Professionally counsel a pregnant patient regarding symptoms that may occur with of potential complications of pregnancy.

**Standard B3.03 d) Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes expected of students, for patients seeking:  
c) care for conditions requiring surgical management, including pre- operative, intra-operative, post-operative care and**

#### General Surgery SCPE

##### Pre-op

1. Obtain an appropriately focused pre-operative history in a patient presenting for surgery.
2. Perform an appropriately focused pre-operative physical exam on a surgical patient.
3. Assess a patient with a complaint of abdominal pain and recommend an appropriate management plan
4. Determine pre-operative risk for a surgical patient and know when to order ancillary testing.

##### Intra-op

1. Properly maintain a sterile field in the operating room setting.
2. Correctly identify surgical instruments while assisting the surgeon.

3. Appropriately assist with surgical procedures during a surgical case.
4. Close a surgical wound using appropriate stapling and suturing techniques.

Post-op

1. Perform appropriate post-operative wound care, including placement of dressings, identify signs of infection, and recommend a management plan.
2. Follow patient progress post-operatively and write an accurate post-operative note.
3. In a post-operative patient returning for a follow-up visit, use proper techniques to remove staples or sutures.
4. Accurately write a discharge summary and plan for a post-operative patient.

**Standard B3.03 e) Supervised clinical practice experiences must enable all students to meet the program's learning outcomes expected of students, for patients seeking:  
d) care for behavioral and mental health conditions.**

Behavioral Medicine SCPE

1. Professionally screen patients for thoughts of suicide and recommend a management plan where appropriate.
2. Correctly obtain a patient-centered psychiatric history from a patient in behavioral health.
3. In a patient who is suffering from depression, assess and implement an initial management plan
4. Assess and implement a management plan for the patient who is suffering from anxiety
5. Appropriately use the criteria for involuntary commitment of the psychiatric patient and educate the patient regarding the criteria.
6. Perform a mental status exam on a behavioral health patient.
7. Educate patients and their families regarding behavioral conditions
8. Document an appropriate progress note for a behavioral health patient encounter.