Clinical Preceptor Handbook

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Accreditation Status

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the recognized accrediting agency that protects the interest of the public and PA profession by defining the standard for the PA education and evaluating PA education Programs within the territorial United States to ensure their compliance with those standards. The ARC-PA encourages excellence in PA education through its accreditation process, by establishing and maintaining minimum standards of quality for educational Programs. It awards accreditation to Programs through a peer review process that includes documentation and periodic site visit evaluation to substantiate compliance with the Accreditation Standards for Physician Assistant Education.

Source:  www.arc-pa.org

Accreditation Statement

The ARC-PA has granted Accreditation-Provisional status to the Hardin-Simmons University Physician Assistant Program sponsored by Hardin-Simmons University.

Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program’s ability to meet the ARC-PA Standards or when a program holding Accreditation-Provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students.

Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class. The program’s accreditation history can be viewed on the ARC-PA website at http://www.arc-pa.org/accreditation-history-hardin-simmons-university/.

Additionally, Hardin-Simmons University is accredited by the regional accreditor the Commission on Colleges of the Southern Association of Colleges and Schools (SACSCOC) who has reviewed and approved the addition of the Physician Assistant Program.

Program Description/Mission Statement

The Hardin-Simmons University Physician Assistant program is dedicated to academic excellence in medical education. Our mission is to develop and prepare compassionate, professional PA providers who are committed to life-long leadership, learning, and community service. Our graduates will work as part of the healthcare team to deliver exceptional healthcare to rural West Texas and under-served communities worldwide.
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 in your clinic or hospital are of critical importance to a successful learning experience in the program. The clinical setting synthesizes concepts and application of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and 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!

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. To this end, the goals of the clinical year include:

- Apply didactic knowledge to supervised clinical practice.
- Develop and sharpen clinical problem-solving skills.
- Expand and develop the medical fund of knowledge.
- Perfect the art of history taking and physical examination skills.
- Sharpen and refine oral presentation and written documentation skills.
- Develop an understanding of the PA role in health care delivery.
- Prepare for the Physician Assistant National Certifying Exam (PANCE)
- Develop interpersonal skills and professionalism necessary to function as part of a medical team.

Physician Assistant Competencies

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

Upon completion of the program, students are expected to demonstrate competency in the following domains:

1. Medical knowledge,
2. Clinical reasoning and problem-solving abilities,
3. Clinical and technical skills,
4. Interpersonal skills, and
5. Professionalism.

The HSU PA program defined competencies upon graduation are listed below. Course learning outcomes, instructional objectives, technical skill evaluations, and professional development throughout the curriculum are based on these program competencies. Syllabi throughout the curriculum reflect these program competencies and are incorporated in various components with the goal of preparing graduates for clinical practice.

1. Demonstrate acquisition of the medical knowledge required to integrate and apply basic medical sciences to care for patients in clinical settings. (medical knowledge)
2. Demonstrate a broad, systems-based knowledge of clinical medicine. (medical knowledge)
3. Understand, evaluate, and apply information regarding disease etiology, risk factors, epidemiology, and screening methods to detect conditions in symptomatic and asymptomatic individuals. (medical knowledge, clinical reasoning & problem solving)
4. Demonstrate evidence-based clinical reasoning and problem-solving skills required to integrate and apply basic medical sciences to care for patients in clinical settings. (clinical reasoning & problem solving)
5. Formulate differential diagnoses, accurate assessments, and appropriate treatment plans and interventions to care for patients. (clinical reasoning & problem solving)
6. Correctly interpret diagnostic and laboratory findings appropriate for primary care settings. (medical knowledge, clinical reasoning & problem solving)
7. Apply knowledge of responsible prescribing practices for patient care and safety, including display of comprehension of indications, contraindications, side effects, interactions, and adverse reactions related to pharmacologic agents. (medical knowledge)
8. Effectively communicate to patients test results, treatment plans, and health-related findings in a culturally sensitive manner while maintaining patient confidentiality. (interpersonal skills)
9. Effectively communicate patient information with other members of the healthcare team through oral delivery and written documentation. (interpersonal skills, clinical & technical skills)
10. Perform basic diagnostic and therapeutic procedures needed for the evaluation and treatment of a patient. (clinical & technical skills)
11. Demonstrate appropriate behavior, respect, and professionalism in the educational and clinical settings. (professionalism)
**Definition of the Preceptor Role**

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

**Preceptor Responsibilities**

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

- Orient students at the onset of the rotation with the practice/site policies and procedures (including safety protocols) and review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and will be formally reported to the Director of Clinical Education by submitting mid-rotation and end-of-rotation evaluations.
- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care.
- Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student’s experience and expertise.
- Participate in the evaluation of 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.
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process while providing feedback on how to improve program curriculum in preparing students for clinical practice.
- Audit and co-sign charts in order to evaluate the student’s ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans.
- Complete and **promptly** return the evaluation forms provided by the program reflecting on student knowledge and skills as well as their improvement throughout the rotation.
- Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience.
- Maintain an ethical approach to the care of patients by serving as a role model for the student.
- Demonstrate cultural competency through interactions with patients.
- Spend a few minutes each week in a candid discussion with the student as to whether the preceptor and student are meeting the other’s needs and expectations, and what changes need to be made in the roles and relationship.
- Provide timely feedback to the student and the program regarding student performance and progression.
The Preceptor-Student Relationship

The preceptor should maintain a professional relationship with the PA student and, at all times, adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment are inappropriate and should be avoided. Contact through web-based social networking sites (e.g., Facebook, Instagram) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the Director of Clinical Education regarding specific school or university policies regarding this issue.

Orientation and Communicating Student Expectations

Orientation of the student to the rotation site serves several purposes. Orientation facilitates a quicker transition in allowing the student to become a member of the medical team. It also establishes a feeling of enthusiasm and belonging to the team as well as helping students develop the functional capability to work more efficiently.

On the first day of the rotation (or 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 on 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:

- Hours
- Interactions with office and professional staff
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary
Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation - in particular, when they may be out of the clinical setting for either any reason or program-required educational activities. In addition, if students anticipate missing clinical time for any reason, they are required to alert the Director of Clinical Education well in advance of the clinic absence in writing and obtain approval. **Preceptors are not allowed to grant time off approvals.**

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 a clinical site has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or hospital 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 (when they will be in the office)
- Student’s expected role in patient care (active involvement in patient care and not just shadowing the preceptor)
- Expected effect of the student on office operation: Will fewer patients be scheduled? Will the preceptor be busier?
- How patients will be notified and scheduled for the student

**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; the preceptor must see every patient after the student. Although the supervising preceptor may not be with a student during every shift, it is important to clearly assign students to another **MD, DO, or PA** 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. The preceptor should be aware of the student’s assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor’s supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the preceptor’s responsibility to ensure that the patients are seen, and every procedure evaluated by a supervising physician or preceptor prior to discharge. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student’s demonstrated level of expertise. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is allowed document, and this is explained further in the following “Documentation” section. **The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.**

**Informed Patient Consent Regarding Student Involvement in Patient Care**

The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor their preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients must be informed that a physician assistant student will participate in their care, and the patient’s consent must be obtained. This may be done through standardized forms at admission or on a person-by-person basis. The students must be clearly identified as a 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.**

**Documentation**

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Director of Clinical Education. 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.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation 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 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

Medicare reimbursement requires limited student participation in regards to documentation. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must verify the History of Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. Following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation.

(Press control and click the link)

Prescription Writing

Students may transcribe prescription 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.

Expected Progression of PA student

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

Student Evaluation

The evaluation is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses 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. The preceptor's evaluation of the student is tremendously important and will comprise 25% of the total grade for the rotation. On all rotations, a passing evaluation from the preceptor is mandatory. If deemed “not passing”, the student will repeat the rotation or undergo remediation 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. The program will designate how often evaluations need to be completed.

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 health care team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities. **An honest evaluation will help the student identify areas of strengths and weaknesses that will allow them to become better providers.**

Please contact the Director of Clinical Education for specific evaluation forms and policies.

**Feedback to Students**

While students may have only one formal evaluation during the clinical rotation, it is imperative that they receive feedback in both positive and constructive capacities on a daily basis from their preceptors to help improve their clinical performance. An honest evaluation will help the student identify areas of strengths and weaknesses that will allow them to become better health care providers. Please contact the Director of Clinical Education for specific policies regarding student evaluation.

**Student Responsibilities**

In addition to adhering to the standards of professional conduct outlined later in the handbook, students are expected to perform the following during their clinical rotations:

- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings.
- Perform and/or interpret common lab results and 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 emotional resilience and stability, adaptability, and flexibility during the clinical year.
- Demonstrate ability to handle and care for diverse populations.
Standards of Professional Conduct

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

- Respect
- Flexibility
- Honesty and trustworthiness
- Accountability
- Cultural competency

PA students are expected to adhere to the same high ethical and professional standards required of certified PAs while adhering to policies set forth by the program. The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years) of the program. Violations of standards of conduct are subject to disciplinary actions administered by the university and by the Physician Assistant Program.

If preceptors observe any concerns about a student’s professionalism, please contact the Director of Clinical Education immediately.

Specific Program Policies

Please refer to the links below for program-specific policies on the following:

- Drugs and alcohol
- Punctuality
- Needle stick procedure
- HIPAA training
- Blood-borne pathogens training
- Immunization requirements
- Background check
- Drug testing
- Sexual harassment and assault resources

HSU PA Student Handbook

Please also refer to Appendix A for specific policies regarding infectious disease and environmental exposure.

The following link to the U.S. Department of Education's Office of Civil Rights (OCR) provides information about federal laws that protect students against racial, sexual, or age discrimination: http://www2.ed.gov/about/offices/list/ocr/known.html
Clinical Site Visit

Site visits by the Director of Clinical Education, other PA program faculty, or their designee may be scheduled periodically during the clinical rotation year as deemed necessary by the Program or the clinical site.

The student will be counseled concerning his/her strengths and weaknesses in an effort to guide improvement. Poor performance or other areas of serious concerns will be considered on an individual basis, taking into consideration such things as (but not limited to) point of occurrence in the rotation year, amount, or lack of progress since the last evaluation, previous performance, nature of discipline, attendance, etc. If deficiencies are noted, a remediation plan will be formulated with the student. The student may also be referred to the instructor of the course if deemed necessary by the site visitor for remediation.

The Preceptor-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 immediately. All members of the team should share contact information.

If a preceptor has a question or concern about a student, they should contact the Director of Clinical Education immediately. 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.

Liability Insurance

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

In addition, if a PA student is working in a paid position in a different healthcare 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 will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

**Preceptor Development**

Tools specific to each of the preceptor topics listed below can be found in the electronic copy of this handbook, which can be accessed on the PAEA website at: [http://paeaonline.org/publications/preceptor-handbook/](http://paeaonline.org/publications/preceptor-handbook/)

- Incorporating Students into Patient Care/Workflow
- The One-Minute Preceptor
- Ask-Tell-Ask Feedback Model
- SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education
- Introducing/Orienting a PA Student to Your Practice
- Tailoring Clinical Teaching to an Individual Student
ARC-PA Standards

A1.10 The sponsoring institution must:

a) securing clinical site and preceptors sufficient in number to allow all students to meet the program’s learning outcomes for supervised clinical practice experiences, and

b) ensuring all required rotations are located within the United States.

A2.16 The program must:

a) verify and document that all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license that allow them to practice at the clinical site,

b) verify and document all instructional faculty actively serving as supervised clinical practice experience preceptors hold valid certification that allows them to practice in the area of instruction, and,

c) orient all instructional faculty to the specific learning outcomes it requires of students.

A2.17 In each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program must inform the student which principal or instructional faculty member is designated by the program to assess and supervise the student’s progress in achieving the learning outcomes it requires of students and how to contact this faculty member.

A3.06 The program must define, make readily available and consistently apply a policy that PA student must be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners.

A3.07 The program must define, publish, make readily available, and consistently apply:

a) a policy on immunization and health screening of students. Such policy must be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates,

b) written travel health policies based on then current CDC recommendations for international travel for programs offering elective international curricular components.

A3.08 The program must define, publish, make readily available and consistently apply policies addressing student to infectious and environmental and hazards before students undertake addressing student exposure to infection and environmental hazards before students undertake any educational activities which would place them at risk. Those policies must:

a) address methods of prevention,

b) address procedures for care treatment after exposure, and
c) clearly define financial responsibility.

A3.09 The program must define, publish, make readily available and consistently apply policies that preclude principal faculty, the program director, and the medical director from participating as health care providers for students in the program, except in an emergency situation.

**this includes preceptors**

A3.19 Student health records are confidential and must not be accessible to or reviewed by program, principal, or instructional faculty or staff except for immunization, and screening results, which may be maintained and released with written permission results, which may be maintained and released with written permission from the student.

B1.01 The curriculum must:

a) be consistent with the mission and goals of the program,

b) be consistent with program competencies,

c) include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care and,

d) be of sufficient breadth and depth to prepare the student for the clinical practice of medicine.

B1.03 For each didactic and clinical course (including required and elective rotations), the program must define and publish learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies.

B3.01 The program must secure clinical sites and preceptors in sufficient numbers to allow all students to meet the program’s learning outcomes for supervised clinical practice experiences.

B3.02 Clinical sites and preceptors located outside of the United States must only be used for elective rotations.

B3.03 Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes:

a) for preventive, emergent, acute, and chronic patient encounters,

b) across the life span, to include infants, children, adolescents, adults, and the elderly,

c) for women’s health (to include prenatal and gynecologic care),

d) for conditions requiring surgical management, including pre-operative, intra-operative, postoperative care, and
e) for behavioral and mental health conditions.

**B3.04** Supervised clinical practice experiences must occur in the following settings:

a) emergency department,

b) inpatient,

c) outpatient, and

d) operating room.

**B3.05** Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs.

**B3.06** Supervised clinical practice experiences should occur with:

a) physicians who are specialty board certified in their area of instruction,

b) NCCPA certified PAs, or

c) other licensed health care providers qualified in their area of instruction.

**B3.07** Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:

a) family medicine,

b) emergency medicine,

c) internal medicine,

d) surgery,

e) pediatrics,

f) women’s health including prenatal and gynecologic care, and

g) behavioral and mental health care.
Appendices
Appendix A

INFECTIOUS DISEASE / ENVIRONMENTAL EXPOSURE/INJURY:

The Hardin-Simmons University Department of Physician Assistant Studies has a commitment to protect the health and well-being of students, faculty, staff, and patients. As part of their training, students may encounter exposure to infectious and environmental hazards. This may include, but is not limited to, being exposed to human donors and preservative chemicals such as formalin in the anatomy lab, latex or other products such as gloves that may contain allergens, and exposure to communicable infectious disease which may be transferred in the classroom or in the clinical setting. PREVENTION: While the risk of transmission is small, the Program has a number of policies and procedures in place to minimize risk.

It is the policy of the Hardin-Simmons University, Physician Assistant Program to follow the guidelines and recommendations made by the Centers for Disease Control and Prevention (CDC) and the Occupational Safety and Health Administration (OSHA) regarding standard precautions. Before beginning any clinical education experiences through the HSU Physician Assistant Program, students will receive training regarding CDC standard precautions as well as OSHA training.

Standard Precautions
Standard Precautions combine the major features of Universal Precautions and Body Substance Isolation and are based on the principle that all blood, body fluids, secretions, respiratory particles, excretions, non-intact skin, and mucous membranes may contain transmissible infectious agents. Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These practices include:

1. Hand hygiene
2. The use of personal protective equipment (PPE)

In addition to Standard Precautions, students will receive training in the three categories of Transmission-Based Precautions:

1. Contact Precautions
2. Droplet Precautions
3. Airborne Precautions

Transmission-Based Precautions are used when the route(s) of transmission is (are) not completely interrupted using Standard Precautions alone.
Preceptors and students may access details of this information at any time at the following website:

**Exposure to Blood Borne Pathogens:**
Strict adherence to standard precautions and other infection control measures should prevent a student’s exposure to blood borne pathogens. **CARE AND TREATMENT AFTER EXPOSURE:** Should a student sustain a possible exposure (including a needle stick injury) to blood borne or other infectious respiratory or contact pathogens during a clinical training experience, the student is responsible for immediately notifying their supervisor, instructor/preceptor, or department manager. The student should then follow the steps outlined in the section titled “Post-Exposure Procedure” and “Student Injuries or Exposures”. Exposure is defined as a demonstrated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials.

**Follow this protocol IMMEDIATELY if you are experience a needlestick injury or are exposed to blood/bodily fluids while on your rotations:**

1. **Aggressive local wound care** to the site of exposure should be initiated immediately. The site should be cleansed thoroughly with soap and water for at least 15 minutes using a surgical hand brush when possible. It is beneficial to use an antiseptic such as chlorhexidine gluconate (Foam Carer CHG), an iodophor (EZ Scrub, Betadine), or Dakins solution (dilute 1:9 buffered sodium hypochlorite). Difficult to scrub areas should be soaked in chlorhexidine gluconate (Foam Carer CHG) or other antiseptic. Non-intact skin should be cleansed with soap and water for at least 15 minutes. It may be beneficial to use an antiseptic as described above. Mucous membrane exposures (e.g., eye splashes) should be irrigated thoroughly for at least 15 minutes with saline or tap water using the nearest eye washing station (or faucet if none available).

2. **The incident MUST be reported immediately** to the preceptor and/or department manager.

3. Student should seek immediate medical care at the nearest Emergency Room. Do not wait until the end of your shift. Students are responsible for all medical expenses related to a bodily fluid exposure.

4. Finally, the student must notify the Director of Clinical Education or if unavailable, the Clinical Administrative Coordinator or Program Director. In addition, the HSU Physician Assistant Program incident form must be completed and sent to the program (this form is located at the back of the handbook; Appendix D). More information can be found at: [https://www.cdc.gov/niosh/topics/bbp/emergnedl.html](https://www.cdc.gov/niosh/topics/bbp/emergnedl.html)
Student Injuries

Incidents involving an injury to a student (such as a fall, or other accidental injury) or unexpected other pathogenic exposure during a clinical education experience will follow a similar protocol.

1. The injury/exposure should be reported to the student’s supervisor, or clinical preceptor.
2. Students should report to the nearest Emergency Department for treatment.
3. The program should be notified as soon as it is possible to do so. The student must notify the Director of Clinical Education or the Clinical Administrative Coordinator.
4. In addition, the HSU Physician Assistant Program incident form, must be completed and sent to the Director of Clinical Education. Do not send copies of medical records.

If a potentially infectious exposure occurs, do not allow feelings of embarrassment, a large workload, or misplaced peer pressures prevent you from reporting the event immediately. Needle sticks and other exposures can be life-threatening. Responsible healthcare providers recognize that unintentional injuries and occupational exposures may occur and must be evaluated by competent, objective, and experienced medical professionals.

COVID-19 exposures are reported to the University directly through the Dean of Students' Office in addition to the above parameters.

FINANCIAL RESPONSIBILITY:

IMPORTANT:

All charges incurred by PA students for healthcare visits, diagnostic studies, and prescribed medications related to an injury, needle stick; blood or body fluid exposures are the student’s responsibility. Students must maintain health insurance throughout their educational experience at the Hardin-Simmons University Physician Assistant Program. All medical or healthcare services (emergency or otherwise) that the student receives or requires are the student’s responsibility and are at the student’s expense.
STUDENT INCIDENT FORM

Student Name: _______________________ ID# ______________________
Incident Date: ______________________ Time: ___________ AM/PM
Location of Incident: _________________________________________
Nature of Injury: ____________________________________________
Incident Cause: _____________________________________________
Give brief description of incident, including predominating and contributing causes:

State corrective action taken to prevent recurrence. Indicate if further investigation is warranted:

Did you seek medical care? □ Yes □ No
Was clinical preceptor notified? □ Yes □ No Name: ____________________________
Date/Time of Report: _____________________________________________
Date/Time/Method PA Program Notified: ____________________________
Report reviewed by: _____________________________________________
Signature of Student Injured: ________________________________
Appendix B

Preceptor Guide for Tracking PA Student Competency and Progression During the Clinical Year

Description of “Competent” for Preceptor Mid-Rotation Evaluation

**Medical Knowledge**

(Rotations 1-3)

Student should demonstrate ability and desire to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with assistance/guidance. Frequent feedback may be necessary to promote learning and skill set improvement.

(Rotations 4-6)

Student should demonstrate ability and desire to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with only occasional guidance/assistance. Some feedback may be necessary to promote learning and skill set improvement.

(Rotations 7-10)

Student should take initiative and seek out opportunity to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with little guidance/assistance. Minimal feedback may be necessary to promote learning and skill set improvement.

**Clinical Reasoning**

(Rotations 1-3)

Student should be able to list at least 3 differential diagnoses, often with the ability to correctly identify the most likely. Clinical reasoning ability should be at a beginner’s level and may need frequent feedback to further develop. Is able to select and interpreting appropriate diagnostic tests and develop treatment plans/interventions with assistance. In general, student should demonstrate beginning critical thinking skills to integrate clinical information and medical science knowledge to arrive at the most likely diagnosis.

(Rotations 4-6)

Student should be able to develop a more detailed differential diagnosis with one being the most likely. Clinical reasoning ability is appropriate and developing, may need occasional guidance at times.
Appropriate ordering and interpretation of diagnostic tests, treatment plans/interventions are developed with less assistance. In general, student should demonstrate good critical thinking skills to integrate clinical information and medical science knowledge to frequently arriving at the most likely diagnosis.

(Rotations 7-10)

Student is able to consistently create a well-developed differential diagnosis accurately identifying the most likely. Clinical reasoning ability is appropriate and developing requiring less guidance. Appropriate ordering, interpreting diagnostic tests, treatment plans/interventions are developed with minimal assistance. In general, student should demonstrate solid critical thinking skills to integrate clinical information and medical science knowledge to arrive at the most likely diagnosis.

**Interpersonal Skills**

(Rotations 1-3)

Student generally should be able to communicate appropriately with patient, families and colleagues in a reliable, collegial, and responsible manner. May need assistance/guidance in more difficult/stressful situations. Patient sensitivity should be demonstrated, may need some guidance in fully understanding how patient sensitivity issues affect quality of patient care. Student should show beginning ability to provide quality care across a lifespan with guidance. Empathy and compassion should be demonstrated.

(Rotations 4-6)

Student should be able to communicate appropriately with patient, families and colleagues in a reliable, collegial and responsible manner in the majority of situations. Student needs less guidance/assistance with more difficult/stressful situations. Patient sensitivity should be demonstrated and student shows understanding of how patient sensitivity issues affect quality of patient care. Student should be developing ability to provide quality care across a lifespan with occasional guidance. Empathy and compassion should be demonstrated consistently.

(Rotations 7-10)

Student is consistently able to communicate appropriately with patient, families and colleagues in a reliable, collegial and responsible manner. Student needs minimal guidance with more difficult/stressful situations. Patient sensitivity should be demonstrated and student shows understanding of how patient sensitivity issues affect quality of patient care. Student should be beginning to provide quality care across a lifespan with occasional guidance. Empathy and compassion is consistently evident in all interactions.

**Professionalism**

(Rotations 1-3)

Student should demonstrate basic knowledge of ethical principles, may need guidance when applying to patient care. Self-awareness of personal limitations should be recognized however may need guidance recognizing self-awareness of professional limitations. Student should show willingness to work collaboratively and show beginning level of understanding of other healthcare professional roles. Student
should be on time, dressed appropriately, reliable, responsible and demonstrate acceptable time management skills.

(Rotations 4-6)

Student should show understanding of ethical principles and ability to apply them to patient care. May need some guidance with more difficult/complex cases. Self-awareness of personal limitations are recognized. Student is able to recognize professional limitations with minimal guidance. Student shows developing ability to work collaboratively and has some understanding other healthcare professional roles. Student should be on time, dressed appropriately, reliable, responsible and demonstrate acceptable time management skills.

(Rotations 7-10)

Student demonstrates understanding of ethical principles and consistent ability to apply them to patient care. May need some guidance with more difficult/complex cases. Self-awareness of personal limitations are recognized. Student is able to recognize professional limitations and seeks consultation appropriately. Student shows ability to work collaboratively and understands other healthcare professional roles. Student is on time, dressed appropriately, reliable, responsible and demonstrates acceptable time management skills.

Technical/Procedural Skills

(Rotations 1-3)

Student should demonstrate ability and desire to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with assistance/guidance. Frequent feedback may be necessary to promote learning and skill set improvement.

(Rotations 4-6)

Student should demonstrate ability and desire to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with only occasional guidance/assistance. Some feedback may be necessary to promote learning and skill set improvement.

(Rotations 7-10)

Student should take initiative and seek out opportunity to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with little guidance/assistance. Minimal feedback may be necessary to promote learning and skill set improvement.
# Mid-Rotation Evaluation

**SESSION NAME**

**SESSION START DATE**

**SESSION END DATE**

This Question Has No Weightage.

## 1. CLINICAL ROTATION TYPE: *

- [ ] -Select-

## 2. MEDICAL KNOWLEDGE. *

- [ ] Could work AUTONOMOUSLY
- [ ] Needs MINIMAL supervision
- [ ] Needs REGULAR supervision
- [ ] Needs Direct Oversight Continuously
- [ ] DANGER to patients
- [ ] N/A

## 3. CLINICAL REASONING *

Clear answer

Selected answer's score 0/100
NOW, PLEASE EVALUATE THE STUDENT BASED ON THEIR PROGRESS DURING THE CURRENT ROTATION (PREFERABLY AT THE END OF WEEK 2 OR THE BEGINNING OF WEEK 3):
8. CLINICAL REASONING *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

9. INTERPERSONAL *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

10. PROFESSIONALISM *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

11. TECHNICAL SKILLS *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

12. HAS THE STUDENT BEEN PROMPT AND PRESENT AS SCHEDULED? *

- Yes
- No

This Question Has No Weightage.
13. GENERAL COMMENTS AND REMARKS:

This Question Has No Weightage.

14. Additional Comments:

I have verified all answers
Appendix D

Preceptor Guide for Tracking PA Student Competency and Progression
During the Clinical Year

Preceptor Guide for End-of-Rotation Evaluation

Knowledge and Skills

Basic and Medical Science Knowledge

(Rotations 1-3)

Student should demonstrate adequate knowledge base related to clinical rotation. They should be able to research and study any area of weakness (self-identified or preceptor identified) and report back to preceptor in a timely manner. They may need some assistance integrating knowledge base into patient care.

(Rotations 4-6)

Student should demonstrate a good knowledge base related to clinical rotation. Self-identifies areas of knowledge deficit and takes initiative with self-study, requesting clarification from preceptor when necessary. Student is beginning to integrate knowledge base into patient care with minimal assistance.

(Rotations 7-10)

Student should demonstrate a good knowledge base related to clinical rotation. Takes initiative with fortifying knowledge, prepares with self-directed study for upcoming patients when possible, and further investigates topics of interest. Student shows consistent ability to integrate knowledge base into patient care.
**History**

(Rotations 1-3)

Student should be able to obtain a history that is generally accurate. May miss some information on more complex patients. Key problems should be able to be identified but may need some assistance, especially in complex cases. Student may need guidance and feedback with organization and questioning technique. Student should show a beginner’s level of sensitivity to patient and recognize/respond to nonverbal cues.

(Rotations 4-6)

Student should be able to obtain a history that is generally accurate and more detailed. Rarely misses critical information and able to identify key problems with less assistance. Organization and questioning techniques are good and only occasionally need guidance. Student shows patient sensitivity as well as recognizes and responds to nonverbal cues.

(Rotations 7-10)

Student should consistently obtain an accurate and detailed history. Rarely misses critical information and identifies key problems regularly. Organization and questioning techniques are good. Student consistently shows patient sensitivity as well as recognizes and responds to nonverbal cues. In general, history taking occurs efficiently, accurately and with minimal guidance.

**Physical Exam**

(Rotations 1-3)

Basic examination techniques are demonstrated but may need guidance with more advanced exam techniques. History and physical usually are linked appropriately. Student should be able to identify gross abnormalities and pertinent normal findings. May need some feedback and guidance to fine tune some exam skills.

(Rotations 4-6)

Proficient examination techniques are demonstrated. Beginning proficiency with more advanced exam techniques should occur with guidance. History and physical are linked appropriately, with the appropriate exam performed most of the time. Abnormal findings and pertinent normal findings are identified consistently. Student beginning to identify more subtle abnormal findings.

(Rotations 7-10)

Mastery of basic physical examination techniques is demonstrated. Proficiency with more advanced exam techniques with minimal guidance. Consistently links history and appropriate physical appropriately. Abnormal findings and pertinent normal findings are identified consistently. Student shows ability to identify more subtle abnormal findings.
Medical Decision Making: Differential diagnosis, Interpretation of Diagnostic Studies, Developing and Implementing Treatment Plans

(Rotations 1-3)

Student should be able to list at least 3 differential diagnoses, often with the ability to correctly identify the most likely. Clinical reasoning ability should be at a beginner’s level and may need frequent feedback to further develop. Is able to select and interpreting appropriate diagnostic tests and develop treatment plans/interventions with assistance. In general, student should demonstrate beginning critical thinking skills to integrate clinical information and medical science knowledge to arrive at the most likely diagnosis.

(Rotations 4-6)

Student should be able to develop a more detailed differential diagnosis with one being the most likely. Clinical reasoning ability is appropriate and developing, may need occasional guidance at times. Appropriate ordering and interpretation of diagnostic tests, treatment plans/interventions are developed with less assistance. In general, student should demonstrate good critical thinking skills to integrate clinical information and medical science knowledge to frequently arriving at the most likely diagnosis.

(Rotations 7-10)

Student is able to consistently create a well-developed differential diagnosis accurately identifying the most likely. Clinical reasoning ability is appropriate and developing requiring less guidance. Appropriate ordering, interpreting diagnostic tests, treatment plans/interventions are developed with minimal assistance. In general, student should demonstrate solid critical thinking skills to integrate clinical information and medical science knowledge to arrive at the most likely diagnosis.

Written and Oral Presentations

(Rotations 1-3)

Student may show developing efficiency in this area. Written and oral presentations are usually complete, however student may need frequent feedback and guidance to improve organization, conciseness, and clarity.

(Rotations 4-6)

Student should show increasing efficiency in this area. Written and oral presentations should be complete, organized, and clear. May need some feedback to continue to improve conciseness.

(Rotations 7-10)

Student shows proficiency in this area. Written and oral presentations are consistently complete, organized, and clear. Minimal feedback required to continue to improve conciseness.
Technical/Procedural Skills

(Rotations 1-3)

Student should demonstrate ability and desire to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with assistance/guidance. Frequent feedback may be necessary to promote learning and skill set improvement.

(Rotations 4-6)

Student should demonstrate ability and desire to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with only occasional guidance/assistance. Some feedback may be necessary to promote learning and skill set improvement.

(Rotations 7-10)

Student should take initiative and seek out opportunity to learn common clinical skills related to the rotation. They should be able to demonstrate proper and safe technique with little guidance/assistance. Minimal feedback may be necessary to promote learning and skill set improvement.

Behavioral

Personal/Professional Skills: Attendance, Professional Appearance/Demeanor, Work Habits, Motivation/Attitude, Ethics

(Rotations 1-3)

Student should demonstrate basic knowledge of ethical principles, may need guidance when applying to patient care. Self-awareness of personal limitations should be recognized however may need guidance recognizing self-awareness of professional limitations. Student should show willingness to work collaboratively and show beginning level of understanding of other healthcare professional roles. Student should be on time, dressed appropriately, reliable, responsible and demonstrate acceptable time management skills.

(Rotations 4-6)

Student should show understanding of ethical principles and ability to apply them to patient care. May need some guidance with more difficult/complex cases. Self-awareness of personal limitations are recognized. Student is able to recognize professional limitations with minimal guidance. Student shows developing ability to work collaboratively and has some understanding other healthcare professional roles. Student should be on time, dressed appropriately, reliable, responsible and demonstrate acceptable time management skills.

(Rotations 7-10)

Student demonstrates understanding of ethical principles and consistent ability to apply them to patient care. May need some guidance with more difficult/complex cases. Self-awareness of personal limitations are recognized. Student is able to recognize professional limitations and seeks consultation appropriately.
Student shows ability to work collaboratively and understands other healthcare professional roles. Student is on time, dressed appropriately, reliable, responsible and demonstrates acceptable time management skills.

**Knowledge of Healthcare System: Understanding Provider Role, Interpersonal Skills**

(Rotations 1-3)

Student should demonstrate a basic understanding of the healthcare system in terms of the role of PAs and other healthcare professionals. May need guidance in understanding and recognizing legal and regulatory requirements placed upon the System.

(Rotations 4-6)

Student shows increasing understanding of the healthcare system in terms of the role of PAs and other healthcare professionals. Student is beginning to understand and recognize legal and regulatory requirements placed upon the System with less guidance.

(Rotations 7-10)

Student should have a good understanding of the healthcare system in terms of the role of PAs and other healthcare professional. Student has a solid understanding and recognizes legal and regulatory requirements placed upon the System with minimal guidance and takes these into consideration in providing care. Student interacts appropriately within the healthcare team and consistently recognizes his/her role as it relates to other members of the team.

**Communication Skills: Patient/Family Interactions, PA/Provider Interactions**

(Rotations 1-3)

Student generally should be able to communicate appropriately with patient, families and colleagues in a reliable, collegial, and responsible manner. May need assistance/guidance in more difficult/stressful situations. Should be open to constructive criticism in patient and provider interactions. Patient sensitivity should be demonstrated, may need some guidance in fully understanding how patient sensitivity issues affect quality of patient care. Student should show beginning ability to provide quality care across a lifespan with guidance. Empathy and compassion should be demonstrated.

(Rotations 4-6)

Student should be able to communicate appropriately with patient, families and colleagues in a reliable, collegial and responsible manner in the majority of situations. Student needs less guidance/assistance with more difficult/stressful situations. Able to understand deficiencies and responds well to constructive criticism in patient/provider interactions. Patient sensitivity should be demonstrated and student shows understanding of how patient sensitivity issues affect quality of patient care. Student should be developing ability to provide quality care across a lifespan with occasional guidance. Empathy and compassion should be demonstrated consistently.
(Rotations 7-10)

Student is consistently able to communicate appropriately with patient, families and colleagues in a reliable, collegial and responsible manner. Student needs minimal guidance with more difficult/stressful situations. Consistently incorporates constructive criticism into practice and future patient/provider interactions. Patient sensitivity should be demonstrated and student shows understanding of how patient sensitivity issues affect quality of patient care. Student should be beginning to provide quality care across a lifespan with occasional guidance. Empathy and compassion is consistently evident in all interactions.
Family Medicine - Final Evaluation

SESSION NAME

ROTATION

SESSION START DATE

SESSION END DATE

PLEASE EVALUATE THE HSU PA STUDENT'S COMPETENCY PROVIDING CARE TO PATIENT DURING THE CLINICAL ROTATION IN THE FOLLOWING TYPES OF ENCOUNTERS (B3.03a, B3.03b, B3.03e, B3.04c, B3.07a):

1. Performs a complete history and physical examination with identification and discussion of normal and abnormal findings in pediatric (0-17 yrs) patients. *
   
   ○ Could work AUTONOMOUSLY  ○ Needs MINIMAL supervision
   ○ Needs REGULAR supervision  ○ Needs Direct Oversight Continuously
   ○ DANGER to patients  ○ N/A

2. Performs a complete history and physical examination with identification and discussion of normal and abnormal findings in adult (18-64 yrs) patients. *

   ○ Could work AUTONOMOUSLY  ○ Needs MINIMAL supervision
   ○ Needs REGULAR supervision  ○ Needs Direct Oversight Continuously
   ○ DANGER to patients  ○ N/A
3. Performs a complete history and physical examination with identification and discussion of normal and abnormal findings in elderly (65+ yrs) patients. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

4. Determines a diagnostic evaluation plan with prioritized differential diagnoses for patients presenting with acute concerns. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

5. Determines a diagnostic evaluation plan with prioritized differential diagnoses for patients presenting with chronic concerns. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

6. Manages patients presenting with emergent situations in Family Medicine environment. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A
7. Develops treatment plans which include: Pharmacologic and nonpharmacologic interventions. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

8. Develops treatment plans which include: Patient education. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

9. Develop treatment plans which include: Diagnostic studies. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

10. Recommends disease-specific dietary modifications. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

11. Initiates appropriate patient referrals or consultations. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A
12. Incorporates preventative medicine education and screenings into treatment plans. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

13. Includes specific follow up instructions in patient education and treatment plans. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

14. Orally presents patient information to preceptor in a succinct and effective manner. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

15. Demonstrates proper techniques when performing technical skills. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A
16. Identifies and initiates the appropriate referral for problems beyond the scope of the PA provider and Family Practice. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

17. Approaches therapeutic encounters in a diverse patient population with an empathetic, non-judgmental and caring manner that promotes open and effective patient-provider communication. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

18. Interacts with physicians, healthcare personnel, and patients tactfully, using appropriate language and nonverbal communication to promote/facilitate open and effective communication. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

19. Demonstrates cultural sensitivity in the management of patients from a variety of backgrounds. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A
20. Demonstrates critical thinking and medical decision making. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

21. Identifies, recognizes and discerns 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 as indicated for the given specialty. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

22. Identifies and recognizes the effects of chronic illness on the patient and the family, if applicable. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

23. Recognizes and discusses the issues associated with loss, grief and bereavement, death and dying, if applicable. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

Selected answer's score 0/100
24. Demonstrates 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. *

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

25. Demonstrates familiarity with the clinical manifestation, anatomy, epidemiology, physiology, pathophysiology and natural history associated with conditions commonly addressed in the family practice setting. *

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

26. Understands the indications, limitations, and costs of various laboratory tests, diagnostic studies, and procedures used in the evaluation of acute/chronic/emergent illnesses, disease risk factors and preventative health measures. *

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

27. Interprets the findings of laboratory tests, diagnostic studies and procedures commonly obtained in the evaluation of the Family Medicine patient. *

Clear answer
28. Recognizes and differentiates normal anatomic, physiologic and cognitive changes related to growth, development and the aging process in pediatric patients. * Clear answer

29. Recognizes and differentiates normal anatomic, physiologic and cognitive changes related to growth, development and the aging process in adult patients. * Clear answer

30. Recognizes and differentiates normal anatomic, physiologic and cognitive changes related to growth, development and the aging process in elderly patients. * Clear answer

PLEASE EVALUATE THE HSU PA STUDENT COMPETENCIES IN THE FOLLOWING AREAS BASED UPON YOUR DIRECT OBSERVATIONS AND TRAINING DURING THE CLINICAL ROTATION:
31. **ATTENDANCE**: punctual, no absences *

- EXCEPTIONAL
- EXCEEDS EXPECTATIONS
- MEETS EXPECTATIONS
- MINIM. MEETS EXPECTATIONS
- DOES NOT MEET EXPECTATIONS
- N/A

32. **PROFESSIONAL APPEARANCE/DEMEANOR**: always appropriately dressed and groomed; respectful towards staff, patients and providers *

- EXCEPTIONAL
- EXCEEDS EXPECTATIONS
- MEETS EXPECTATIONS
- MINIM. MEETS EXPECTATIONS
- DOES NOT MEET EXPECTATIONS
- N/A

33. **WORK HABITS**: completes assignments/tasks provided *

- EXCEPTIONAL
- EXCEEDS EXPECTATIONS
- MEETS EXPECTATIONS
- MINIM. MEETS EXPECTATIONS
- DOES NOT MEET EXPECTATIONS
- N/A

34. **MOTIVATION/ATTITUDE**: takes initiative, works enthusiastically *

- EXCEPTIONAL
- EXCEEDS EXPECTATIONS
- MEETS EXPECTATIONS
- MINIM. MEETS EXPECTATIONS
- DOES NOT MEET EXPECTATIONS
- N/A

35. **ETHICAL**: recognizes the impact of moral issues and considers patient rights and applies them in patient care *

- EXCEPTIONAL
- EXCEEDS EXPECTATIONS
- MEETS EXPECTATIONS
- MINIM. MEETS EXPECTATIONS
- DOES NOT MEET EXPECTATIONS
- N/A
36. RESPONSIVENESS TO CONSTRUCTIVE CRITICISM: incorporates suggestions successfully *

Clear answer

○ EXCEPTIONAL  ○ EXCEEDS EXPECTATIONS  ○ MEETS EXPECTATIONS
○ MINIM. MEETS EXPECTATIONS  ○ DOES NOT MEET EXPECTATIONS  ○ N/A

This Question Has No Weightage.

37. GENERAL COMMENTS AND REMARKS:

This Question Has No Weightage.

38. IN THE FUTURE, IF A PA POSITION BECAME AVAILABLE AT YOUR CLINIC, WOULD YOU HIRE THEM? *

Clear answer

○ Yes  ○ No

This Question Has No Weightage.

39. Additional Comments:

Thank you for providing a quality learning environment for our future generation of Physician Assistants. You are very much appreciated!

I have verified all answers
PLEASE EVALUATE THE HSU PA STUDENT'S
COMPETENCY PROVIDING CARE TO PATIENT
DURING THE CLINICAL ROTATION IN THE FOLLOWING TYPES OF ENCOUNTERS
(B3.03a, B3.03b, B3.04c):

1. Performs well examinations on infants (<2yrs), identifying age-appropriate preventative measures and interventions, and gives parents and patients age-appropriate anticipatory guidance. *

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

2. Performs well examinations on child (2-11 yrs), identifying age-appropriate preventative measures and interventions, and gives parents and patients age-appropriate anticipatory guidance. *

Clear answer
3. Performs well examinations on adolescents (12-17 yrs), identifying age-appropriate preventative measures and interventions, and gives parents and patients age-appropriate anticipatory guidance. *

4. Recognizes emergent situations; manages patient encounter appropriately; and refers appropriately. *

5. Familiar with the various community resources available to assist pediatric patients who have special medical needs and/or who face socioeconomic difficulties. *

6. Able to develop an appropriate plan for preventative health screening for the infant (<2 yrs) patient. *
7. Able to develop an appropriate plan for preventative health screening in children (2-11 yrs). *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

8. Able to develop an appropriate plan for preventative health screening for the adolescent (12-17 yrs) patient. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

9. Demonstrates cultural sensitivity in the management of pediatric patients and their caregivers from a variety of backgrounds. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

10. Recognizes and can differentiate normal anatomic, physiologic and cognitive changes related to pediatric growth and development. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A
11. Recognizes the major causes of morbidity and mortality associated with the infant patient population. * 

Clear answer

12. Recognizes the major causes of morbidity and mortality associated with children. * 

Clear answer

13. Recognizes the major causes of morbidity and mortality associated with adolescents. * 

Clear answer

14. Identifies and initiates appropriate referral(s) associated with the pediatric patient's (infant, child and adolescent) health problems beyond the scope of the PA provider and practice. * 

Clear answer
15. Interacts with physicians, healthcare personnel, and patients tactfully, using appropriate language and nonverbal communication to promote/ facilitate open and effective communication for high quality pediatric patient care. *

Clear answer

16. Approaches therapeutic encounters with a diverse patient population in an empathetic, non-judgmental and caring manner that promotes open and effective caregiver / patient-provider communication. *

Clear answer

17. Demonstrates the ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation *

Clear answer

18. Demonstrates appropriate critical thinking and medical decision making skills. *

Clear answer
19. In acute situations, the student obtains the appropriate history, performs the appropriate physical examination, documents the encounter, and makes recommendations for the evaluation and management of an infant (<2yrs). *

Clear answer

20. In acute situations, the student obtains the appropriate history, performs the appropriate physical examination, documents the encounter, and makes recommendations for the evaluation and management of a child (2-11 yrs). *

Clear answer

21. In acute situations, the student obtains the appropriate history, performs the appropriate physical examination, documents the encounter, and makes recommendations for the evaluation and management of an adolescent (12-17 yrs). *

Clear answer

22. Distinguishes normal from abnormal physical exam findings in infants (<2 yrs) and recognizes normal variants. *
23. Distinguishes normal from abnormal physical exam findings in children (2-11 yrs) and recognizes normal variants. *

24. Distinguishes normal from abnormal physical exam findings in adolescents (12-17 yrs) and recognizes normal variants. *

25. Able to obtain the appropriate history, perform the appropriate physical examination, document the encounter, and make recommendations for the evaluation and management of infants' (<2yrs) chronic disease. *

26. Able to obtain the appropriate history, perform the appropriate physical examination, document the encounter,
and make recommendations for the evaluation and management of chronic diseases in children (2-11 yrs). *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients  N/A

27. Able to obtain the appropriate history, perform the appropriate physical examination, document the encounter, and make recommendations for the evaluation and management of chronic disease in adolescents (12-17 yrs). *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients  N/A

28. Selects appropriate pharmacotherapeutic interventions for common pediatric disorders and computes the appropriate weight-based dosing. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients  N/A

29. Demonstrates how to order and interpret pediatric diagnostic studies appropriate for patient care in infants. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients  N/A
30. Demonstrates how to order and interpret pediatric diagnostic studies appropriate for patient care in children. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

31. Demonstrates how to order and interpret pediatric diagnostic studies appropriate for patient care in adolescents. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

32. Orally presents patient information to preceptor in a succinct and effective manner. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

33. Identifies, recognizes and discerns 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 as indicated for the given specialty. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A
34. Identifies and recognizes the effects of chronic illness on the patient and the family, if applicable. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

35. Demonstrates 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. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

36. Recognizes and discusses the issues associated with loss, grief and bereavement, death and dying, if applicable. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

PLease evaluate the HSU PA student competencies in the following areas based upon your direct observations and training during the clinical rotation:

37. **Attendance:** punctual, no absences *

- Exceptional
- Exceeds expectations
- Meets expectations
- Minim. meets expectations
- Does not meet expectations
- N/A
38. PROFESSIONAL APPEARANCE/Demeanor: always appropriately dressed and groomed; respectful towards staff, patients and providers *

○ EXCEPTIONAL  ○ EXCEEDS EXPECTATIONS  ○ MEETS EXPECTATIONS
○ MINIM. MEETS EXPECTATIONS  ○ DOES NOT MEET EXPECTATIONS  ○ N/A

39. WORK HABITS: completes assignments/tasks provided *

○ EXCEPTIONAL  ○ EXCEEDS EXPECTATIONS  ○ MEETS EXPECTATIONS
○ MINIM. MEETS EXPECTATIONS  ○ DOES NOT MEET EXPECTATIONS  ○ N/A

40. MOTIVATION/ATTITUDE: takes initiative, works enthusiastically *

○ EXCEPTIONAL  ○ EXCEEDS EXPECTATIONS  ○ MEETS EXPECTATIONS
○ MINIM. MEETS EXPECTATIONS  ○ DOES NOT MEET EXPECTATIONS  ○ N/A

41. ETHICAL: recognizes the impact of moral issues and considers patient rights and applies them in patient care *

○ EXCEPTIONAL  ○ EXCEEDS EXPECTATIONS  ○ MEETS EXPECTATIONS
○ MINIM. MEETS EXPECTATIONS  ○ DOES NOT MEET EXPECTATIONS  ○ N/A

42. RESPONSIVENESS TO CONSTRUCTIVE CRITICISM: incorporates suggestions successfully *

○ EXCEPTIONAL  ○ EXCEEDS EXPECTATIONS  ○ MEETS EXPECTATIONS
○ MINIM. MEETS EXPECTATIONS  ○ DOES NOT MEET EXPECTATIONS  ○ N/A
43. GENERAL COMMENTS AND REMARKS:

44. IN THE FUTURE, IF A PA POSITION BECAME AVAILABLE AT YOUR CLINIC, WOULD YOU HIRE THEM? *

- Yes  - No

Clear answer

45. Additional Comments:

Thank you for providing a quality learning environment for our future generation of Physician Assistants. You are very much appreciated!

I have verified all answers
PLEASE EVALUATE THE HSU PA STUDENT’S COMPETENCY PROVIDING CARE TO PATIENT DURING THE CLINICAL ROTATION IN THE FOLLOWING TYPES OF ENCOUNTERS (B3.03a, B3.03b, B3.03c, B3.04c, B3.07f):

1. Performs well woman exams identifying age-appropriate preventative measures. *

- Clear answer
- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

2. Performs obstetric exams identifying age-appropriate preventative measures and interventions, and gives patients age-appropriate anticipatory guidance. *

- Clear answer
- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A
3. Distinguishes normal from abnormal physical exam findings in non-pregnant patients across the age spectrum while recognizing normal variants. *

Clear answer

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

4. Distinguishes normal from abnormal physical exam findings in pregnant patients across the age spectrum while recognizing normal variants. *

Clear answer

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

5. In acute situations, the student obtains the appropriate history, performs the appropriate physical examination, documents the encounter, and makes recommendations for the evaluation and management of the patient. *

Clear answer

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

6. Able to obtain the appropriate history, perform the appropriate physical examination, document the encounter, and make recommendations as to the evaluation and management of a patient’s chronic disease. *

Clear answer
7. Recognizes emergent situations; manages patient encounter appropriately; and refers appropriately. *

Clear answer

8. Selects appropriate pharmacotherapeutic interventions for common disorders including how to modify those options in pregnancy. *

Clear answer

9. Familiar with the various community resources available to assist patients who have special medical needs and/or who face socioeconomic difficulties. *

Clear answer

10. Knows how to order and interpret diagnostic studies appropriate for patient care. *

Clear answer
11. Able to develop an appropriate plan for preventative health screening for the patient across the lifespan. * Clear answer

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

12. Recognizes and can differentiate normal anatomic, physiologic and cognitive changes related to development and the aging process. * Clear answer

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

13. Recognizes the major causes of morbidity and mortality associated with the patient population. * Clear answer

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

14. Identifies and initiates appropriate referral(s) associated with the patient’s (pregnant and non-pregnant) health problems beyond the scope of the PA provider and practice. * Clear answer

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A
15. Demonstrates cultural sensitivity in the management of patients from a variety of backgrounds. *

Clear answer

16. Interacts with physicians, healthcare personnel and patients tactfully, using appropriate language and nonverbal communication to promote/ facilitate open and effective communication for high quality patient care. *

Clear answer

17. Approaches therapeutic encounters with a diverse patient population in an empathetic, non-judgmental and caring manner that promotes open and effective parent/patient-provider communication. *

Clear answer

18. Demonstrates the ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation. *

Clear answer
19. Demonstrates critical thinking and appropriate medical decision making skills. *

20. Identifies and initiates appropriate referral(s) associated with a pregnant patient's health problems beyond the scope of the PA provider and practice. *

21. Identifies and initiates appropriate referral(s) associated with a nonpregnant patient's health problems beyond the scope of the PA provider and practice. *

22. Able to develop an appropriate plan for preventative health screening for a pregnant patient. *
23. Able to develop an appropriate plan for preventative health screening for a non-pregnant patient. *

Clear answer

24. Orally presents patient information to preceptor in a succinct and effective manner. *

Clear answer

25. Identifies, recognizes and discerns 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 as indicated for the given specialty. *

Clear answer

26. Identifies and recognizes the effects of chronic illness on the patient and the family, if applicable. *

Clear answer
27. Demonstrates 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. *

Clear answer

28. Recognizes and discusses the issues associated with loss, grief and bereavement, death and dying, if applicable. *

Clear answer

29. ATTENDANCE: punctual, no absences *

Clear answer

30. PROFESSIONAL APPEARANCE/DEMEANOR: always appropriately dressed and groomed; respectful towards staff, patients and providers *
31. WORK HABITS: completes assignments/tasks provided *

32. MOTIVATION/ATTITUDE: takes initiative, works enthusiastically *

33. ETHICAL: recognizes the impact of moral issues and considers patient rights and applies them in patient care *

34. RESPONSIVENESS TO CONSTRUCTIVE CRITICISM: incorporates suggestions successfully *

This Question Has No Weightage.

35. GENERAL COMMENTS AND REMARKS:
36. IN THE FUTURE, IF A PA POSITION BECAME AVAILABLE AT YOUR CLINIC, WOULD YOU HIRE THEM? *

☐ Yes  ☐ No

Clear answer

37. Additional Comments:

Thank you for providing a quality learning environment for our future generation of Physician Assistants. You are very much appreciated!

I have verified all answers
PLEASE EVALUATE THE HSU PA STUDENT’S COMPETENCY PROVIDING CARE TO PATIENT DURING THE CLINICAL ROTATION IN THE FOLLOWING TYPES OF ENCOUNTERS (B3.03a, B3.03e, B3.04c, B3.07g):

1. Perform a psychiatric interview and physical examination, and appropriately communicate results in written and oral form to other healthcare providers, patients, and family members. *

   ○ Could work AUTONOMOUSLY  ○ Needs MINIMAL supervision
   ○ Needs REGULAR supervision  ○ Needs Direct Oversight Continuously
   ○ DANGER to patients  ○ N/A

2. Create a list of differential diagnoses based on patient presentation in mental health setting. *

   ○ Could work AUTONOMOUSLY  ○ Needs MINIMAL supervision
   ○ Needs REGULAR supervision  ○ Needs Direct Oversight Continuously
   ○ DANGER to patients  ○ N/A
3. Develop a treatment plan for a patient in a mental health clinic that includes pharmacologic and non-pharmacologic interventions. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

4. Develop a treatment plan for a patient in a mental health clinic that includes appropriate patient education. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

5. Develop a treatment plan for a patient in a mental health clinic that includes appropriate diagnostic studies. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

6. Develop a treatment plan for a patient in a mental health clinic that includes appropriate referrals or consultations. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

7. Develop a treatment plan for a patient in a mental health clinic that includes appropriate follow up instructions. *
8. Recognize emergent situations in the mental health setting. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients  N/A

9. Recognize and list the indications, contraindications, major side-effects/adverse reactions and correct dosing schedules for medications commonly used in psychiatry. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients  N/A

10. Perform and document a psychiatric history and mental status examination with identification of normal and abnormal findings. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients  N/A

11. Document an age appropriate history, physical examination, assessment, and plan for a patient with a mental health disorder in the inpatient or outpatient record with acute and chronic presentations. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients  N/A
12. Explain how medical illnesses can affect mental health *

Clear answer

13. Demonstrate familiarity with the utilization of community resources available for patients with psychiatric disorders and psychosocial problems. *

Clear answer

14. Apply counseling strategies for the patient and/or the patient’s family (following HIPAA guidelines) regarding their psychiatric or psychosocial disorder and help them apply coping strategies for dealing with their illness. *

Clear answer

15. Elicit the appropriate focused history and identify the characteristic symptoms associated with common diagnoses that pertains to the mental health patient *

Clear answer
16. Perform the appropriate focused physical examination and identify the characteristic signs that pertains to common diagnoses associated with the mental health patient. *

17. Develop the appropriate plan for preventative health screening for the mental health patient *

18. Recognize the major causes of morbidity and mortality associated with the mental health patient. *

19. Identify and initiate the appropriate referral associated with the mental health patient beyond the scope of the PA provider and practice. *
20. Approach therapeutic encounters with a diverse patient population in an empathetic, nonjudgmental and caring manner that promotes open and effective parent/patient-provider communication across the lifespan. *

21. Interact with healthcare personnel and patients tactfully, using appropriate language and nonverbal communication to promote/ facilitate open and effective communication for high quality mental health patient care. *

22. Demonstrate cultural sensitivity in the management of mental health patients from a variety of backgrounds *

23. Demonstrate the ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation. *
24. Demonstrate critical thinking and appropriate medical decision making skills. *

Clear answer

25. Orally presents patient information to preceptor in a succinct and effective manner. *

Clear answer

26. Identifies, recognizes and discerns 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 as indicated for the given specialty. *

Clear answer

27. Identifies and recognizes the effects of chronic illness on the patient and the family, if applicable. *

Clear answer
28. Demonstrates 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. *

Clear answer

29. Recognizes and discusses the issues associated with loss, grief and bereavement, death and dying, if applicable. *

Clear answer

30. ATTENDANCE: punctual, no absences *

Clear answer

31. PROFESSIONAL APPEARANCE/DEMEANOR: always appropriately dressed and groomed; respectful towards staff, patients and providers *
32. WORK HABITS: completes assignments/tasks provided *

33. MOTIVATION/ATTITUDE: takes initiative, works enthusiastically *

34. ETHICAL: recognizes the impact of moral issues and considers patient rights and applies them in patient care *

35. RESPONSIVENESS TO CONSTRUCTIVE CRITICISM: incorporates suggestions successfully *

This Question Has No Weightage.

36. GENERAL COMMENTS AND REMARKS:
37. IN THE FUTURE, IF A PA POSITION BECAME AVAILABLE AT YOUR CLINIC, WOULD YOU HIRE THEM? *

- Yes  - No

38. Additional Comments:

Thank you for providing a quality learning environment for our future generation of Physician Assistants. You are very much appreciated!

I have verified all answers
PLEASE EVALUATE THE HSU PA STUDENT'S COMPETENCY PROVIDING CARE TO PATIENT DURING THE CLINICAL ROTATION IN THE FOLLOWING TYPES OF ENCOUNTERS (B3.03a, B3.03b, B3.04b, B3.04c, B3.07c):

1. Performs a complete history and physical examination with identification and discussion of normal and abnormal findings in adult patients. *
   - Clear answer
   - Could work AUTONOMOUSLY
   - Needs MINIMAL supervision
   - Needs REGULAR supervision
   - Needs Direct Oversight Continuously
   - DANGER to patients
   - N/A

2. Performs a complete history and physical examination with identification and discussion of normal and abnormal findings in elderly patients. *
   - Clear answer
   - Could work AUTONOMOUSLY
   - Needs MINIMAL supervision
   - Needs REGULAR supervision
   - Needs Direct Oversight Continuously
   - DANGER to patients
   - N/A
3. Determines a diagnostic evaluation plan with prioritized differential diagnoses for patients presenting with acute and chronic medical concerns. *

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

4. Determines a diagnostic plan including ordering, evaluating, and interpreting laboratory/imaging studies. *

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

5. Determines a treatment plan including appropriate referrals or consultations when necessary. *

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

6. Develops treatment plans, which include pharmacologic and nonpharmacologic interventions appropriate for adult and elderly patients. *

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

7. Develops treatment plans including dietary requirements for adult and elderly patients. *
8. Develops treatment plans including preventive medicine education and screenings for adult and elderly patients. *

9. Develops treatment plans, which include patient education. *

10. Develops treatment plans including follow up instructions. *

11. Documents a history, physical examination, assessment, care plan, and daily progress notes in the patient’s office record. *
12. Presents patient status orally to preceptors appropriately. *

Clear answer

Could work AUTONOMOUSLY  
Needs MINIMAL supervision  
Needs REGULAR supervision  
Needs Direct Oversight Continuously  
DANGER to patients  
N/A

13. With preceptor mentoring, the student observes and demonstrates technical skills in patient care in the Internal medicine setting when performing procedures. *

Clear answer

Could work AUTONOMOUSLY  
Needs MINIMAL supervision  
Needs REGULAR supervision  
Needs Direct Oversight Continuously  
DANGER to patients  
N/A

14. Determine needs, educate, and refer patients for community services such as home health services, medication assistance, nutritional/dietary consults, and social services. *

Clear answer

Could work AUTONOMOUSLY  
Needs MINIMAL supervision  
Needs REGULAR supervision  
Needs Direct Oversight Continuously  
DANGER to patients  
N/A

15. Manages acute, chronic, urgent, and emergent medical problems utilizing evidence-based guidelines. *

Clear answer
17. Orally presents patient information to preceptor in a succinct and effective manner. *

Clear answer

18. Identifies, recognizes and discerns 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 as indicated for the given specialty. *

Clear answer

19. Identifies and recognizes the effects of chronic illness on the patient and the family, if applicable. *

Clear answer

20. Demonstrates 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. *

Clear answer
21. Recognizes and discusses the issues associated with loss, grief and bereavement, death and dying, if applicable. *

Clear answer

22. ATTENDANCE: punctual, no absences *

Clear answer

23. PROFESSIONAL APPEARANCE/DEMEANOR: always appropriately dressed and groomed; respectful towards staff, patients and providers *

Clear answer

24. WORK HABITS: completes assignments/tasks provided *

Clear answer
25. **MOTIVATION/ATTITUDE:** takes initiative, works enthusiastically *

Clear answer

26. **ETHICAL:** recognizes the impact of moral issues and considers patient rights and applies them in patient care *

Clear answer

27. **RESPONSIVENESS TO CONSTRUCTIVE CRITICISM:** incorporates suggestions successfully *

Clear answer

28. **GENERAL COMMENTS AND REMARKS:**

This Question Has No Weightage.

29. **IN THE FUTURE, IF A PA POSITION BECAME AVAILABLE AT YOUR CLINIC, WOULD YOU HIRE THEM?** *

Clear answer
30. Additional Comments:

Thank you for providing a quality learning environment for our future generation of Physician Assistants. You are very much appreciated!

I have verified all answers
General Surgery - Final Evaluation

PLEASE EVALUATE THE HSU PA STUDENT’S COMPETENCY PROVIDING CARE TO PATIENT DURING THE CLINICAL ROTATION IN THE FOLLOWING TYPES OF ENCOUNTERS (B3.03d, B3.04b, B3.04c, B3.04d, B3.07d):

1. Perform and document an admission history and physical examination, for a patient with a surgical condition with identification and discussion of normal and abnormal findings. *

   ○ Could work AUTONOMOUSLY  ○ Needs MINIMAL supervision
   ○ Needs REGULAR supervision  ○ Needs Direct Oversight Continuously
   ○ DANGER to patients  ○ N/A

2. Describe indications for and demonstrate techniques used in providing universal precautions and infection control procedures for patients and health care workers including sterile surgical technique. *

   Clear answer
3. Demonstrate the ability to develop and document assessments and plans for surgical patients with acute and chronic concerns in the medical record including pre-operative, intra-operative, and post-operative care. *

4. State the age-specific indications, contraindications, major side-effects/adverse reactions and correct dosing schedules for medications commonly used in surgical practice. *

5. Elicit a history and conduct pre-op physical examination for a surgical patient. *

6. For patients presenting with conditions requiring surgical intervention students must: List related differential diagnosis. *
7. For patients presenting with conditions requiring surgical intervention students must: . Direct a diagnostic evaluation. *

8. Order clinical treatment plan, which includes pharmacologic and non-pharmacologic interventions, patient education, and further diagnostic studies as well as appropriate referrals or consultation; and follow-up. *

9. Recognize the major causes of morbidity and mortality associated with the surgical patient *

10. Identify and initiate the appropriate referral associated with the surgical patient’s health problems beyond the scope of the PA provider and practice *
11. Approach therapeutic encounters with a diverse patient population in an empathetic, non-judgmental and caring manner that promotes open and effective parent/patient-provider communication across the lifespan. *

Clear answer

12. Interact with physicians, healthcare personnel and patients tactfully, using appropriate language and nonverbal communication to promote/ facilitate open and effective communication for high quality surgical patient care. *

Clear answer

13. Demonstrate cultural sensitivity in the management of surgical patients from a variety of backgrounds. *

Clear answer

14. Demonstrate the ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation. *

Clear answer
15. Demonstrate critical thinking and appropriate medical decision making skills. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

16. Write an accurate pre-op note for a surgical patient. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

17. Perform surgical scrub, gown and glove using sterile technique *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

18. Correctly identify surgical instruments, needles, and suture material for a surgical case *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A
19. Close a surgical wound using appropriate stapling or suturing techniques. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

20. Appropriately assist with surgical procedures under direct supervision of the surgeon. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

21. Perform post-operative wound care and appropriately identify signs of infection. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

22. Accurately write a post-operative note. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

23. In a patient with post-operative fever, perform an appropriate history, physical exam, and assess need for antibiotic therapy. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A
24. In a post-operative patient returning for a follow-up visit, use proper techniques to remove staples or sutures. *

Clear answer

25. Orally presents patient information to preceptor in a succinct and effective manner. *

Clear answer

26. Identifies, recognizes and discerns 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 as indicated for the given specialty. *

Clear answer

27. Identifies and recognizes the effects of chronic illness on the patient and the family, if applicable. *

Clear answer
28. Demonstrates 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. *

29. Recognizes and discusses the issues associated with loss, grief and bereavement, death and dying, if applicable. *

30. ATTENDANCE: punctual, no absences *

31. PROFESSIONAL APPEARANCE/DEMEANOR: always appropriately dressed and groomed; respectful towards staff, patients and providers *
32. WORK HABITS: completes assignments/tasks provided

33. MOTIVATION/ATTITUDE: takes initiative, works enthusiastically

34. ETHICAL: recognizes the impact of moral issues and considers patient rights and applies them in patient care

35. RESPONSIVENESS TO CONSTRUCTIVE CRITICISM: incorporates suggestions successfully

36. GENERAL COMMENTS AND REMARKS:
37. IN THE FUTURE, IF A PA POSITION BECAME AVAILABLE AT YOUR CLINIC, WOULD YOU HIRE THEM? *

☐ Yes  ☐ No

Clear answer

38. Additional Comments:

Thank you for providing a quality learning environment for our future generation of Physician Assistants. You are very much appreciated!

I have verified all answers
PLEASE EVALUATE THE HSU PA STUDENT'S COMPETENCY PROVIDING CARE TO PATIENT DURING THE CLINICAL ROTATION IN THE FOLLOWING TYPES OF ENCOUNTERS (B3.03a, B3.03b, B3.04a, B3.07b):

1. Performs and documents a trauma assessment, to include a primary and secondary survey, triage, stabilization, and preparation for transport *
   ○ Could work AUTONOMOUSLY  ○ Needs MINIMAL supervision
   ○ Needs REGULAR supervision  ○ Needs Direct Oversight Continuously
   ○ DANGER to patients  ○ N/A

2. Performs and documents a problem-focused history, physical examination, assessment, and procedure note and/or plan in the emergency room record. *
   ○ Could work AUTONOMOUSLY  ○ Needs MINIMAL supervision
   ○ Needs REGULAR supervision  ○ Needs Direct Oversight Continuously
   ○ DANGER to patients  ○ N/A
3. Recognizes the scope of care provided by a physician assistant, in managing urgent/emergent medical problems efficiently. *

- Clear answer
- Could work **AUTONOMOUSLY**
- Needs **MINIMAL** supervision
- Needs **REGULAR** supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

4. Identifies treatment needs for patients in the emergency department. *

- Clear answer
- Could work **AUTONOMOUSLY**
- Needs **MINIMAL** supervision
- Needs **REGULAR** supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

5. Educates patients and refers them for community services such as medication assistance, nutritional/dietary consults, and social services. *

- Clear answer
- Could work **AUTONOMOUSLY**
- Needs **MINIMAL** supervision
- Needs **REGULAR** supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

6. Present patient status appropriately to preceptor in the emergency setting. *

- Clear answer
- Could work **AUTONOMOUSLY**
- Needs **MINIMAL** supervision
- Needs **REGULAR** supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

7. Demonstrates knowledge of indications, contraindications, major side effects/adverse reactions, and correct
dosing schedules for medications commonly used across the lifespan in an emergency medicine setting.*

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

8. Demonstrates understanding of indications, contraindications, and suggested protocols for procedures commonly performed in the emergency room setting.*

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

9. Differentiates between appropriate interventions performed in the emergency room setting across the lifespan.*

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

10. Identifies patients requiring specialty service consultation and initiates consults appropriately.*

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

11. Recommends and interprets appropriate lab studies and diagnostic studies/findings in an emergent/urgent patient encounter*
12. Approaches therapeutic encounters in a diverse patient population with an empathetic, non-judgmental and caring manner that promotes open and effective patient-provider communication across the lifespan.

○ Could work AUTONOMOUSLY  ○ Needs MINIMAL supervision
○ Needs REGULAR supervision  ○ Needs Direct Oversight Continuously
○ DANGER to patients  ○ N/A

13. Interacts with physicians, healthcare personnel and patients tactfully, using appropriate language and nonverbal communication to promote/ facilitate open and effective communication

○ Could work AUTONOMOUSLY  ○ Needs MINIMAL supervision
○ Needs REGULAR supervision  ○ Needs Direct Oversight Continuously
○ DANGER to patients  ○ N/A

14. Demonstrates cultural sensitivity in the management of patients from a variety of backgrounds.

○ Could work AUTONOMOUSLY  ○ Needs MINIMAL supervision
○ Needs REGULAR supervision  ○ Needs Direct Oversight Continuously
○ DANGER to patients  ○ N/A

15. Demonstrates the ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation.
16. Demonstrates critical thinking and appropriate medical decision making skills. *

17. Orally presents patient information to preceptor in a succinct and effective manner. *

18. Identifies, recognizes and discerns 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 as indicated for the given specialty. *

19. Identifies and recognizes the effects of chronic illness on the patient and the family, if applicable. *
20. Demonstrates 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. *

○ Could work AUTONOMOUSLY  ○ Needs MINIMAL supervision
○ Needs REGULAR supervision  ○ Needs Direct Oversight Continuously
○ DANGER to patients  ○ N/A

21. Recognizes and discusses the issues associated with loss, grief and bereavement, death and dying, if applicable. *

○ Could work AUTONOMOUSLY  ○ Needs MINIMAL supervision
○ Needs REGULAR supervision  ○ Needs Direct Oversight Continuously
○ DANGER to patients  ○ N/A

PLEASE EVALUATE THE HSU PA STUDENT COMPETENCIES IN THE FOLLOWING AREAS BASED UPON YOUR DIRECT OBSERVATIONS AND TRAINING DURING THE CLINICAL ROTATION:

22. ATTENDANCE: punctual, no absences *

○ EXCEPTIONAL  ○ EXCEEDS EXPECTATIONS  ○ MEETS EXPECTATIONS
○ MINIM. MEETS EXPECTATIONS  ○ DOES NOT MEET EXPECTATIONS  ○ N/A

23. PROFESSIONAL APPEARANCE/DEMEANOR: always appropriately dressed and groomed; respectful towards staff, patients and providers *

○ EXCEPTIONAL  ○ EXCEEDS EXPECTATIONS  ○ MEETS EXPECTATIONS
○ MINIM. MEETS EXPECTATIONS  ○ DOES NOT MEET EXPECTATIONS  ○ N/A
24. WORK HABITS: completes assignments/tasks provided *

25. MOTIVATION/ATTITUDE: takes initiative, works enthusiastically *

26. ETHICAL: recognizes the impact of moral issues and considers patient rights and applies them in patient care *

27. RESPONSIVENESS TO CONSTRUCTIVE CRITICISM: incorporates suggestions successfully *

28. GENERAL COMMENTS AND REMARKS:
29. IN THE FUTURE, IF A PA POSITION BECAME AVAILABLE AT YOUR CLINIC, WOULD YOU HIRE THEM? *

☐ Yes  ☐ No

30. Additional Comments:

Thank you for providing a quality learning environment for our future generation of Physician Assistants. You are very much appreciated!

I have verified all answers
PLEASE EVALUATE THE HSU PA STUDENT’S COMPETENCY PROVIDING CARE TO PATIENT DURING THE CLINICAL ROTATION IN THE FOLLOWING TYPES OF ENCOUNTERS (B3.03a, B3.03b, B3.04b, B3.04c, B3.07c):

1. Elicits the appropriate focused history and identifies the characteristic symptoms associated with common diagnoses in the specified specialty across the lifespan. *
   - Could work AUTONOMOUSLY
   - Needs MINIMAL supervision
   - Needs REGULAR supervision
   - Needs Direct Oversight Continuously
   - DANGER to patients
   - N/A

2. Performs the appropriate focused physical examination and identifies the characteristic signs associated with common diagnoses in the specified specialty across the lifespan. *
   - Could work AUTONOMOUSLY
   - Needs MINIMAL supervision
   - Needs REGULAR supervision
   - Needs Direct Oversight Continuously
   - DANGER to patients
   - N/A
3. Initiates preventative health screenings in the specified specialty across the lifespan. *

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

4. Recognizes and differentiates normal anatomic, physiologic and cognitive changes related to growth, development and the aging process related to the specified specialty. *

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

5. Recommends and interprets specialty-specific lab studies and diagnostic studies/findings. *

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

6. Identifies, diagnoses, manages and performs ongoing monitoring for common diagnoses in the specified specialty across the lifespan. *

○ Could work AUTONOMOUSLY ○ Needs MINIMAL supervision
○ Needs REGULAR supervision ○ Needs Direct Oversight Continuously
○ DANGER to patients ○ N/A

7. Recognizes the major causes of morbidity and mortality in the specified specialty. *
8. Identifies and initiates the appropriate referrals for problems beyond the scope of the PA provider and practice in the specified specialty. *

9. Approaches 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. *

10. Interacts with physicians, healthcare personnel and patients tactfully, using appropriate language and nonverbal communication to promote/facilitate open and effective communication for high quality patient care. *

11. Demonstrates cultural sensitivity in the management of patients. *
12. Demonstrates the ability to recognize personal limitations in medical knowledge and/or skills and seeks appropriate consultation. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

13. Demonstrates critical thinking and appropriate medical decision making skills. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

14. Orally presents patient information to preceptor in a succinct and effective manner. *

- Could work AUTONOMOUSLY
- Needs MINIMAL supervision
- Needs REGULAR supervision
- Needs Direct Oversight Continuously
- DANGER to patients
- N/A

15. Identifies, recognizes and discerns 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 as indicated for the given specialty. *
16. Identifies and recognizes the effects of chronic illness on the patient and the family, if applicable. *

Clear answer

17. Demonstrates 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. *

Clear answer

18. Recognizes and discusses the issues associated with loss, grief and bereavement, death and dying, if applicable. *

Clear answer

19. ATTENDANCE: punctual, no absences *
20. **PROFESSIONAL APPEARANCE/DEMEANOR:** always appropriately dressed and groomed; respectful towards staff, patients and providers *

21. **WORK HABITS:** completes assignments/tasks provided *

22. **MOTIVATION/ATTITUDE:** takes initiative, works enthusiastically *

23. **ETHICAL:** recognizes the impact of moral issues and considers patient rights and applies them in patient care *

24. **RESPONSIVENESS TO CONSTRUCTIVE CRITICISM:** incorporates suggestions successfully *
Thank you for providing a quality learning environment for our future generation of Physician Assistants. You are very much appreciated!

I have verified all answers
Appendix F

Clinical Preceptor Handbook Acknowledgment

I, ______________________, have read the information contained within the Hardin-Simmons University Physician Assistant Preceptor Handbook. I understand my obligation to successfully complete all rotation requirements in the outlined time frame.

I fully understand this information and hereby agree to abide by the Physician Assistant program policies contained within the Hardin-Simmons University Physician Assistant Program Preceptor Handbook.

I understand that the Physician Assistant program reserves the right to make the final rotation assignment for each rotation. The program also reserves the right to make changes in any student’s rotation schedule based on performance or availability of rotation sites. Each student must successfully complete all components of each rotation in order to progress in rotations and subsequently graduate.

Preceptor Signature: ______________________ Date: ______________________

Printed Name: _____________________________

Submitted via Adobe E-sign
Acknowledgements

This document contains excerpts and adaptations from Preceptor Orientation Handbooks from the following PA Programs:

Eastern Virginia Medical School Physician Assistant Program
Emory University Physician Assistant Program
Loma Linda University Physician Assistant Program
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Nova Southeastern Physician Assistant Program
Pace University Physician Assistant Program
University of Utah Physician Assistant Program
Yale University School of Medicine
Bibliography


