

Physician Assistant Program

Clinical Year Manual

2017 - 2018



Barry University

Barry University

PHYSICIAN ASSISTANT PROGRAM

www.barry.edu/pa

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INTRODUCTION

BEING A COMPASSIONATE CAREGIVER

As you enter the world of clinical medicine, remember that the words you speak to your patients can establish a comfortable therapeutic relationship, or cause the patient to withdraw from you. Words can open the way to healing and recovery, or they can make a patient fearful or resistant to recommended treatment. The right words can inspire the patient, mobilize the will to live, and provide comfort even in an apparently hopeless case. Your choice of words can promote or impair the healing process, and can be more important in the care of the patient than all of the technical skill and knowledge that you must develop to develop a management plan for the patient.

The ability to diagnose and treat correctly is a good test of *medical competence*. But the ability to listen effectively to the patient, and explain what he or she needs to know, is the true test of *medical artistry*. Patients want reassurance, to be looked after - not just looked over. They want to be heard and know that they are in their caregiver's thoughts. Using your presence as a physician assistant student should create an environment of compassion, healing and caring in the practices you move through in the clinical year. Never forget that to be entrusted with the care of patients is a sacred privilege.

Your most important priority must now be care of the patient.

PURPOSE OF CLINICAL EDUCATION

The purpose of the clinical year is to prepare the Physician Assistant student to practice medical and surgical primary care under physician supervision in a variety of settings. Participation in clinical rotations is the *central element* of physician assistant training. The Physician Assistant student who attends clinical rotations in hospitals, clinics, medical offices or nursing homes may do so only after the successful completion of all course work of the first year, including clinical orientation.

During the clinical year, it is imperative that the PA student engage in an intensive period of graduate level *self-directed study*, in the effort to apply the fund of knowledge attained from the study of basic and medical sciences to clinical situations and patient interactions. The clinical phase of PA education requires a mature, continuous effort, which is much more dependent on individual student effort than is instruction in the first three didactic semesters.

Every student should dedicate at least 2 – 3 hours per day to reading about the conditions and disorders encountered on rotation.

Regardless of the simplicity or complexity of each “case”, every patient presents the student with an opportunity to learn. The exam findings, lab and x-ray results, medications and technical studies can be fascinating, and provide an abundance of medical education. But many aspects of a patient’s medical and personal history are at least as illuminating as the diagnostic and laboratory results clinicians collect. This source of important patient information is often overlooked as the student strives to interpret technical information, arrive at the correct diagnosis and formulate an appropriate management plan. It is largely up to each student to study and assimilate all of these types of learning experiences.

The care and well-being of the patient must always be the first priority. Academic achievement alone will not assure successful completion of the PA program. PA students must also demonstrate maturity, integrity, and the ability to maintain patient confidences, and those attitudes and behaviors expected of all health care professionals. You will be judged on your acceptance of responsibility, and interactions with patients and other health care team members.

The task of making the transition from the classroom to the clinical practice of medicine falls mainly to the PA student. Students must become part of the health care team and often must develop a more structured lifestyle. In order to become an integral and valued member of the health care team, students must develop the interpersonal skills, professional mannerisms and positive attitudes necessary to function under pressure. Dress and grooming standards are higher. Punctuality and detail become essential. The PA student must be able to adjust to a variety of personalities, teaching styles, clinical stressors, socioeconomic standards, cultural beliefs and medical education environments.

THE CLINICAL YEAR MANUAL

The purpose of this manual is to provide the student entering clinical rotations with the educational expectations, program clinical rotation policies, and protocols for clinical education and practice. Together with the Clinical Learning Objectives for the defined content area of the required rotations, the Clinical Year Manual (CYM) serves as the combined course syllabus for the clinical curriculum. The procedures and policies set forth in this manual are intended to help maintain order and assure the safety of the Physician Assistant student, patients and other health care providers involved in the clinical education experience. These policies are derived from the traditions of medical education and the collective experience of the Barry University PA faculty in consultation with other PA educators. The policies are subject to change based on advice and input from the ARC-PA, Barry University PA Program core faculty, administrative committees, adjunct faculty, clinical preceptors/affiliates and PA student representatives.

FAILURE TO FOLLOW POLICIES

Departure by a student from the policies and standards set forth in this manual, the Student Handbook and/or the Graduate Catalog may result in withdrawal of the student from a clinical rotation. In such cases, the student will be suspended from clinical activities and referred to the Program Director for appropriate remedial and/or disciplinary action, which may include dismissal from the program.

CLINICAL EDUCATION PEARLS

During the clinical year, it is crucial that each PA student demonstrate an appropriate awareness of the PA role in supervised medical practice. This includes the student's ability to recognize personal practice limitations, as well as those imposed by the supervising preceptor(s) and/or participating affiliate clinical institutions.

Barry PA Alumni have made the following recommendations to the PA students who follow in their footsteps, to help maximize the enjoyment and professional learning experience of this training phase.

- FOLLOW DIRECTIONS! Listen actively when you are given instructions. Repeat the instructions to show that you understand what you have been asked to do. Ask questions at the time that instructions are given, rather than later.
- Professional demeanor: Dress appropriately. No short skirts, T-shirts, tennis shoes or open-toe sandals. Refrain from using perfume, cologne and after-shave. Practice good posture. Don't reek of cigarette smoke. Do not chew gum or tobacco.
- Be early and stay late.
- Be eager, proactive, respectful, and always have a positive attitude.
- Return calls and pages promptly, identify-yourself appropriately when you answer the call.
- Be yourself. Know yourself.
- Be honest. If you do not know a certain area or technique, or if you lack experience in any area, say so. Honesty goes a long way.
- Be humble. Humility is evidenced by willingness, tolerance and open-mindedness. Be "teach-able".
- Be a team player.
- Be articulate. Take a minute to organize your thoughts before you ask or answer a question.
- When appropriate, cite references from medical texts or literature.
- Do all pre-operative evaluations before the attending or the resident arrives.
- Always be in the OR and scrubbed before the attending.
- Don't break scrub before the attending unless told to do so.
- Do not politic for a job. Your goal is education.
- Remember that other team members, especially nursing colleagues, are rich sources of experience and knowledge.
- Be patient with yourself...you won't learn everything about medicine in one year.
- Be patient with your patients.
- Listen actively and carefully.
- Study every chance you get.
- Know when to hold your questions. Seeking answers at the busiest part of the office day, or in the midst of an overload in the emergency department, does not endear you to the preceptor or staff.
- Write questions down so you don't forget to ask them later.
- When you or the preceptor note a deficiency in your fund of knowledge or skill, don't blame the Program.
- Realize that the Program can't teach you (nor can you remember) everything you need to know about medicine in one year.
- Remember that past preceptors can be a good reference as you begin your search for employment - so keep up your positive, enthusiastic attitude.
- Send each preceptor a Thank You note after completion of the rotation.
- READ AT LEAST TWO TO THREE HOURS EVERY DAY.

PART 1: THE CLINICAL CURRICULUM

GENERAL GOALS AND OBJECTIVES OF THE PA CLINICAL CURRICULUM

In keeping with the mission and purpose statement of Barry University, the Physician Assistant Program has established the following program goals to:

- Provide students with a broad range of clinical experience to serve as a foundation for their career in primary health care
- Provide the knowledge, methods and skills necessary for students to interact effectively with patients and members of the health care professions
- Prepare students morally and ethically to function efficiently within a changing, dynamic health care system
- Promote recognition of the importance of health promotion and disease prevention for students, patients and the community at large
- Extend patient centered, high quality, cost effective health care to all patients
- Facilitate the acquisition and use of skills needed to interpret the medical literature, apply it to clinical practice and report innovative concepts to colleagues in the health community
- Enable graduates to successfully complete the NCCPA initial certifying examination (PANCE)
- Develop within the students of the Barry University PA Program and the physician assistant community at large, appropriate concern for the needs of impaired health professionals
- Serve as goodwill ambassadors and sources of information about the PA profession
- Develop the abilities needed to incorporate evidence based medicine and information technology into clinical practice

Upon completion of the clinical year, the student will:

- Function in clinical settings in a manner consistent with the PA role in health care delivery.
- Apply knowledge gained during the didactic year in supervised clinical practice.
- Utilize clinical problem solving skills in administering patient care.
- Demonstrate an increased fund of medical knowledge, especially the clinical signs of pathophysiology.
- Have developed a sense of the practice setting which the student desires for employment.
- Have assembled a professional resume and portfolio.

ROTATION PATTERN

The clinical year is composed of eight six-week rotations. Seven are required rotations in defined content areas, and one rotation is an elective. The rotation content areas are:

Emergency Medicine	Pediatrics
Family Medicine	Behavioral Health
Internal Medicine	Women's Health
General Surgery	Elective

CLINICAL ROTATION DATES

The dates for each rotation period, end of rotation meetings, and vacations may be found in **Appendix A, Clinical Year Schedule**.

END OF ROTATION (EOR)

End of Rotation (EOR) refers to 2-3 days of on-campus activities, and is considered to be part of the clinical rotation. Students are expected to be available during this entire 2-3 day period.

The purpose of EOR is to evaluate progress during the clinical year. An examination related to the content of the rotation (EM, IM, FM, etc.) will be administered. In addition to the rotation exam there will be a Clinical Skills Exam (CSE) proctored by faculty and/or clinicians from the community, in which clinical students are required to do a directed history and physical and then present the case in oral and written case format. Both of these exams will be directly related to the content of the rotation completed.

End of Rotation activities also include lectures, training sessions, case presentations and PANCE test taking preparation. Students are required to evaluate their completed rotation sites and preceptors. This feedback is important to the ongoing effort to improve the quality of PA training at Barry University.

The EOR content area topics are*:

EOR#	SUBJECT
1	Cardiovascular
2	Pulmonary
3	Gastrointestinal/Nutritional
4	Musculoskeletal and Dermatologic
5	EENT
6	Neurologic system and Psychiatry/Behavioral
7	Genitourinary and Reproductive
8	Endocrine and Hematologic and Infectious Diseases

*Order of topics is subject to change.

CLINICAL ROTATION COURSE NUMBERS

Course Numbers

Course numbers for rotations for this clinical cycle are SPM 740 through 747. The course numbers refer to the rotation period, not the content area of the rotation. Students on delay in progression should consult the Director of Clinical Education, as their course numbers and sequences may be different.

Course Number	Name	Credits
SPM 727	Clinical Orientation (PA)	1
SPM 740	PA Rotation 1	6
SPM 741	PA Rotation 2	6
SPM 742	PA Rotation 3	6
SPM 743	PA Rotation 4	6
SPM 744	PA Rotation 5	6
SPM 745	PA Rotation 6	6
SPM 746	PA Rotation 7	6
SPM 747	PA Rotation 8	6

PART 2: CLINICAL YEAR POLICIES

SECTION 1: PREPARING FOR THE UPCOMING ROTATION

Notification and Preparation of Upcoming Rotations

- Students will be notified about upcoming rotations by email and are responsible for reading and responding to the material immediately upon receipt.
- Emails will contain instructions for preparing for the rotation. Some sites require time-consuming pre-rotation orientation processes that must be started early.
- Students should check with the education department of hospitals, or preceptor's office manager, as soon as they receive the confirmation statement, to determine if any specific orientation is required for participation in clinical activities at each facility.
- **Failure to complete assigned pre-rotation requirements in a timely manner will make the student ineligible to participate in the assigned rotation. No substitute rotation will be arranged for students who fail to prepare for their upcoming rotations. This will result in a delay in progression and a delay in graduation.**

Dress and Appearance

Professional demeanor, attire and appearance are required in all clinical situations, as well as during EOR.

Students must wear a clean "consultation" style (short length) white coat with the PA Program emblem on the left arm, and the Barry University photo ID badge worn on the left lapel or pocket identifying them as a Barry University Physician Assistant student. Scrub pants and tops are not acceptable attire for clinical activities, unless requested by the preceptor. If wearing scrubs, ***the student must still wear their white coat and Barry University PA student ID badge as described above.***

Students are advised against wearing perfume, cologne, after-shave, etc. when on clinical rotations. Such agents are known to induce exacerbations of asthma and allergies in susceptible patients.

Appropriate attire for men consists of tailored pants, shirt and tie. Hair, moustache and beards should be neatly groomed.

Appropriate attire for women consists of tailored pants/skirt (knee length, with the pleat in the back to just above the knee) and blouse (not sheer, off the shoulder or low cut). Conservative, closed-toe shoes are required. Modest jewelry may be worn. Fingernails must be short and neatly trimmed. Hair and nails must be a conservative style and color.

Any student removed from a clinical or hospital rotation, or from EOR, due to inappropriate dress, or appearance, may fail the rotation and be placed on delay. Each day of absence resulting from noncompliance with the policy will be recorded as unexcused.

The following are never acceptable in clinical situations:

- Denim jeans and/or patched-pocket pants
- Sandals or open-toe shoes
- Platforms exceeding one inch, or stiletto heels
- Display of cleavage
- Visible studs and rings (face, tongue, lips etc.)
- Gum chewing
- Acrylic nails
- Tattoos should be covered with clothing or other opaque material (Band-Aid, cosmetics) during all clinical rotation activities.

Identification

- Students must wear the PA student name tag and white coat with PA Program emblem on the left arm.
- Students must identify themselves as a Barry University PA student during all clinical encounters.
- Students must not engage in independent procedures or be at a clinical site without University or site specified/required dress and identification.

Clinical Rotation Documentation

It is the student's personal responsibility to make sure each rotation has the proper documentation allowing them to participate on the site.

- Students must carry a file containing copies of the following documents that may be presented at their rotation site upon request. These items must also be upload to your student Complio profile at www.barrypa.com
 - Criminal Background Check (CBC)
 - Immunization documentation (required vaccinations, dates and titers)
 - Certificates for OSHA, HIPAA, Domestic Violence
 - BLS/ACLS/PALS Cards
 - Personal health insurance ID card
 - Copy of Valid State ID card and Clinical Badge
 - CV and Personal Bio
 - Copy of Birth Certificate or Passport

Supervision of Student by Preceptor

Students may only participate in clinical experiences to which they are formally assigned during the clinical year or the final didactic semester. It is not appropriate for the student to participate in clinical activities during school breaks, evenings or weekends, except as directed by the preceptor.

Prior to engaging in hands-on experience, students should obtain the specific consent of the preceptor and the patient. Students must not engage in independent procedures without the oversight of the preceptor.

Students must not see patients in lieu/in place of the preceptor and must abide by all policies and procedures of the institutions (or private practices) to which they are assigned. Students must familiarize themselves with such policies and procedures, and attend any orientation sessions specified by the institution either in advance of their placement or upon arrival, at the institution's discretion.

Please Note

*Physician Assistant students occupy the status of learners and should not replace personnel of the training site. **Any service rendered by students is part of the clinical education program, and must not be compensated, monetarily or otherwise.** Failure to follow this requirement may void coverage for the student under the university liability policy.*

Studying During Clinical Rotation

Students are expected to review upcoming rotation objectives before the start of each rotation. The rotation objectives are not just for studying, they are an overview of what should be achieved in the clinical rotation. Students are expected to devote 2-3 hours per day to studying during rotations. This should including reading each night, and completing at least 10-20 practice questions to prepare for the PANCE.

Employment during the Clinical Year

The first obligation of PA students during the clinical year is their clinical education. Therefore, working during the clinical year is strongly discouraged. A student's first priority must be attendance and participation in all rotation and EOR activities, as well as time spent in study. It has been noted in the past that students who have attempted to work during the clinical year have experienced time conflicts with rotation activities, poor performance on rotations and poor academic performance. If any external activities conflict with rotation responsibilities and/or adversely impact performance, a student may fail the clinical rotation. The entire rotation will then need to be repeated at a later date.

SECTION 2: PROFESSIONAL CONDUCT

Professional Conduct

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician Assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician Assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements. Physician Assistants are expected to demonstrate:

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers
- respect, compassion, and integrity
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and abilities
- self-reflection, critical curiosity, and initiative
- healthy behaviors and life balance
- commitment to the education of students and other health care professionals

(Reference: Competencies for the Physician Assistant Profession. AAPA, 2012)

Problems of Professional Conduct

Professional conduct includes communications with patients and preceptors, as well as program, hospital and site and staff. A polite and professional attitude must be maintained in e-mails, phone conversations, voice messages and conferences. Additionally, personal calls or use of cell phones is not permitted during rotation hours.

Problems involving professional behavior on rotation will initially be discussed with the student's advisor and preceptor. If warranted, the student may be required to meet with the Director of Clinical Education. Depending on the severity of the problem the Associate Dean may become involved. Written recommendations for corrective action may be made and a professional referral form goes in the student's file, documenting the problem and outcome of that instance.

Professional counseling is usually recommended, and may be required. Depending on the severity of the problem, the student may be required to obtain a clearance to continue the program from a mental health professional.

A possible consequence of unprofessional behavior is failure of a rotation or suspension from the program. Repeated and/or substantial failure to present a professional demeanor will result in referral to the Program Director and evaluation of suitability for retention in the program.

Non-fraternization Policies

- Engaging in an intimate personal relationship with a preceptor, other personnel or patients, or the pursuit of such relationships during the rotation period is prohibited.

- Students with concerns about the above issues should immediately consult the clinical faculty.
- Students failing to comply with the above policies will be withdrawn from rotation.

Counseling During the Clinical Year

The Barry University Physician Assistant Program curriculum is very demanding and it is inevitable that students will experience stress due to the demands of the clinical year. Support systems (family, friends, and peers) will likely feel the impact of the student's training as well. **Students are expected to exhibit functional ways of dealing with stress. Dysfunctional coping styles, such as verbally abusive or physically intimidating behavior toward patients, faculty or staff in the program or at clinical sites will not be tolerated.**

The Barry University Career and Counseling office provides a full range of services for any student needing personal, confidential support and should be utilized by any student needing assistance.

Barry University Center for Counseling and Psychological Services toll-free phone number: 1-800-756-6000, ext. 3950. <http://www.barry.edu/counseling-services/>

Policies and Procedures Related to Sexual Harassment

Barry University seeks to prevent harassment of its students, employees, and those who seek to join the campus community in any capacity. Sexual harassment includes sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature directed toward an employee, student, or applicant, when:

- Toleration of the conduct is an explicit or implicit term or condition of employment, admission or academic evaluation.
- Submission to or rejection of such conduct is used as a basis for a personal decision or academic evaluation affecting such individuals.
- The conduct has the purpose or effect of interfering with an individual's work performance, or creating an intimidating, hostile, or offensive working or learning environment.

The above definition is in line with the Equal Employment Opportunity Commission's regulations on sexual harassment. Barry University, its officers and employees are responsible for maintaining a working and learning environment free from sexual harassment. Existing disciplinary and grievance procedures or informal procedures, as appropriate, shall serve as the framework for resolving allegations of sexual harassment. Responsibilities include making widely known the prohibitions against sexual harassment and ensuring the existence of appropriate procedures for dealing with allegations of sexual harassment.

SECTION 3: CONFIDENTIALITY IN CLINICAL PRACTICE

Confidentiality in Clinical Practice

Students must remain vigilant in their obligation not to disclose confidential information pertaining to any patient, except with written authorization from the patient or when required by law. Patient information should not be discussed with the students' friends or family either verbally or in writing (i.e.: email, social networking websites, etc.). Students should view only personal health information of patients under the care of their supervising preceptor(s) and/or their designees.

Every request for personal health information, copies of records or any other materials must be referred to the Health Insurance Portability and Accountability Act (HIPAA) compliance officer of the practice or site. Students are not permitted to release such information.

Students must refrain from discussing patients in hallways, elevators, cafeterias, break rooms or lobbies. Patients and preceptors should never be discussed or referred to on Facebook, Instagram, SnapChat WhatsApp or any other social media sites.

Disclosure of confidential patient information or institutional information by a student will result in disciplinary proceedings against the student, and may result in suspension from the program.

Patient Confidentiality in Medical Practice Settings (**Appendix L**) is required reading for each student prior to engaging in clinical activities on each rotation.

SECTION 4: CLINICAL ROTATION SCHEDULES AND ATTENDANCE

Clinical Rotation Schedules and Participation

PA Student schedules in the clinical year should mirror that of the preceptor in most cases. Students are required to participate in activities such as call, evening hours or weekend hours to the extent those hours and activities are part of the routine of the preceptor. The specific details of each rotation schedule are left to the discretion of the individual preceptor(s). Students should discuss schedule issues with the preceptor within the first day or two of the rotation so that they have a clear understanding of the preceptor's expectations. Some rotations, such as Emergency Medicine and Surgery, have demanding hours and night shifts. Students must adjust their schedules to that of the preceptor and site.

Students are required to be fully involved in the activities of their respective clinical sites to increase their knowledge and improve their skills (i.e. patient workup, attending lectures/rounds, nursing home rounds, procedures, etc.).

- Students should work **40 to 60 hours per week** on rotation clinical activities at the discretion of the preceptor(s).
- Students are required and encouraged to attend lectures, Grand Rounds, hospital rounds, nursing home rounds, procedures, etc.
- Failure to participate in available rotation activities may result in disciplinary action.
- If a student learns that his or her rotation schedule will result in less than thirty-two (32) hours of patient care activities per week, they must immediately contact the Associate Director of Clinical Education for a reassessment of the rotation assignment. Failure to notify the program may result in unsatisfactory completion of the rotation and needing to repeat the rotation at a later date and may delay graduation.
- Falsification of Attendance on the time sheet is considered a violation of the program policies on academic honesty and constitutes grounds for disciplinary action and possible dismissal from the Program.
- Any rotation schedule that involves more than sixty (60) hours of patient care per week may be brought to the attention of the Associate Director of Clinical Education for review.
- Students should be proactive, volunteering to see additional patients, take call with the Preceptor for additional hours and practice with clinical procedures.

Clinical Rotation Attendance and Punctuality

- Attendance is **mandatory** for each day during which the preceptor/site is functioning, as well as for all EOR activities.
- It is the student's responsibility to clarify the clinical schedule with the preceptor.
- Students are expected to arrive at their clinical assignments early and remain until the site concludes its business day or the student's assigned shift ends. Students are not permitted to arrive late or leave early.
- A Rotation Attendance Sheet (**Appendix B**) must be accurately completed and submitted for each rotation period. Failure to submit an accurate and completed record may result in failure of the rotation and a delay in progression.

Weather/ Hurricanes

There are times when inclement weather becomes an issue related to attendance on rotation. Barry University generally seeks to maintain its normal operations regardless of weather, the most common exception being a hurricane expected to make local landfall.

- Students who are on clinical assignment should assume that they are to attend rotation activities if feasible and discuss their assignments with preceptors.
- Preceptors are the primary decision makers in case of hurricanes.
- Students must inform the program of any absences due to inclement weather in accordance with the absence policy.
- If student needs additional guidance, they should contact the Clinical Team.

Holidays

If your clinical rotation site is closed for a Federal or Territorial holiday, you should notify your local ADCE that the clinic is closed for this day, and clearly document this day on your time sheet with the word "Holiday".

- Rotations sites that are open on Federal Holidays or Territorial holidays, you will be required to work on these days if assigned to by your preceptor.
- The Protected Holidays listed on the Clinical year schedule are days you are not to work, regardless if your preceptor assigns you to those days. The University is closed, and you do not have liability coverage for these days. Should an issue arise where a preceptor wants you to work on Protected Holiday's, please contact your ADCE for further assistance.
- You are still responsible to complete 32 hours minimally on the weeks with a Federal or Territorial holiday, contact your ADCE if you are short hours on Holiday weeks.

SECTION 5: ABSENCE FROM ROTATION

Students are required to work every day they are scheduled to work by the preceptor. The maximum number of allowed absences during a rotation (including EOR) is **TWO DAYS**. Any student missing more than two days may be required to repeat the rotation at a later date. This will result in a delay of progression in training and graduation from the Program.

Only ONE day of ONE EOR absence is permitted for the entire clinical year.

Unanticipated Absences or Tardiness

In the event of acute illness, personal or family emergency, or preceptor absence/site closure the student **MUST**:

- **REPORT THE ABSENCE BY EMAIL OR BY CALLING THE CLINICAL CELL PHONE BEFORE 9 AM.**
- Telephone the office of the preceptor to advise them of the absence.
- Submit to the clinical team, a scanned copy of the absence form signed by the preceptor, within 48 hours of the student's return to rotation. This absence form will also be uploaded in the Attendance section of the specific rotation's Canvas page at EOR.

Anticipated Absences

Some situations allow a student to anticipate an absence from a required day of rotation or EOR in advance (professional meetings, religious observations, board reviews). Under these circumstances, students must request permission in writing from the Associate Director of Clinical Education no less than thirty (30) days in advance of the anticipated absence. Approval must also be obtained from the preceptor, and an absence form must be signed and submitted to the clinical team within 48 hours of the student's return to rotation. The preceptor has the ultimate say in if you can have this time off.

Absence requests concerning personal commitments; weddings, birthday's, family engagements, etc will be limited to two requests **only** throughout the clinical year. Students are expected to make up any missed hours regardless of the reason of absence.

Absence Forms

Absence from a rotation for any reason and of any duration must be properly documented on an Absence Form (**Appendix C**), and signed by the preceptor. If the absence occurs during EOR, the form must be signed by the Associate Director of Clinical Education.

Absences in Excess of Two Days Due to Illness

Absences in excess of two days due to illness require that a MEDICAL CLEARANCE letter be provided to the Program from the student's health care provider, stating that the student is able to resume all activities fully, without limitation, as required by the Program. Missed classroom time and clinical shifts must be made up. If they cannot be completed during the scheduled course or rotation period, the student will receive an incomplete "I" grade, until the minimum requirements have been met.

Any student under treatment for an ongoing issue (including pregnancy) must provide the Program with a medical clearance to continue in the Program and on rotations.

Absences Due to Religious Observations

Care of the patient is a serious commitment, which must be balanced with the healthcare provider's other personal commitments. To foster the ability of students to plan in advance and meet such commitments as future clinicians, the faculty has endorsed the following policy:

Students who plan to be absent from a clinical rotation or end of rotation activity due to a religious obligation will comply with the following requirements **at least one month in advance** of the anticipated absence:

- Submit a written request stating the date(s) and basis for the absence(s) to the Director of Clinical Education.
- Supply a statement from their faith/religious authority to the effect that the absence is mandatory and required to fulfill a faith/religious obligation.
- Consult a practicing health care provider of the same faith/religion for their counsel on how that provider balanced clinical and religious commitments during their own medical training.

Making up Missed Days

All missed clinical days must be made up, and will be scheduled at the discretion of the preceptor and the Associate Director of Clinical Education. A grade of "I" (incomplete) is assigned for the rotation until these requirements are met.

Attendance at EOR

- **Attendance at all EOR functions is mandatory. Only ONE DAY of absence from ONE EOR activity is permitted per clinical year including partial absences, ie: missing 1 lecture.**
- Professional attire, including white coats and Barry ID, is required at EOR.
- Students must ARRIVE EARLY and be seated prior to the start of each lecture for EOR activities and remain until EOR functions are concluded.
- **Attendance will be taken at all EOR sessions you must call/text the clinical cell if you are tardy for any reason.**
 - **Unexcused absence for an EOR session is cause for disciplinary action.**
- **You will need to watch any missed lectures and sign an attestation form to account for the remediation.**

Absence from an EOR Function

- **Attendance at all EOR functions is mandatory.**
- Absence requests must be made directly to the Associate Director of Clinical Education, and should be made only under extenuating circumstances.
- Students are cautioned not to schedule vacations, weddings, airline reservations, etc. without first consulting the rotation and EOR schedules and getting pre-approved for extenuating circumstances.
- All missed EOR examinations must be made up at **9 am on the second Monday of the new rotation**. If a student is out of state or beyond the 'local' area designation, the exam will be made up on Wednesday of subsequent EOR.
- All missed EOR activities must be remediated, with assignments made at the discretion of the clinical team.

Leave of Absence (LOA)

Students who find that they are unable to meet the demands of clinical training for personal, medical or financial reasons should immediately discuss the situation with their faculty advisor and the Associate Director of Clinical Education. If appropriate, the student may be placed on leave of absence at the discretion of the Director of Clinical Education and Program Director until the situation(s) can be resolved. The student should anticipate a delay in progression in the program and graduation. A student wishing to initiate a request for leave of absence should complete the request form, and consult the Graduate Catalog for proper procedure.

Reentry to Clinical Education Activities after Extended LOA

Any student absent from clinical rotations in excess of sixty days (for any reason) will be evaluated for competency to resume clinical training. Such evaluations may include written examinations, assessment of clinical skills and/or statements from attending physicians or other health care providers. The final decision as to whether a student is ready to resume training rests within the sole discretion of the PA Program Director.

SECTION 6: CLINICAL SITES

Local Sites

Miami Shores and St. Petersburg: located within 75 miles of local campus or your residential address.
St. Croix: located on the island of your home campus.

Distant Sites

Miami Shores and St. Petersburg: located further than the mile restrictions described above.
St. Croix: location other than the USVI.

When housing can be provided by the Barry PA Program, students will be assigned to distant sites for required rotations. A student wishing to be excused from such a distant site assignment based on hardship will be required to provide reasonable documentation of hardship and be approved by the Director of Clinical Education.

Out-of-Area Rotations

Any rotation that is out of state, beyond any campus's local clinical site radius, or a student initiated rotation.

Students may request one out-of-area rotation. The privilege of an out-of-area rotation may be forfeited due to disciplinary problems, lapse in professional conduct/demeanor and/or failure to perform at an acceptable academic level. The program's policy is to grant such requests when appropriate, often utilizing the student's elective rotation period. Requests for out-of-state rotations must be submitted at least 120 days prior to the start of the rotation. Due to the complexity of the clinical rotation schedule, not all requests can be granted, regardless of the professional demeanor of the student or the timely receipt of the request. Except in unusual circumstances, once a student commits to an out-of-state rotation the student will not be permitted to change to another rotation. Students are not allowed an out-of-area rotation until Rotation 3.

Underserved Health Settings

To fulfill the Barry University PA program mission to train students in medically underserved communities, the program has developed clinical sites in urban and rural underserved health settings. These sites may be either local or distant. Students are required to complete at least one required rotation in such a setting. Some of the rural health care sites lie outside the local training radius used for required rotations. In this case, housing will be provided by the program.

Students must take travel arrangements and time into account in planning out-of-state rotations to ensure they can arrive at the site on time to begin the rotation and return to the Barry University campus for the start of EOR activities.

Assignments are allowed at the discretion of the Associate Director of Clinical Education, and except in unusual circumstances, are limited to one out-of-area rotation.

International Rotations

For numerous educational, medical-legal and logistical reasons, clinical rotations outside the United States are not allowed.

Housing for Clinical Rotations

Except where specifically stated, housing is not provided by the PA Program or Barry University. Housing provided by the Program may be co-ed. Students utilizing housing provided by the program or clinical sites must keep the premises clean and neat, and not over-burden it with guests. Overnight guests are not permitted. Spouses included, regardless of what the site allows Pets are not allowed in any of the housing provided for students. Failure to exercise reasonable consideration and a professional demeanor, including respect for other students in assigned housing or housing managers, or failure to reasonably care for housing, may result in the deficient student's withdrawal from rotation and a delay in progression in training. It may be required for the student to pay the

landlord unexpected financial obligations in certain circumstances such as excessive damage, or flea removal if a student brings a pet onto the premises.

Faculty are permitted to conduct site visits in out of area rotations which include visiting the student housing. Every effort will be made to notify students in advance of the visit, however, faculty are permitted to enter the student housing with or without permission of the students residing there. Students must sign a contract agreeing to the above.

Travel Related Clinical Year Expenses

Clinical year students need to budget for increased costs for gas, tolls, parking and other travel related expenses, continuation of health insurance, health documentation requirements, phone service, and e-mail access as they move through their clinical rotations. Expenses will vary from student to student, depending on their personal circumstances, but students should anticipate additional expenses in the clinical year.

Additional criminal background checks, drug screening or other documentation prior to entry to rotations may be required. The cost of these additional screenings may be several hundred dollars, or more if the student has an involved search, e.g., frequent moves among many states/counties.

Travel expenses during the clinical year are the student's responsibility, except as otherwise stated in the Clinical Year Manual. Insufficient funds or lack of transportation is not an acceptable reason for excused absence from the required days of rotation.

There will be significantly more travel and driving required during the clinical year.

- Students may be required to travel up to 75 miles from campus or from their home each way.
- Students must have a reliable vehicle and plan any auto lease agreements with this mileage requirement in mind.
- Local transportation at distant rotations is the student's responsibility. This may require the student to rent or ship a vehicle to the distant site.
- Transportation to the distant site is the student's responsibility. This may require air, land or sea travel.
- Maintaining transportation during the clinical year is the students' personal responsibility.
- Rotation schedules will not be varied to accommodate auto lease agreements, traffic conditions, or lack of vehicle.

Faculty Site Visits of Clinical Rotation Sites

Regular site visits will be assigned during clinical rotations on a rotating basis determined by the Clinical Faculty. Site visits may occur at any time with or without prior notification of students. In addition to regular site visits, site visits may be requested by either a student or preceptor at any time, if a concern arises which would benefit from review by a Clinical Faculty member. Students experiencing academic or professional difficulties can expect a site visit during each rotation until the difficulties are resolved. In addition, students placed with a new preceptor or at a new site will be site visited as a matter of routine.

If a student is notified about an upcoming site visit, and a date and time for the visit are pre-scheduled, students must make themselves immediately available to the site visitor at the scheduled time. It is not appropriate to keep faculty site visitors waiting as they are often scheduled to see more than one student in a given morning or afternoon. Once a site visitor has confirmed a visit with the student, it is imperative for the student to notify the site visitor immediately should cancellation of the visit become necessary for any reason (weather, unavailability of preceptor or student, etc.).

Students should be prepared for a site visit at every rotation. During site visits, Clinical Faculty evaluates the site, the preceptor and the performance of the student. The student will be required to prepare a case presentation for faculty and will be evaluated on clinical reasoning and history.

The evaluation of the student will be entered into Typhon for program records. A copy of the Typhon form can be found in **Appendix O**.

When circumstances necessitate, a telephone or videoconference site visit may be substituted for an in-person site visit. In such cases, the preceptor and student are expected to provide the same information and engage in the same dialogue (present a case, provide feedback on performance etc.) as during an in-person site visit.

SECTION 7: CLINICAL SITE ASSIGNMENTS AND SPECIAL REQUESTS

The complex nature of clinical medical education makes centralized rotation scheduling a necessity. The Clinical Coordinators on each campus manage all rotation scheduling.

Students are not permitted to schedule a specific rotation, commit to a rotation with a specific preceptor or schedule a specific rotation period without prior approval of the Associate Director of Clinical Education.

Preceptor or clinical site factors frequently arise that require the reassignment of student rotations. This may occur with little notice. Students must remember that all rotation assignments remain tentative until the first day of the rotation.

Special Requests

Special Requests are defined as:

- Any site that requires a new contract to be established
- Any out of state request
- Any out of area request that is not assigned by the Clinical Team
- Requests for specific sites or preceptors
- Elective rotation requests

Special Requests must be made in writing via email and are granted at the discretion of the Associate Directors of Clinical Education. Students will be provided a Clinical Year Request form via One Drive to facilitate communication about a particular request. If necessary, all emails should use the "reply all" option to maintain the original email stream.

- Students are allowed **two** special requests during the clinical year. The two requests include one for an elective, which may be local, distant or out of state. Only one of these two requests may be an out of area request.
- Any additional special requests will be considered only if they are in the interest of the program.
- **The PA program does not guarantee that a specific rotation request will be accommodated.**
- Once a request has been granted and is in process, it may not be changed by the student for any reason.
- Preceptors may never be family members, relatives, close personal contacts or former employers. See Anti-Nepotism policy.

Student Initiated Rotations/Special Request - One Drive Clinical Request Form

Your local campus clinical coordinator will submit to you the status of your request (special request/elective request/SIR) via **One Drive Clinical Year Rotation Request Form**. Going forward all questions, changes, and status of affiliation agreements will be communicated only through this form by Clinical Team and student.

When updating your request please adhere to the following instructions:

1. **Access your customized form utilizing the link provided to you by your local Clinical Team**
2. **Sign-in using your Barry email account**
3. **At this point you will be able to review your request without doing anything additional**
4. **If you would like to edit your request and/or respond to the Clinical Team please DO NOT select the "EDIT IN BROWSER OPTION".**

5. Please *ONLY* make edits by selecting **"Edit in Word"** otherwise you will not be able to make the appropriate edits and will lose formatting
6. See image below for editing options



7. Once you've made all updates to your form you will then need to select the "share" option in the upper right hand corner and enter the email addresses of your local Clinical Team to ensure your recent updates are received. Please note: Each time you access this form and make updates you will need to re-share the document.

The Clinical Request Form is inclusive of the preceptor and clinical site checklist should you require these. A separate affiliation agreement is required for each preceptor, hospital, center, or facility. Please provide one checklist for each preceptor, hospital, center or facility within the One Drive form.

The student is responsible for all follow up with the PA program until all required materials are received, approved and finalized. Failure of the student, preceptor and/or site to proceed in the above manner may void the request for the rotation assignment.

Anti-nepotism Policy

Occasionally students request to do a rotation with a family member, relative, close personal contact or former employer serving as the health care preceptor. It has been found that close personal relationships can interfere with the clinical evaluation process, which is both objective and subjective in nature and so, such rotation arrangements are prohibited. For this reason, preceptors in these categories will be declined.

SECTION 8: ELECTIVE ROTATIONS

The elective rotation is a privilege that students earn by demonstrating successful performance in clinical training and studies. Elective rotations may not be taken until *at least two* required rotations have been satisfactorily completed. Since elective rotations are a privilege, these may be forfeited due to disciplinary problems, lapse in professional conduct/demeanor and/or failure to perform at an acceptable academic level on a required rotation. Electives may be reassigned to benefit the student for academic reasons at the discretion of the Director of Clinical Education.

Requesting a Specific Elective

- Elective rotation requests must be cleared with the Associate Director of Clinical Education at least 60 days before the start of the rotation at a site which the program has an affiliation. The request should be made 120 days before the start of the rotation if the program has no affiliation agreement with the preceptor and/or clinical site. The earlier the request is made, the more likely it is to be available.
- Once a student request for a specific elective has been approved, the student will not be allowed to switch to a different specialty or site.
- Any student failing to identify a specific elective rotation in a timely manner will be assigned a rotation by the Associate Director of Clinical Education.

Elective Rotation Requirements

Learning Objectives

After the elective has been approved, students must develop specific learning objectives that focus on what they wish to achieve during the elective rotation. The objectives must include specific disease processes that you plan to discuss with your preceptor(s). The objectives must also include competency areas as outlined in the NCCPA Blueprint. (<http://www.nccpa.net/ExamsContentBPTasks>). The learning objectives in this manual may serve as a guide. Learning objectives are due to the Associate Director of Clinical Education by the end of the first week of the elective rotation.

Elective Rotation Paper

There is no subject End of Rotation examination at the conclusion of the elective rotation. Each student will be required to write an elective paper related to the elective rotation content area.

Elective Paper Topic

The elective rotation paper should be used to explore a subject related to the elective specialty about which the student has an interest. The selected topic must be based on current issues in medical and Physician Assistant literature and should be phrased in the form of a research question. Students are expected to review current medical literature and incorporate these articles into their paper.

Students must request approval of their elective topic selection in writing via email from the Associate Director of Clinical Education by the end of the first week of the elective rotation. The topic chosen for the elective paper may not be used for the Literature Review Paper in the Advanced Didactic Semester.

Elective Paper Format

- 5-7 pages in length, in addition to a cover and reference pages.
- Times New Roman font in 12 point size with 1 inch margins, double spaced.
- A header must be used according to AMA format.

- The entire paper must be in AMA format. AMA Manual of Style, 10th Edition. ISBN: 9780195176339 or AMA Manual of Style Online subscription

References

- References must be in AMA format.
- A minimum of three properly referenced, current, peer reviewed medical journal articles should be cited.
- Textbooks utilized for background information must be properly cited and will not count toward the three reference minimum.
- Online patient information and user-created sources like Wikipedia and medicine.com are not acceptable sources.
- Using the Barry University Online Library will lead you to peer-reviewed sources.
- Citations of websites and or electronic texts must include the access date.

Graphs, Photos and Charts

- Graphs, photos, charts and other appendices should be kept to a minimum and properly referenced in accordance with AMA style.

Submission of Elective Paper

- Each paper should be proofread for spelling and grammar.
- Elective papers are submitted in an electronic format to the Canvas website before the end of the EOR associated with the elective rotation.

Elective Paper Evaluation

- See Appendix P, Elective Paper Grading Form, for details on grading of the elective rotation.

Plagiarism

- Plagiarism is not tolerated.
- All papers are reviewed using plagiarism detection software.
- Consult the Graduate Catalog for consequences to plagiarism.

SECTION 9: STUDYING WHILE ON ROTATIONS

Review upcoming rotation objectives before arriving at your new rotation. The rotation objectives are not just for studying, they are an overview of what should be achieved in the clinical rotation. Students are expected to devote 2-3 hours per day to studying during rotations. This should include reading each night and doing 10-20 practice questions each night to prepare for PANCE.

1. Specific self-study lists are provided for each rotation, except the elective rotation as part of the rotation learning objectives.

The self-study topics are taken from the NCCPA Examination Content Blueprint, and consist of common conditions which will appear on the End of Rotation examination and on the national certifying examination (PANCE).

2. Students should not limit their learning on rotation to the self-study lists. These are artificial divisions of medical topics intended to facilitate studying for the End of Rotation exam. In order to focus studying for a specific End of Rotation exam, important topics have been selected (self-study lists) but in practice, every topic may be encountered in almost any clinical specialty.

For example, most (but not all) of the cardiac system is covered in the Internal Medicine self-study list, and topics on the self-study list will be tested during the Internal Medicine End of Rotation exam, although the cardiac system needs to be understood for all of clinical rotations.

3. Preceptors may also assign the students specific areas of study, which they expect the students to learn in depth.
4. The required resource for rotation study and PANCE preparation is the *McGraw-Hill's PA Easy*, www.paeasy.com, McGraw-Hill.
5. The required text for the elective paper is the *AMA Manual of Style*, 10th Edition. ISBN: 9780195176339 or *AMA Manual of Style Online* subscription

SECTION 10: END OF ROTATION

End of Rotation (EOR) refers to 2 or 3 days of on-campus activities, and is considered to be part of the clinical rotation. The purpose of EOR is to evaluate progress during the clinical year.

The EOR Agenda

- Day 1: Lectures, exams and activities.
- Day 2: Rotation subject exam, lectures and activities, Clinical Skills Exam (CSE).
- Day 3: Lectures and activities, evaluations, debriefing and announcements.

All missed or failed examinations must be made up at 9 am on the second Monday of the new rotation. If a student is out of state or beyond the 'local' area designation, the exam will be made up on Wednesday of the subsequent EOR.

Rotation Subject Exam

- There will be a rotation subject exam at the end of each rotation period except the elective.
- The content areas of the examination are drawn from the Clinical Learning Objectives and the National Commission on Certification of Physician Assistants (NCCPA) Blueprint.

Clinical Skills Practical Exam (CSE)

- Students will be given a presenting complaint and must perform a focused history and physical examination on a fellow student or professional patient. The case is then presented to the faculty proctor and a SOAP note of the case is written and submitted. The CSE topic will be in the area of the rotation just completed.

Lectures and Activities

- The EOR agenda includes case presentations and lectures by faculty preceptors on specific areas of medicine.
- EOR also provides the opportunity for students and faculty to engage in person-to-person dialogue about their clinical experiences.
- There will be a period of evaluation and debriefing during EOR activities. Attendance is required for all students.
- All students assigned to Emergency Medicine, Women's Health or General Surgery are required to pass a suture skills exam during the EOR prior to the start of each of those rotations.

Typhon EASI End of Rotation Survey

- During EOR students are required to evaluate their completed rotation sites and preceptors. This feedback is important to the ongoing effort to improve the quality of PA training at Barry University.
- Students must complete the online EASI End of Rotation Survey on Typhon. The EASI Survey will be accessible on Typhon for the entire two to three days of EOR and must be completed before the final lecture is delivered.

Documents to be submitted at each EOR on Canvas

1. Typhon Patient Log signed by Preceptor
2. Preceptor Evaluation of Student signed by Preceptor (Appendix E)* only IF this document is not submitted on Typhon by the preceptor
3. SOAP note/H&P (See H&P/SOAP Grading Form, Appendix R)
4. Cultural Barrier/Competency Reflection
Reflect (one paragraph to one page) about a specific patient or practitioner encounter, including how it made you feel. Examples of cultural barriers: language,

differences in the patient/provider cultural background, socio-economic status, gender or generational issues, social habits (views on drug use, alcohol, sexual preference/practice, etc.). Your reflection must include actions that you will take in the future to improve the care you deliver, and to bridge the barriers you encounter.

5. Attendance Form signed by Preceptor
6. PANCE practice questions, with a minimum score of 80%
7. Supplemental assignments (if applicable)
8. Students should keep a copy of all materials submitted and maintain a personal file of their entire year of submissions.
9. All students are responsible for reviewing their graded submissions for feedback

All materials submitted at EOR must have the students' name, class year (C0-18), rotation number and a descriptive title for the document (e.g. SOAP NOTE) and be HIPAA compliant with no patient identification data.

*. No early or late submissions will be accepted.

** If the evaluation form is not submitted during EOR due to circumstances outside of the student's control, the student will receive a grade of "I" (incomplete) for the rotation until the document is received. Failure to submit an evaluation from the preceptor will result in a 'fail' grade.

Survey Policy

Throughout the course of your professional careers, including participation in conferences and online CMEs, your feedback will be expected via survey submissions. The Program stresses this fact as a critical aspect of Professionalism, beginning in the didactic phase of your education. The following procedure and policy also applies during your clinical year.

- Students will have 2 business days to complete each survey
- Survey links will be distributed via mymail.barry.edu email accounts
- Statistic tracking will be enabled via Survey Monkey which does not compromise the anonymity of the survey content
- The statistical tracking will identify those students who did not respond to the survey link within the allotted time
- Non-compliant students will be required to meet with their individual advisors, which may result in a referral for unprofessionalism

SECTION 11: EVALUATION AND GRADING POLICIES OF CLINICAL ROTATIONS

The rotation grade reported will be based on the following grading scale:

A	90-100%
B	80-89.9%
C	70-79.9%
F	Less than 70%

Rotation Grading

The following formula is used to establish the grade:

Preceptor Evaluation of Student: 50%

A student scoring less than 70% on the Preceptor Evaluation will fail the rotation and will be required to repeat the rotation. The preceptor assesses student performance using a standardized clinical evaluation form (see Appendix E).

On certain rotations, a student may rotate with more than one preceptor. In this case a student must obtain and submit preceptor evaluations from each preceptor with whom the student has worked three or more shifts. All evaluations will be averaged for grading purposes. All evaluations must be submitted, and any student found to be withholding negative evaluations will be subject to disciplinary action. Additional evaluations will not be accepted after a poor evaluation has been submitted.

Rotation subject exam or Elective Paper: 50%

A student scoring less than 70% on the EOR rotation subject exam must retake the exam on the second Monday of the next rotation and will be referred to their advisor. If a student is out of state or beyond the 'local' area, the exam will be made up on Wednesday of subsequent EOR. The grade will be recorded as an "Incomplete" until the remedial exam is taken. A student scoring less than 70% when retaking the exam will receive an F grade and be required to repeat the entire rotation. A student who scores a 70% or higher on a remedial EOR exam receives a grade of 70% for this component.

A student scoring below 70% on 2 independent rotation subject exams will be referred to their faculty advisor and entered into the mandatory risk reduction program. (see below) A student scoring below 70% on 3 or more independent rotation subject exams will be referred to the Program Director.

A student scoring less than 70% on the Elective Paper will have one opportunity to rewrite the paper within two weeks of failure notification. The grade will be recorded as an "Incomplete" until the remedial paper is graded. A student scoring less than 70% on the second submission will receive an F grade and be required to repeat the entire rotation. A student who scores a 70% or higher on the second submission will receive a grade of 70% for this component.

Elective papers are due no later than 5pm on Friday or the last day of EOR. Consequences for late submission may include loss of points, lowering of a letter grade or failure of the elective paper.

Additionally, the following items are Satisfactory/Unsatisfactory. An Unsatisfactory in any of these areas may reduce a student's entire rotation grade by one letter (for instance, from a B to a C):

- Clinical Skills Practical Exam (CSE) - A student failing the CSE component will need to repeat and pass the CSE in order to pass the rotation. If the student passes the second CSE, the overall rotation grade will be lowered by one letter. If the student fails the second CSE that student will earn a grade of "F" and be required to repeat the entire rotation.
- SOAP note/ H & P - Must be submitted during EOR for every rotation. Unsatisfactory SOAP notes/H&Ps will be returned to the student, and must be resubmitted within one week in order to receive a Satisfactory grade. If the Note is still unsatisfactory, the rotation grade will be lowered by one letter (see Grading Form Appendix R).
- Typhon Patient Logging -- A significant below average aberrance, for the number of patient encounters logged by a student for a particular rotation, inaccurate logging or failure to submit signed logs (page 1 of the report only) during EOR will result in a grade of Unsatisfactory and the lowering of the rotation grade by one letter.
- Typhon/EASI End of Rotation Survey –Failure to complete the survey during EOR may result in a grade of Unsatisfactory and the lowering of the rotation grade by one letter.

- Attendance/ Professional Behavior/ Demeanor - All absences must be excused (see attendance policy) and logged accurately. Unprofessional behavior while on rotation, including unexcused absences, improper dress or any other violation of the Clinical Year Manual Policies may result in the student being placed on probation and/or failure of the rotation. Failure of a rotation for professional or behavioral issues may warrant suspension from the PA program. Falsification of Attendance on the time sheet is considered a violation of the program policies on academic honesty and constitutes grounds for disciplinary action and possible dismissal from the Program.
- PANCE practice questions—100 questions in the content area of the rotation must be completed, with a minimum score of 80% in each section.
- Cultural Reflection

Academic Probation

A student in the Physician Assistant Program will be placed on academic probation for any of the following:

- Achieves a cumulative or semester GPA below 2.5 (calculated utilizing a 0.0 to 4.00 scale).
- Earns a grade of F on a Clinical Rotation.

Probation will be rescinded after completion of the next semester of active registration if the student achieves a cumulative GPA of 2.5 or higher with no new F grades. The student will remain on mandatory risk reduction (see below) for the remainder of their attendance in the Program.

Academic Suspension

A student in the Physician Assistant Program will be suspended for any of the following:

- Qualifies for academic or professional probation for two consecutive semesters
- Earns a second F in any clinical rotation, consecutive or nonconsecutive, regardless of GPA

Academic Honesty

The highest standards of honesty and integrity are expected of Barry University PA Students.

A confirmed violation of the Academic Honesty Policy is considered grounds for dismissal from the Physician Assistant Program. The policy should be reviewed in the Graduate Catalog topic on ethical and honorable conduct.

Violations of the Academic Honesty Policy include, but are not limited to:

- Altering grades on Preceptor Evaluation forms if they are submitted on paper
- Forging preceptor signatures on clinical rotation Attendance Sheets or Absence Forms.
- Cheating on end of rotation examinations
- "Grade shopping" by seeking evaluations only from those preceptors from whom a favorable grade is anticipated, or seeking additional evaluations to boost a low score.

Risk Reduction Process

Students on Risk Reduction will meet with their advisors at least twice per semester.

Students on Risk Reduction will engage in practice exams weekly in the following manner:

- Register with Exam Master using Barry University email and name used at Barry (same as didactic).
- Take a test on content area of weakness and submit 50 questions weekly with a score of at least 70%. Use the "score" function so a score is given.

- If score is below 70%, review missed questions and repeat the test until at least 70% is reached.

Noncompliance with mandatory risk reduction Process and weekly assignments will result in:

1. Meeting with advisor to discuss importance of risk reduction and policy compliance.
2. Meeting with Director of Clinical Education to discuss commitment to success in PA certification and licensing.
3. Consequences of repeated noncompliance with policies may lead to dismissal for poor academic commitment and unprofessional behavior.

Risk Reduction definitions

Mandatory Risk Reduction- Risk Reduction Process will be mandated for any student who is currently on or has been on academic probation. Mandatory Risk Reduction continues until the student has graduated

Voluntary Risk Reduction- Risk Reduction is recommended for specific students based on GPA (<3.0).

SECTION 12: STUDENT HEALTH AND CRIMINAL BACKGROUND CHECKS

Student Health Insurance

All students must have primary care health insurance coverage which meets the Barry University requirements. Coverage must remain in effect at all times. A health insurance plan is offered through the University to full time students. Students at the Miami Shores campus may visit the Health Center for health services. Students at distant sites may use in-network providers on the student health plan.

Enrollment is available for students through MyBarry or at the Student Health Center (premium will be deferred to your student account with this option). You may also review details of the University's coverage at www.barry.edu/healthservices.

Please remember, the insurance cannot be cancelled or changed after the policy effective date so before enrolling, students must make sure to select the option that best meets their needs.

The student insurance will not be automatically billed to you even if you were previously enrolled. You must apply/enroll in the plan.

Instructions for enrolling through MyBarry:

1. Go to www.barry.edu/MyBarry and log in (if a returning student) or Sign In (if a new student). Your User name is your student email address.
2. Go to the Resources section (located on the lower right side of page). Click on **Student Health Requirements & Insurance**.
3. Click once only on **Health Insurance-Waiver**
4. Click on **"I need Health Insurance"** and complete the form. If possible, print a hard copy of this document for your records before submitting.
5. Hit submit

After you have submitted the form, you should receive a confirmation email in your messages box. The premium amount shown on the form will be billed to your student account.

If the student is covered by an insurance plan other than the Barry student insurance he/she must complete and upload a waiver form via the American DataBank ITS (ITS) Compliance System available at www.barrypa.com along with a copy of the current insurance card. If the student has a change in insurance coverage, proof of the new insurance plan is required. Failure to complete this waiver or supply proof of Barry student insurance to the ITS Compliance System will result in withdrawal from all clinical activities until resolved, which may cause a delay in rotation progression. Students should review the Health Insurance Requirements found in Appendix J.

Please Note:

Students are advised that faculty of the PA program are prohibited by ARC-PA standards from providing health care services to students. Students must not seek health care from their didactic or clinical faculty.

Student Health Requirements

Each student is required to have a Complio account with the American DataBank (ADB) Immunization Tracking System (ITS) at www.barrypa.com. There is an annual renewal fee. Each student must be in compliance and upload to Complio the following:

Statement of Good Health

This should NOT include any student health information and should not include a physical examination; it should simply attest to the student's good health (Student Health Form Appendix I).

Immunizations

Students must remain current in all required immunizations or tests (Appendix J).

1. Tdap: Within last 10 Years

You must have a Tdap within last 10 years, or show proof of a Td AND separate Pertussis Vaccination (within the last 10 years).

2. Varicella (Chicken Pox): One Time

You must have proof of ONE of the following:

- a) 2 doses of the Varicella Vaccine
- b) Proof of Natural Varicella (Chicken Pox) Disease.
- c) Varicella Blood Test, with presence of IgG antibody by either Latex Agglutination or ELISA (preferable) testing. Any students not showing past exposure, or a positive test result, must have the two Varicella Vaccinations which are 4-8 weeks apart. Official labwork printout is required for this option.

3. Hepatitis B:

You must have a Hepatitis B Surface Antibody Blood Test (Anti-HBsAg) with "Positive (POS) or Negative (NEG)" result to be compliant. If your Hepatitis B testing is not-immune (Negative/Equivocal) you must repeat a 3 shot series for Hepatitis B, and then re-test for Anti-HBsAg. Please enter your Hepatitis B Test date, and any necessary vaccinations on this Form and in the Tracking System. While you are receiving your shot series, either initial or post-titer repeat, you will be compliant for 1 month following the first dose, 5 months following the second dose, and 1 month following the third dose. Official labwork printout is required for this option.

4. Measles (Rubeola), Mumps, and Rubella:

You must have proof of ONE of the following:

- a) 2 doses of Measles, Mumps, and Rubella Vaccines
- b) Measles, Mumps and Rubella IGG Bloodwork showing immunity. If you show as Not-Reactive, Negative Immunity, you must show proof of a complete MMR Series. Official labwork printout is required for this option.
- c) Documented dates of disease for Measles, Mumps and Rubella.

Please enter the date of the vaccinations, diseases or titers. Official documentation required for the blood-work, if completed.

5. PPD (TST): Annual

- a) You must have a PPD every 12 months. If the PPD is Negative, you are required to have Annual PPD. Please enter the date and Negative result on this Form and in the Tracking System.
- b)
- c) If a PPD is Positive, you will need a Chest X-Ray with a Negative result (One Time) to be compliant. Please enter your Positive PPD date, Chest X-Ray date, and result on the Form and in the Tracking System.
- d)
 - If you received the BCG vaccination in the past, please submit documentation for that vaccination (One Time). See your healthcare provider for further steps in relation to your TB Infection/Exposure Status. Enter the date of your vaccination on the form and into the Tracking System.

6. Statement of Good Health: Annual

You must present the Statement of Good Health. This should NOT include any student health information and should not include a physical examination; it should attest to the student's good

health (Student Health Form Appendix H) and state the student may enroll in the Program without restrictions

Student Health Insurance: Annual

You must present proof of current Health Insurance Coverage. This can be either Barry U Health Insurance, proven by enrollment form, receipt of payment, or insurance card. OR, you can decline Barry U coverage, turning in the Insurance Waiver Form AND a copy of the front and back of your insurance card. See www.barrypa.com for the Waiver Form. Note: Be sure to renew early, as Students may not have a lapse in coverage.

The CDC's Advisory Committee on Immunization Practices (ACIP) strongly recommends that all Health Care Workers (HCWs), which includes medical students, be vaccinated against (or have documented immunity to) hepatitis B, influenza, measles, mumps, rubella, varicella as well as diphtheria, tetanus and pertussis (DTaP). The ACIP also recommends immunization of HCW with special conditions and recommends other vaccine-preventable diseases.

It is also recommended by the CDC for all healthcare workers/students to be vaccinated against influenza at the Barry University Student Health Center or through a private provider. Influenza infection could result in both a delay in student progress, infection of debilitated patients. Many sites now require seasonal influenza vaccination.

Students are responsible for the cost of providing Statements of Good Health and immunizations required by their rotations. Students are advised that immunization information may be released to third parties to facilitate their clinical placements.

Failure to remain current in student health requirements, including PPD status and health insurance coverage, will result in removal of the student from the clinical setting and a delay in graduation.

Pregnancy

- Students who are pregnant, or believe they might be pregnant, should immediately consult with their health care provider concerning the advisability of continued participation in clinical activities.
- Students opting to continue clinical rotations, a medical clearance to participate in clinical activities must be provided in writing from their health care provider.
- Students need to discuss the timing and details of any requested leave of absence with their advisor and the Director of Clinical Education.

Students must obtain medical clearance before returning to clinical rotation if they have any of the following:

- Active chickenpox, measles, herpes zoster (shingles)
- Hepatitis A, hepatitis B or Hepatitis C
- Tuberculosis
- Diarrhea lasting over three days or accompanied by fever or bloody stools
- Conjunctivitis
- Group A streptococcal disease (i.e., strep throat) until 24 hours of antibiotic therapy
- Draining or infected skin lesions
- Oral herpes with draining lesions
- Fever, fatigue and body aches suggestive of influenza
- Productive cough or hemoptysis
- Surgery

Students with absences in excess of two days due to illness are required to provide the Program with a medical clearance stating that the student is able to resume all activities fully, without limitation, as required by the clinical rotation and/or EOR activities.

Absences of more than two days may result in the need to repeat the rotation at a later date.

As per the Program's policy on absence from rotation - notify your preceptor and the program Clinical Team immediately if you must be absent for illness and submit an absence form.

Substance Abuse

Substance abuse, a specific risk for all health care providers, is of concern to the program.

Students who abuse substances (e.g. alcohol or drugs) will be removed from clinical activities to protect patients. They may not be permitted to continue in the Physician Assistant Program. Please refer to the Barry University Student Manual, "Policy on Substance Abuse," and Graduate Catalog for additional details on this subject. Students experiencing difficulty with substance abuse are encouraged to seek appropriate evaluation and counseling, either through the Barry University Counseling Center or by their own arrangement.

Students are required to submit specimens for drug screens when requested. Refusal to submit a specimen will result in the student being removed from clinical activities, a delay in progression of training and an investigation of the student's fitness for continuation in the program. The PA program reserves the right to screen any student for illegal substances as part of its responsibility to help assure patient safety and the integrity of its educational mission. The cost of drug screening is the student's responsibility.

Latex Allergy

Latex products are extremely common in the medical environment. Students with a history of latex allergy are at risk for future severe reactions upon exposure to latex products.

Any student found to be latex allergic must consult with a qualified allergist to determine whether or not to continue with clinical training, acknowledging the risk of becoming ill even if after reasonable precautions are taken and accommodations are made.

Injury on Clinical Rotation

If a student is injured at the clinical training site, they must notify the preceptor and/or site manager immediately. The student must also notify the PA program immediately by calling the clinical cell phone. If the injury is urgent or emergent in nature, the student should seek care immediately at the nearest suitable facility and follow the injury protocol for their rotation site.

An Incident Report (**Appendix D**) must be submitted to the Clinical Team within 48 hours.

Needle Sticks, Blood, Body Fluids, Potentially Serious Infection Exposure

- Students who have the following exposures must follow the protocol of their clinical site, and should follow up with their primary care provider to discuss the need for prophylactic treatment.
 - Needle Stick injury
 - Exposure to blood or body fluids
 - Exposure to tuberculosis or meningitis
- The student may be referred for medical evaluation, lab tests, and if necessary, treatment.
- Depending on the mode(s) of potential transmission, a request for patient consent to testing may be made.

Appendix M, "Universal Precautions" is required reading for all students prior to the first day of clinical rotations.

Incident Reports

Any student sustaining an injury or exposure to a patient's blood or bodily fluids must complete a Barry University PA Program Incident Report Form (Appendix D) and return it to the Clinical Team within forty-eight (48) hours.

- Some clinical sites will also have their own incident report. The student must still submit a Program Incident Report.
- The student must keep copies of all documentation submitted.

All College of Nursing and Health Care Science and Physician Assistant students are insured through Mutual of Omaha for \$5000 per injury/per year. This plan provides coverage for most accidents that occur on and off campus that require medical care and in the event of an occupational exposure. In order to utilize this plan you must report your injury to Student Health Services. A claim form will be completed and you will receive information on how to utilize this plan. This is in addition to completing the programs incident report in the event of an occupation exposure.

The most import thing is to seek medical attend as soon as possible. All reports may be completed after the fact. Please follow the program and facility protocol for an occupational exposure.

Please be aware that the accident insurance does not replace your required ACA Major Medical health coverage. This plan will work in combination with your health plan.

For more information please go to www.barry.edu/health-serivces and click on the insurance tab.

Follow Up of Injury or Exposure

- The student should see his/her personal health care provider for follow-up evaluation and management of the injury or exposure.
- Students needing a health care referral may contact Barry University Student Health Services.
- If necessary, a medical clearance report regarding the student's ability to safely return to the clinical setting should be sent to the Director of Clinical Education and to the Medical Director.

Students are advised that clinical sites do not accept liability for any illness or injury arising from clinical training activities. Students are not considered to be employees of either the PA program or its training affiliates. Therefore there is no disability coverage under Workers Compensation or otherwise. Students are strongly encouraged to obtain their own disability insurance coverage.

Criminal Background Checks and Drug Screens

Most clinical sites require a Criminal Background Check (CBC) and Drug Screen (DS) before accepting a student. Students enrolled in the Barry University PA program must undergo a yearly CBC and DS, more if required by individual clinical sites. Students are responsible for the cost of providing subsequent screenings if required by an institution to which they are assigned.

Students must report any arrest or conviction for any offense occurring after their initial criminal background check in the program, and/or any disciplinary proceeding action against them (or their license(s) in any other capacity as a licensed, certified or registered health care provider) to the PA Program Director. Failure to do so is grounds for expulsion from the PA program.

Students with positive criminal background checks may be excluded from many clinical sites and it may not be possible for them to complete their training, depending on the nature of the history. Such individuals should also anticipate difficulties with certification and licensing procedures/processes, which in some instances may limit or prevent their future practice as a physician assistant as determined by licensing statutes, regulations and agencies.

Some clinical affiliates require recent urine drug screens. Students are responsible for the cost of providing this documentation when applicable to their rotations.

SECTION 13: COMMUNICATIONS – EMAIL AND PHONE

Clinical Cell Phones: St. Pete 727-249-3075, Miami 954-703-9861, St. Croix 305-632-1062

Clinical Contact Policy

Students must be available by cell phone throughout all hours of clinical activity. This includes EOR. Calls received from the Program must be returned within 30 minutes.

Email

Email is the preferred method of communication between the Program and students for routine matters. Students are responsible for checking their email daily for communications from the Clinical Team.

Information about clinical rotation assignments and changes in rotations are delivered via email. Emails will be sent only to Barry University student MyBarry email accounts.

Email received from the Program must be returned within 24 hours.

Students corresponding by email about clinical placements, should use the same stream of email (i.e. use the 'reply all' option), to facilitate communication about a particular request. Students should save copies of all email messages sent and received to a permanent file for future reference.

Change of Address, Contact Numbers or Change of Name

- Students should notify the Clinical Team and the Office of the Registrar if they have a change of phone number, address or name
- Students should keep their phone, address and name on Typhon up to date with most current information.

Contacting the Clinical Team

- Faculty and staff phone numbers are listed in the front of this manual.
- Email and voice mail are checked daily even from remote locations, by faculty and staff unless their automated email reply or recorded greeting states that they are away.
- Routine messages are acknowledged within 48 hours.
- Emails directed to PA program faculty and staff should include use of message 'Reply All' and forwarding with the previous correspondence stream, when applicable.
- Emails and voice messages may be forwarded to others to facilitate management of issues and promote efficiency.

Clinical Cell Phone

- A member of the program faculty or staff will be available at all times on the program clinical cell phone.
- Clinical cell phone use includes: unexpected unavailability of preceptor or rotation site, serious accidents or acute illness.
- The clinical cell phone should not be used for routine matters such as scheduling, grade reports, etc.
- After phoning, students are urged to remain accessible by phone for at least 20 minutes whenever possible.

Repeated failure to comply with the Clinical Contact Policy will result in the student's withdrawal from rotation and reevaluation of their status in the PA program.

SECTION 14: TYPHON

Typhon Patient Tracking System

Typhon is a web-based patient tracking system that is used to log patient encounters.

- Daily patient encounter logging is a requirement of the Clinical Year and is a pass/fail grade component of each clinical rotation (see grading policy).
- Patient encounter logging is similar to that used for electronic medical records and billing purposes in future clinical practice.
- Typhon patient logs must be printed, signed by preceptor to verify accuracy, and uploaded to Canvas during EOR.

After a student graduates from the Program, data accumulated via Typhon will be available for use in demonstrating proficiency during the pre-employment credentialing process, therefore it is in the student's interest to maintain records of each patient they see, including procedures.

Falsification of patient or procedure data is considered a violation of the Program policies on academic honesty and constitutes grounds for dismissal from the PA Program.

Typhon EASI End of Rotation Survey

During EOR students are required to complete an End of Rotation Survey about their clinical rotation using Typhon EASI.

How to Set Rotation Defaults on Typhon

At the start of each new rotation, students must update their rotation defaults "Student Information" in Typhon.

Please use the preceptor named on your Confirmation Statement, even if you find yourself working with a different practitioner on rotation. The person named on the Confirmation Statement is the preceptor of record. (regardless if you are with other preceptors at the same site).

- In the **Main Menu** go to **Your Account** menu on right side of page
- Choose the option: **Account Settings & Defaults**
- Part way down the page there will be the following area: **SELECT YOUR DEFAULTS**
- Update the **REQUIRED DEFAULTS:**

Please Note

The default "aaOther Preceptor (or Site), Not Specified" should not be used. If the preceptor is not listed on the dropdown, please contact the program to have the preceptor added into the Typhon system.

How to Log Patient Encounters

Logging should be done on a regular basis because the Typhon program has a 15-day limit for logging. For example, if you try to log patients 2 weeks after the actual encounter, the program will not allow you to do so. If you miss this window, you will need to email your ADCE and they will refer you to the Director Of Clinical Education to explain this circumstance.

From Main Menu go to Case Log Management and then to Add New Patient Case Log.

The screenshot shows a form with four required fields, each marked with a red arrow:

- Period:** Rotation 1
- Rotation:** Internal Medicine/Geriatrics
- Preceptor:** SILVERMAN, Michael MD
- Clinical Site:** Marri Jewish Home for the Aged

 Below the form is a section titled **Case Log Management** with a purple plus icon. It contains a list of links:

- ➔ **Add New Patient Record**
- ➔ **List/Sort All Records**
- ➔ **Search for Records**
- ➔ **Missing Information**
- ➔ **Delete Records**
- ➔ **Handheld Data Menu**

All fields flagged with red arrow are required. The program will not let you save the log until all required fields have been completed. In addition, two un-flagged fields are also required by the program:

1. Setting Type
2. Consult with Preceptor Time

How to Print Patient Logs to Be Signed By Preceptor (must be submitted on Canvas at EOR)

From **Main Menu** go to **CASE LOG REPORTS** and then **Case Log Totals (Graphical)**

Apply the following Optional Filters:

- **Date Range** - enter rotation dates and period (i.e. Rotation 2)
- **Period**
- **Rotation**
- **Clinical Site**
- **Preceptor**

Any case log that does not include ALL of these filters will not be accepted.

Print graphical case log. Ask preceptor to verify **Total Cases Entered** and then sign next to that line.

The screenshot shows the **OPTIONAL FILTERS** section with the following settings:

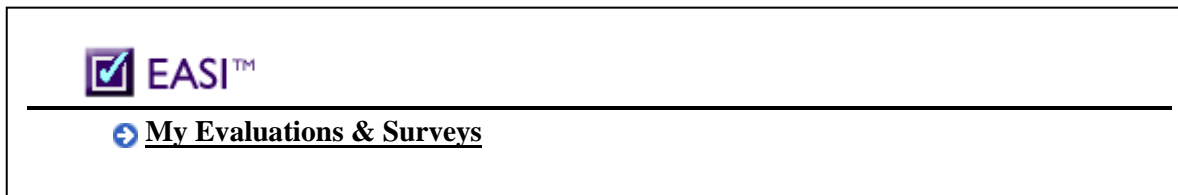
- Date Range:** From 8/25/2014 To 9/30/2014
- Period:** Rotation 1
- Rotation:** Pediatrics
- Clinical Site:** St. Joseph's Ped. Hospital
- Preceptor:** PLASENCIA, Daniel J MD
- Item Filter #1:** --None--
- Item Filter #2:** --None--

 There are checkboxes for "Exclude item" next to the item filters. At the bottom, there are buttons for "Apply Filters" and "Export to PDF".

PRECEPTOR SIGNS THIS PAGE! Find the EASI End of Rotation Survey

During EOR students are required to complete the End of Rotation Survey.

From **Main Menu**, go to **EASI** and then to: **My Evaluations & Surveys**.



Click on **End of Rotation Evaluation**.

Please fill out the surveys conscientiously. We use the information in these surveys to monitor the experience of the students have with our preceptors in order to either detect problems with a preceptor, or to detect excellence in a preceptor. **Your comments will be carefully read PLEASE BE CONSTRUCTIVE NOT DESTRUCTIVE WHEN GIVING FEEDBACK.**

How to Get Help for Typhon Problems – Contacting Typhon Support

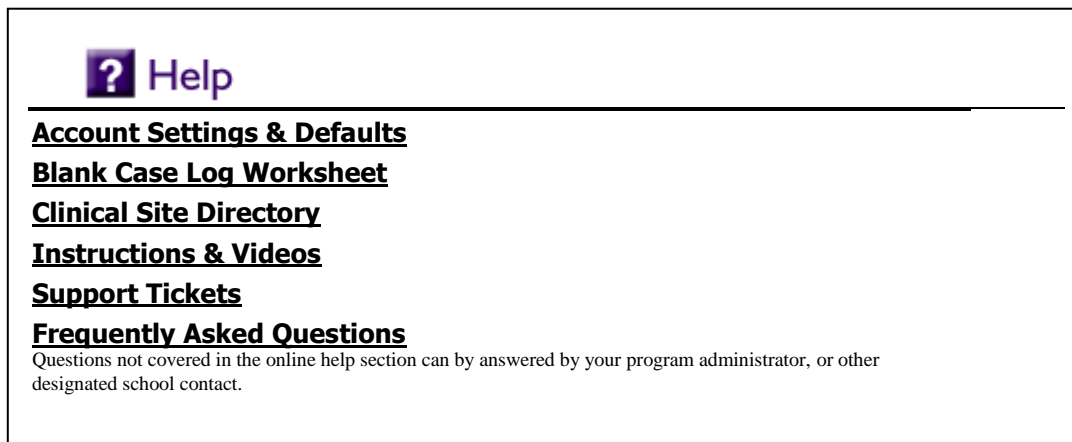
Try to find the answer to your question in **Instructions & Videos** or in **Frequently Asked Questions**

For technical support from Typhon Group, students must complete the online support ticket.

The student will be contacted by a Typhon support person via e-mail once the support ticket has been received.

From **Main Menu**, go to **Help** and then click on **User Instructions & Video Tutorials**.

If the problem cannot be solved, click **Support Tickets** for assistance from Typhon Support.



PART 3: SPECIFIC ROTATION LEARNING OBJECTIVES

ROTATION GUIDELINES

The Barry University Physician Assistant program is committed to preparing its students to function as primary healthcare providers. An essential element for a successful clinical year is direct access to patients by the PA Student under the supervision of qualified clinical preceptors. To that end, clinical rotations have been established at a variety of academic and community hospitals, public clinics and private outpatient practices, and other health care facilities. Clinical preceptors draw on their personal fund of medical knowledge and clinical experience, instructing PA students in the evaluation and management of common medical and surgical problems.

Outlined below are general learning objectives for the areas in which PA students must become proficient during the clinical year. The specific learning objectives for each rotation contain more detailed learning objectives for each of the clinical rotations. These objectives are intended to help focus the students' clinical studies and to prepare each student for the material to be encountered on the PANCE. Each student is responsible for all of the topics listed in the general and specific learning objectives, ***regardless of the composition of each individual clinical rotation experience.***

Clinical Year Competencies

1. Medical Knowledge

- Define preventive, emergent, acute and chronic etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions and ongoing health maintenance
- Select and interpret appropriate diagnostic clinical tests and imaging based on patients' clinical presentation
- Formulate a differential diagnosis by integrating history and physical findings and diagnostic studies using problem-solving skills and clinical decision making.
- List and apply basic preventive, curative, and/or palliative therapeutic strategies for the management of clinical conditions
- List indications, contraindications, side effects, and interactions for common pharmaceuticals

2. Interpersonal and Communication Skills

- Establish collaborative, constructive and respectful relationships with patients and families.
- Communicate effectively with patients and families of diverse backgrounds and cultures
- Discuss, effectively and empathetically, serious, sensitive, and difficult topics
- Elicit and address patients' concerns, and preferences and incorporate them into management plans
- Document and present patient information in an organized fashion, including assessment and plan
- Communicate effectively and respectfully with all members of the interprofessional team involved in a patient's care

3. Patient Care

- Gather complete and focused histories in an organized fashion, appropriate to the clinical situation for infant, child, adolescent, adult and geriatric patients
- Conduct complete and focused physical examinations in a systematic fashion and accurately document normal and abnormal physical exam findings
- Develop and carry out patient management plans with appropriate supervision
- Present encounters including reporting of information and development of an assessment and plan efficiently and accurately
- Document encounters including reporting of information and development of an assessment and plan efficiently and accurately
- Perform common procedures safely and correctly, using universal precautions, with attention to patients' comfort and safety
- Conduct discharge planning, and create individualized disease management and/or prevention plans including patient self-management and behavior change
- Counsel and educate patients regarding diagnosis, treatment options, and preventive health measures

4. Professionalism

- Display sensitivity to patients of diverse backgrounds, demonstrating respect for and sensitivity to culture, race/ethnicity, age, socioeconomic status, gender and sexual orientation
- Demonstrate respect and compassion, when interacting with peers, interprofessional healthcare providers, patients, and their families
- Describe the legal and regulatory requirements governing PA practice and the role of the PA

- Behave in a responsible, reliable, and dependable manner with patients, families, and other health professionals. Demonstrate punctuality, initiative and professional dress at all times.
- Practice ethically and with integrity, including maintaining patient confidentiality, obtaining appropriate informed consent, and understand the significance of medical errors. Acknowledge gaps in skills, knowledge, or patient information, and seek help when needed
- Adhere to institutional and professional standards

5. Practice Based Learning

- Apply information technology to manage information, access on-line medical information, maintain electronic medical records, and support continuing medical education
- Identify clinical questions as they emerge in patient care activities, appraise and assimilate the scientific evidence from the literature and apply it to clinical decision making for individual patients
- Commit to reflect on one's own performance to identify strengths and areas for professional and personal development

6. Systems Based Practice

- Work cooperatively with physicians and other inter-professional healthcare providers as a member of a healthcare team and utilize the expertise of other professionals and experts
- Describe basic principles of healthcare delivery, organization and how costs affect healthcare delivery
- Practice cost-effective health care and resource allocation that does not compromise quality of care.
- Utilize a systems approach to identify other healthcare systems to provide additional care, and assist patients in navigating system complexities.

General Goals For all Rotation Specialties

1. History Taking
 - Perform a complete or focused history, which includes a chief complaint, history of present illness, pertinent positive and negative review of systems, and relevant aspects of the patient's past medical, social and family history
2. Physical Exam
 - Conduct complete or focused physical examinations directed toward patients' chief complaints
 - Document, accurately, normal and abnormal physical exam findings
3. Patient Management Plan
 - Develop and implement assessment and plan
 - Identify the laboratory tests and procedures which would be useful in diagnosing the patient's problem, and interpret results
 - Utilize medications in treating the medical problem including dosages, routes of administration, and side effects properly
 - Write prescriptions to be signed by the preceptor
 - Follow-up to monitor effects of medications and the progress of treatment
4. Oral Case Presentation
 - Present to the preceptor the results of history, physical and create an appropriate differential diagnosis, assessment and plan.
5. Document Medical Notes
 - Document patient encounters in SOAP format
 - Use the medical record system to access and manage patient data
6. Procedures and Skills
 - Refer to required clinical procedures guide
 - Seek to experience a variety of rotation specific procedures that aren't necessarily required, however are strongly encouraged
7. Discharge Planning
 - Plan timing of discharge, home care, follow up and resumption of baseline activities of daily living
8. Patient Counseling
 - Explain to the patient, in a clear and culturally sensitive manner, the diagnosis of problem, risk and benefits of diagnostic procedures, proper use of medications
Educate patients regarding preventive health measures and lifestyle modifications
9. PA-Patient Relationship
 - Establish rapport with patients and families
10. Communication with the Medical Team
 - Communicate effectively and respectfully with all members of the interprofessional team

11. Professionalism

- Respond sensitively to patients' diversity
- Display professional dress and demeanor
- Understand the role of the PA, acknowledge gaps in knowledge and need for supervision

12. Practice-Based Learning

- Utilize medical records systems effectively
- Practice evidence based medicine, applying scientific evidence guidelines from recent medical research to patient care

13. Systems-Based Practice

- Work with members of the interprofessional healthcare team to provide quality care to patients
- Incorporate knowledge about funding sources and payment systems into management plans
- Assist patients in dealing with system complexities

Minimum Patient Encounter Requirements

During the course of the clinical year, each student is expected to have a variety of patient encounters, in specific settings, and observe, assist or perform the clinical procedures as outlined below.

Patient Encounter Type

- Preventive Care –promote and maintain health and well-being to prevent disease, disability or death
- Emergent Care – a severe or life threatening condition that requires immediate attention
- Acute Care – a minor short term or illness of brief duration
- Chronic Care – a preexisting or long term illness
- Gynecologic Care – in women's health, especially the diagnosis and treatment of disorders affecting the female reproductive system
- Prenatal Care -- requiring regular medical care recommended for women during pregnancy
- Behavioral Health and Mental Health Conditions -- at risk of, or suffering from, mental, behavioral, or addictive disorders
- Pre-operative Care -- in preparation and management prior to a surgical procedure
- Intraoperative Care -- during a surgical procedure
- Post-operative Care -- after a surgical procedure

Care Across the Lifespan:

- Age < 1 (infant)
- Age 1-10 (child)
- Age 11 - 17 (adolescent)
- Age 18 - 64 (adult)
- Age > 65 (geriatric)

Specific Settings

- Outpatient
- Emergency Department
- Inpatient
- Operating Room

Minimum Patient Encounters	
Patient Encounter Type	Required Encounters
Preventive Care	100
Emergent Care	50
Acute Care	200
Chronic Care	200
Gynecologic Care	20
Prenatal Care	3
Behavioral Health and Mental Health Conditions	30
Pre-operative Care	10
Intraoperative Care	10
Post-Operative Care	10
Care Across the Lifespan	Required Encounters
Age < 1 (infant)	5
Age 1-10 (child)	20
Age 11 - 17 (adolescent)	10
Age 18 - 64 (adult)	200
Age > 65 (geriatric)	50
Specific Settings	Required Encounters
Outpatient	125
Emergency Department	50
Inpatient	30
Operating Room	10

Clinical Procedures Checklist	
Clinical Procedures	Assist/ Perform
Venipuncture/IV Placement	5
Injection: IM	5
Injection: SQ	5
Incision and Drainage of Abscess	2
Application of local anesthesia	2
Wound care and dressing	10
Sterile technique	10
Suturing	3
Suture/staple removal	3
Splinting or casting	1
Throat, nasopharyngeal, wound, vaginal or urethral swabs for culture and sensitivity	10
Perform spirometry/PFTs	1
Interpret EKG	5
Diabetic foot exam	8
Digital rectal exam	3
Hemoccult testing	1
Breast exam	5
Pelvic exam	5
Pap smear	5
Auscultate fetal heart tones	3
Fundal height measurement	3

Family Medicine Rotation

This rotation is intended to provide the student with exposure to the principles and practice of family medicine. The focus is on disease prevention, health maintenance, and chronic and acute care in adults and children across a span of ages. The student's techniques in history-taking, physical examination and health behavior counseling and screening for disease prevention will be refined.

Family Medicine Patient Encounters

Patient Encounter Type

- Preventive Care –promote and maintain health and well-being to prevent disease, disability or death.
- Acute Care – a minor short term or illness of brief duration
- Chronic Care – a preexisting or long term illness
- Gynecologic Care – in women's health, especially the diagnosis and treatment of disorders affecting the female reproductive system
- Behavioral Health and Mental Health Conditions -- at risk of, or suffering from, mental, behavioral, or addictive disorders

Each student will experience the following encounters by the end of the clinical year:

Minimum Patient Encounters	
Patient Encounter Type	Required Encounters
Preventive Care	100
Acute Care	200
Chronic Care	200
Gynecologic Care	20
Behavioral Health and Mental Health Conditions	30
Care Across the Lifespan	Required Encounters
Age < 1 (infant)	5
Age 1-10 (child)	20
Age 11 - 17 (adolescent)	10
Age 18-64 (adult)	200
Age > 65 (geriatric)	50

Instructional Objectives

Upon completion of the Family Medicine Rotation, based on didactic year learning, self-study and supervised clinical practice experiences, the student will demonstrate knowledge and proficiency pertaining to each of the Instructional Objectives below. The student will be evaluated by the following criteria: PAEA End of Rotation written examination, SOAP notes, preceptor evaluations and clinical skills exams.

Problem Solving and Clinical Skills/Patient Care

- Describe the clinical features, list differential diagnoses, and use diagnostics to formulate treatment and care plans.
- Complete patient counseling on preventive screening tests in the management of common acute and chronic medical conditions seen in the ambulatory setting for care across the lifespan.
- Complete focused medical histories, and perform physical exams relevant to common acute and chronic medical conditions across the lifespan.
- Perform comprehensive wellness exams across the lifespan relevant to patient's comorbidities and family history.
- Identify community assets and describe system resources to improve the health of individuals in diverse populations.
- Illustrate the impact reimbursement on the delivery of health care, the choice of pharmaceutical therapies or other treatment modalities and its effects on patients.
- Formulate succinct and well-organized verbal presentations about patient encounters to the preceptor and seek, accept, and apply constructive feedback.
- Create written notes to document patient encounters for acute and comprehensive problems and for preventive care visits using appropriate formats.
- Establish effective relationships with patients and families using appropriate communication skills and levels.
- Educate patients and families regarding chronic medical conditions that may necessitate increasing long-term care.
- Measure patient's understanding of follow-up plan, including treatments, testing, referrals, and continuity of care through reiteration and documentation.
- Perform requested tasks in a timely, organized, respectful, and dependable manner.

Self-Study List

The following self-study topics, taken from the NCCPA Examination Content Blueprint, consist of common conditions with which the student should be familiar. Students may not see each of the following during rotation, but are still required to demonstrate familiarity with these conditions for rotation content exams and PANCE exams. Clinical experience must be supplemented with didactic study.

For Each Condition Students Should Know History Taking & Performing Physical Examinations, Use Laboratory & Diagnostic Studies, Formulate Most Likely Diagnosis, Health Maintenance, Clinical Intervention, Pharmaceutical Therapeutics, and Apply Basic Science Concepts.

URGENT CARE	DERMATOLOGY, continued
<u>Respiratory failure/arrest</u>	<u>Spider bites</u>
<u>Deteriorating mental</u>	<u>Basal cell carcinoma</u>
<u>Allergic reaction/anaphylaxis</u>	<u>Kaposi sarcoma</u>
Acute abdomen	Melanoma
Burns	Alopecia
Third trimester bleeding	Onychomycosis
Bites/stings	Paronychia
Foreign body aspiration	Condyloma acuminatum
Cardiac failure/arrest	Exanthems
Fractures/dislocations	Molluscum contagiosum
Sprains/strains	Verrucae
Myocardial infarction	Cellulitis
Hypertensive crisis	Erysipelas
Pulmonary embolus	Impetigo
Pneumothorax	Acanthosis nigricans
Ingesting harmful substances	Hidradenitis suppurativa
Orbital cellulitis	Lipomas/epithelial inclusion cysts
	Melasma
	Pilonidal disease
	Pressure ulcers
DERMATOLOGY	Urticaria
Dermatitis (eczema, seborrhea)	Vitiligo
Nummular eczema	Folliculitis
Dyshidrosis	Tinea infections
Lichen simplex chronicus	Tinea versicolor
Drug eruptions	
Lichen planus	
Pityriasis rosea	
Psoriasis	PULMONOLOGY
Erythema multiforme	Asthma
Stevens-Johnson syndrome	Bronchitis
Toxic epidermal necrolysis	Chronic obstructive pulmonary
Bullous pemphigoid	Pneumonia
Acne vulgaris	Tuberculosis
Rosacea	Lung cancer
Actinic keratosis	Sleep disorders
Seborrheic keratosis	Tobacco use/dependence
Lice	
Scabies	

ENT/OPHTHALMOLOGY	GASTROINTESTINAL/NUTRITIONAL
Pharyngitis/tonsillitis	Colorectal cancer/colonic polyps
Acute/chronic sinusitis	Anal fissure
Aphthous ulcers	Peptic ulcer disease
Blepharitis	Gastritis
Conjunctivitis	Gastroenteritis
Dacryocystitis	Diarrhea/constipation
Hordeolum	Pancreatitis
Labyrinthitis	Inflammatory bowel disease
Tinnitus	Appendicitis
Laryngitis	Gastrointestinal bleeding
Otitis externa	Hemorrhoids
Otitis media	Bowel obstruction
Tympanic membrane perforation	Viral hepatitis
Ectropion	Jaundice
Entropion	Cholecystitis/cholelithiasis
Corneal abrasion	Cirrhosis
Corneal ulcer	Giardiasis and other parasitic
Glaucoma	Hiatal hernia
Hyphema	Gastroesophageal reflux disease
Macular degeneration	Irritable bowel syndrome.
Papilledema	Esophagitis
Pterygium	
Retinal detachment	CARDIOVASCULAR
Retinal vascular occlusion	Hypertension
Retinopathy	Coronary artery disease
Cholesteatoma	Peripheral vascular disease
Ménière disease	Arrhythmias
Allergic rhinitis	Endocarditis
Epistaxis	Hyperlipidemia
Nasal polyps	Hypertriglyceridemia
Peritonsillar abscess	Angina
Parotitis	Congestive heart failure
Sialadenitis	Chest pain
	Valvular disease
UROLOGY/RENAL	ORTHOPEDICS/RHEUMATOLOGY
Hernias	Acute and chronic lower back
Cystitis	Costochondritis
Pyelonephritis	Bursitis/tendonitis

Glomerulonephritis	Rheumatoid arthritis
Nephrolithiasis	Reactive arthritis
Benign prostatic hypertrophy	Osteoarthritis
Prostatitis	Gout
Epididymitis	Sprains/strains
Gonorrhea	Ganglion cysts
Chlamydia	Systemic lupus erythematosus
Urethritis	Osteoporosis
Orchitis	Fibromyalgia
Balanitis	Plantar fasciitis
Testicular cancer	Overuse syndrome
NEUROLOGY	OBSTETRICS/GYNECOLOGY
Dizziness	Dysmenorrhea
Vertigo	Dysfunctional uterine bleeding
Syncope	Vaginitis
Seizure disorders	Pelvic inflammatory disease
Transient ischemic attack	Breast mass
Cerebral vascular accident	Breast cancer
Alzheimer disease	Cystocele
Parkinson disease	Rectocele
Essential tremor	Menopause
Bell palsy	Intrauterine pregnancy
Dementia	Contraception
Delirium	Cervical cancer
Headaches (cluster, migraine,	Spontaneous abortion
HEMATOLOGY	ENDOCRINOLOGY
Anemia	Diabetes mellitus
Leukemia	Adrenal insufficiency
Thrombocytopenia	Cushing disease
Clotting disorders	Hyperthyroidism
Lymphomas	Hypothyroidism
Polycythemia	
PSYCHIATRY/BEHAVIORAL MEDICINE	INFECTIOUS DISEASES
Major depressive disorder	Mononucleosis
Anxiety disorders	Lyme disease
Panic disorder	Human immunodeficiency virus

Specific phobia	Influenza
Posttraumatic stress disorder	Meningitis
Insomnia disorder	Salmonellosis
Anorexia nervosa	Shigellosis
Bulimia nervosa	
Bipolar disorders	
Substance use disorders	
Spouse or partner neglect/violence	
Suicide	

Recommended Reading For the Family Medicine Rotation:

- *Current Diagnosis & Treatment in Family Medicine*. Appleton and Lange.
- *Essentials of Family Medicine*, Sloane, current edition. Lippincott Williams & Wilkins.
- McGraw-Hill's *PA Easy*, www.paeasy.com, McGraw-Hill.

Internal Medicine Rotation

This rotation is intended to provide the student with exposure to the diagnosis and medical management of patients with chronic illness, often multipurpose visits with complex medical issues. Practice is in the prevention, diagnosis, and treatment of diseases that affect adults and the elderly. The core areas of general internal medicine are (students are expected to experience some, but not all of these areas as they gain proficiency in the care of adult patients): Cardiology, Clinical Allergy and Immunology, Dermatology, Endocrinology, Gastroenterology, Geriatric Medicine, Hematology, Infectious Diseases, Medical Oncology, Nephrology, Neurology, Respiratory Medicine, Rheumatology.

Internal Medicine Patient Encounters

Patient Encounter Type

- Preventive Care –promote and maintain health and well-being to prevent disease, disability or death.
- Acute Care – a minor short term or illness of brief duration
- Chronic Care – a preexisting or long term illness
- Behavioral Health and Mental Health Conditions -- at risk of, or suffering from, mental, behavioral, or addictive disorders

Each student will experience the following encounters by the end of the clinical year:

Minimum Patient Encounters	
Patient Encounter Type	Required Encounters
Preventive Care	100
Acute Care	200
Chronic Care	200
Behavioral Health and Mental Health Conditions	30

Care Across the Lifespan	Required Encounters
Age 18-64 (adult)	200
Age > 65 (geriatric)	50

Instructional Objectives

Upon completion of the Internal Medicine Rotation, based on didactic year learning, self-study and supervised clinical practice experiences, the student will demonstrate knowledge and proficiency pertaining to each of the Instructional Objectives below. The student will be evaluated by the following criteria: PAEA End of Rotation written examination, SOAP notes, preceptor evaluations and clinical skills exams.

Problem Solving and Clinical Skills/Patient Care

- Describe the etiologies, pathophysiology, clinical features, differential diagnosis, related diagnostic testing, and provide a treatment plan for management of common medical conditions.
- Complete a patient's history (new patient or follow up visit) and physical exam (complete or focused) in a respectful, logical, and organized manner.
- Interpret the results of commonly used diagnostic tests.
- Demonstrate ability to answer clinical questions using evidence-based medicine.
- Be able to call on interdisciplinary resources (case workers, nurses, physical therapists, etc.) to provide optimal and comprehensive care.
- Manage system barriers (including cost) to successfully negotiate treatment plans and mitigate patient adherence; and understand strategies that may be used to overcome these barriers.
- Demonstrate a commitment to caring for all patients regardless of their medical diagnosis or social factors.
- Demonstrate appropriate listening and verbal skills to communicate empathically, elicit information regarding the patient's preferences, and provide basic information to patients.
- Employ effective and empathetic communication in the explanation of the diagnosis, prognosis and treatment plan in terms understandable to patients and families avoiding medical jargon.
- Present new patient and follow up patient cases in a thorough and focused manner.
- Demonstrate ethical decisions and dependable behavior in all internal medicine environments.
- Identify and compare risk factors for major medical conditions.
- Develop a treatment plan that includes lifestyle modifications and appropriately counsel the patient.
- List the major pathologic states which cause dyspnea.
- List the diagnostic criteria for impaired fasting glucose and impaired glucose tolerance and the ADA targets for glycemic control
- Recognize the symptoms and signs of the most common and most serious causes of altered mental status, including: prescription and non-prescription drugs, illicit substances and metabolic causes.
- Identify auscultation sounds of the cardiovascular system, pulmonary system, and abdominal system on physical exam.
- Recommend and order diagnostic laboratory tests, interpret those tests, and recommend treatment: including complete blood cell counts, sputum gram stain and culture, and blood cultures.
- Demonstrate the appropriate use of antibiotics for the following systems: pulmonary, cardiovascular, abdominal, and genitourinary.
- Recognize adult vaccinations and suggest appropriate recommendations.
- Describe the pathophysiology, common clinical presentations, and management of common electrolyte disorders.

- Discuss the common clinical presentations, recall diagnostic testing and screening and describe the basic clinical course of the most common cancers

Self-Study List

The following self-study topics, taken from the NCCPA Examination Content Blueprint, consist of common conditions with which the student should be familiar. Students may not see each of the following during rotation, but are still required to demonstrate familiarity with these conditions for rotation content exams and PANCE exams. Clinical experience must be supplemented with didactic study.

For Each Condition Students Should Know History Taking & Performing Physical Examinations, Use Laboratory & Diagnostic Studies, Formulate Most Likely Diagnosis, Health Maintenance, Clinical Intervention, Pharmaceutical Therapeutics, and Apply Basic Science Concepts.

CRITICAL CARE	CARDIOVASCULAR
Acute adrenal insufficiency	Congestive heart failure
Thyroid storm	Hypertension
Diabetic Ketoacidosis/acute hypoglycemia	Heart murmurs
Acute glaucoma	Valvular heart disease
Pulmonary embolism	Myocardial infarction
Acute respiratory distress/failure	Cardiac arrhythmias/conduction
Pneumothorax	Myocarditis
Angina pectoris	Endocarditis
Myocardial infarction	Pericarditis
Cardiac arrest	Cardiomyopathy
Cardiac arrhythmias and blocks	Hyperlipidemia
Cardiac failure	Peripheral vascular disease
Hypertensive crisis	Coronary vascular disease
Acute gastrointestinal bleed	Rheumatic fever
Acute abdomen	Rheumatic heart disease
Seizures	Vascular disease
Shock	Angina pectoris
Coma	
Cardiac tamponade	
Pericardial effusion	ORTHOPEDICS/RHEUMATOLOGY
Status epilepticus	Fibromyalgia
	Gout/pseudogout
	Rheumatoid arthritis
PULMONOLOGY	Polyarteritis nodosa
Acute/chronic bronchitis	Polymyositis
Asthma	Polymyalgia rheumatica
Chronic obstructive pulmonary disease	Reactive arthritis

Pneumonia (viral, bacterial, fungal, human immunodeficiency virus-related)	Systemic lupus erythematosus
Pulmonary neoplasm	Systemic sclerosis (scleroderma)
Carcinoid tumor	Sjögren syndrome
Bronchiectasis	
Solitary pulmonary nodule	
Sarcoidosis	
Hypoventilation syndrome	
Pulmonary hypertension	
Idiopathic pulmonary fibrosis	
Pneumoconiosis	
Cor pulmonale	
GASTROINTESTINAL/NUTRITIONAL	UROLOGY/RENAL
Ulcerative colitis	Benign prostatic hypertrophy
Crohn disease	Prostate cancer
Diverticular disease	Prostatitis
Acute/chronic pancreatitis	Acid base disturbances
Hiatal hernia	Acute and chronic renal failure
Gastroesophageal reflux disease	Nephritis
Peptic ulcer disease	Nephritic syndrome
Gastritis	Urinary tract infection
Gastroenteritis	Pyelonephritis
Esophagitis	Renal calculi
Mallory-Weiss tear	Glomerulonephritis
Esophageal strictures	Acute interstitial nephritis
Esophageal varices	Polycystic kidney disease
Cancer of rectum, colon, esophagus,	Hydronephrosis
Acute and chronic hepatitis	Erectile dysfunction
Cirrhosis	Hydrocele
Hepatic cancer	Varicocele
Cholelithiasis	Testicular torsion
Cholecystitis	Epididymitis
Cholangitis	Bladder cancer
Celiac disease	Renal cell carcinoma
Irritable bowel syndrome	Renal vascular disease
Anal fissure/fistula	Hypovolemia
Hemorrhoid	Hypervolemia
HEMATOLOGY	
Iron deficiency anemia	
Sickle cell anemia	

Anemia of chronic disease	
Thalassemia	
Vitamin B12 and folic acid deficiency anemia	
G6PD deficiency anemia	
Acute/chronic leukemia	
Lymphoma	
Multiple myeloma	
Clotting factor disorders	
Hypercoagulable state	
Idiopathic thrombocytopenic purpura	
Thrombotic thrombocytopenic purpura	
NEUROLOGY	INFECTIOUS DISEASE (cont.)
Seizure disorder	Tetanus
Syncope	Pertussis
Migraine headaches	Tuberculosis
Tension headaches	Parasitic infections
Cluster headaches	Toxoplasmosis
Transient ischemic attacks	Lyme disease
Cerebral vascular accident	Rocky mountain spotted fever
Intracranial tumors	Syphilis
Essential tremor	Cytomegalovirus
Parkinson disease	Epstein-Barr infection
Multiple sclerosis	Herpes simplex infection
Meningitis	Influenza
Encephalitis	Rabies
Coma	Varicella zoster
Myasthenia gravis	Shigellosis
Giant cell arteritis	
Bell palsy	ENDOCRINOLOGY
Guillain-Barré syndrome	Hyperthyroidism/thyroiditis
Huntington disease	Hypothyroidism
Cerebral aneurysm	Diabetes mellitus (type I & type II)
Concussion	Diabetes insipidus
Delirium	Addison disease
Dementia	Cushing disease
Peripheral neuropathies	Pheochromocytoma
Complex regional pain syndrome	Hypoparathyroidism
	Hyperparathyroidism
INFECTIOUS DISEASE	Acromegaly
Human immunodeficiency virus infection	Hypocalcemia

Candidiasis	Hypercalcemia
Cryptococcus	Hyponatremia
Histoplasmosis	Hypernatremia
Pneumocystis	Paget disease of the bone
Botulism	Thyroid cancer
Chlamydia	Pituitary adenoma
Cholera	
Diphtheria	
Gonococcal infections	
Salmonellosis	

Recommended Reading for Internal Medicine Rotation:

- *Harrison's Principles of Internal Medicine*, Most recent addition. McGraw-Hill.
- *Current Diagnosis & Treatment in Internal Medicine*. Most recent edition. Appleton and Lange.
- *Current Geriatric Diagnosis & Treatment*. Most recent edition. Appleton and Lange.
- McGraw-Hill's PA Easy, www.paeasy.com, McGraw-Hill.
- *Merck Manual of Geriatrics*, Most recent edition. Merck Sharp & Dohme Corp.

Surgery Rotation

This rotation provides experience in the management of patients who present with surgical problems. Preoperative preparation and evaluation of patients, intraoperative assistance, operative procedures, the care of surgical wounds and postoperative complications are stressed. The core areas of general surgery are the following. Students are expected to experience some, but not all of these areas as they gain proficiency in the pre op, post op and intraoperative management of patients: Alimentary Tract including esophagus, stomach, small intestine, large intestine, anorectal, endoscopy, Abdomen including hernia, biliary, liver, spleen, pancreas, Breast, Skin and Soft Tissue, Endocrine system, including thyroid, parathyroid, adrenal, and endocrine pancreas, Solid Organ Transplantation, Pediatric Surgery, Surgical Critical Care, Thoracic, Genitourinary, Gynecology and Obstetrics, Surgical Oncology (including Head and Neck Surgery), Trauma/Burns including management of trauma, including musculoskeletal, hand, and head injuries, Vascular system including arterial and venous disease, and access, Head and Neck, Nervous system.

Surgery Patient Encounters

Patient Encounter Type

- Pre-operative Care -- in preparation and management prior to a surgical procedure
- Intraoperative Care -- during a surgical procedure
- Post-operative Care -- after a surgical procedure

Each student will experience the following encounters by the end of the clinical year:

Minimum Patient Encounters	
Patient Encounter Type	Required Encounters
Pre-operative Care	10
Intraoperative Care	10
Post-Operative Care	10

Each student will demonstrate the proper techniques of the following common surgical skills by the end of the clinical year:

Clinical Procedures Checklist	
Clinical Procedures	Assist/ Perform
Incision and Drainage of Abscess	2
Application of local anesthesia	2
Wound care and dressing	10
Sterile technique	10
Suturing	3
Suture/staple removal	3

Instructional Objectives

Upon completion of the Surgery Rotation, based on didactic year learning, self-study and supervised clinical practice experiences, the student will demonstrate knowledge and proficiency pertaining to each of the Instructional Objectives below. The student will be evaluated by the following criteria: PAEA End of Rotation written examination, SOAP notes, preceptor evaluations and clinical skills exams.

Problem Solving and Clinical Skills/Patient Care

- Discuss the pathophysiology behind specific surgical disease processes.
- Demonstrate the workup of a patient with a surgical problem, including developing an appropriate differential diagnosis, and common diagnostics to establish a diagnosis.
- Create a list of complications related to common surgical procedures.
- Perform a complete pre-operative history and a physical examination.
- Write progress (SOAP) notes for surgical patients.
- Write routine orders for a surgical patient that would include admission, pre-op, and post-op phases.
- Administer and record the informed consent process.
- Demonstrate and routinely practice universal precautions.
- Employ proper procedures for scrubbing, gowning and gloving.
- Perform appropriate skin closure using simple interrupted, running, and hand-tying techniques.
- Access, analyze and evaluate the scientific and medical literature concerning best practices in surgery.
- Improve performance based on instructional feedback from the preceptors, and other healthcare colleagues.
- Demonstrate effective communication with patients, families, and professional associates incorporating cultural, ethnic, gender, racial, and religious sensitivity.
- Provide clear, and concise oral and written presentations of surgical patients.
- Identify and distinguish the roles of various health professionals in the patient care team involved in surgical patients and demonstrate collegiality and ethical practice.
- Demonstrate punctuality and timeliness and work collaboratively with the health care team in the OR setting.

- Perform a focused assessment of a post-operative patient and present your findings.
- Utilize the electronic medical record to obtain background medical information of a surgical patient and identify studies relevant to the patients' presenting problem.
- Demonstrate best practices in handling of sharps in the OR and when performing bedside procedures.
- Calculate IV fluid rates for post-surgical patients.
- Identify key elements of the preoperative preparation of patients for elective and emergent surgical intervention.

Self-Study List

The following self-study topics, taken from the NCCPA Examination Content Blueprint, consist of common conditions with which the student should be familiar. Students may not see each of the following during rotation, but are still required to demonstrate familiarity with these conditions for rotation content exams and PANCE exams. Clinical experience must be supplemented with didactic study.

For Each Condition Students Should Know History Taking & Performing Physical Examinations, Use Laboratory & Diagnostic Studies, Formulate Most Likely Diagnosis, Health Maintenance, Clinical Intervention, Pharmaceutical Therapeutics, and Apply Basic Science Concepts.

PRE-OPERATIVE/POST-OPERATIVE CARE	GASTROINTESTINAL/NUTRITIONAL
Risk assessment:	Abdominal pain
Cardiac disease (history of myocardial infarction, unstable	Anorexia
Pulmonary disease (history of asthma, chronic	Heartburn/dyspepsia
Metabolic disease (history of diabetes, adrenal	Nausea/vomiting
Hematologic disease (history of clotting disorders	Jaundice
Tobacco use/dependence	Hematemesis
Substance abuse	Diarrhea/constipation/obstipation/ change in bowel
Post-operative fever	Melena/hematochezia
Wounds/infections	Esophageal strictures
Deep venous thrombosis	Esophageal cancer
Fluid/volume disorders (volume overload/depletion)	Hiatal hernia
Electrolyte disorders	Peptic ulcer disease
Acid/base disorders	Gastric cancer
	Pyloric stenosis
	Acute/chronic cholecystitis
CARDIOVASCULAR	Cholelithiasis/choledocholithiasis
Chest pain; history of angina	Cholangitis
Syncope	Hepatic carcinoma

Dyspnea on exertion	Acute/chronic pancreatitis
Claudication	Pancreatic pseudocyst
Aortic aneurysm/dissection	Pancreatic carcinoma
Arterial embolism/thrombosis	Appendicitis
Peripheral arterial disease	Inflammatory bowel disease
Arterial/venous ulcer disease	Small bowel carcinoma
Varicose veins	Toxic megacolon
	Colorectal carcinoma
	Diverticular disease
HEMATOLOGY	Bowel obstruction (small, large,
Easy bruising/bleeding	Anal disease (fissures, abscess,
Anemia	Hemorrhoids
Fatigue	Hernias (inguinal, femoral,
	Bariatric surgery
PULMONOLOGY	ENDOCRINOLOGY
Shortness of breath	Tremors
Hemoptysis	Fatigue
Weight loss, fatigue	Palpitations
Lung carcinoma	Heat/cold intolerance
Pleural effusion	Hyperparathyroidism
Pneumothorax	Hyperthyroidism
Pneumonia (post-operative)	Thyroid nodules
	Thyroid carcinoma
	Adrenal carcinoma
NEUROLOGY/NEUROSURGERY	Pheochromocytoma
Change in vision	
Change in speech	
Motor and/or sensory loss	OBSTETRICS/GYNECOLOGY
Vascular disorders (carotid disease)	Pain
Subarachnoid hemorrhage	Skin changes
Subdural hematoma	Nipple discharge
Epidural hematoma	Adenopathy
	Benign breast disease
	/fibroadenomas
	Breast carcinoma
UROLOGY/RENAL	
Edema	
Orthostatic hypotension	

Urinary retention	DERMATOLOGY
Dysuria	Rash
Fluid and electrolyte disorders	Redness/erythema
Acid/base disorders	Discharge
Testicular carcinoma	Drug eruptions (post-operative)
Wilms tumor	Urticaria (post-operative)
Bladder carcinoma	Cellulitis
Renal cell carcinoma	Burns
Chronic renal failure	Pressure ulcers
Renal vascular disease	Basal cell carcinoma
Nephrolithiasis	Squamous cell carcinoma
	Melanoma

Recommended Reading for Surgery Rotation:

- *Current Surgical Diagnosis & Treatment*. Most recent edition. Lange Medical Books/McGraw Hill.
- *Surgical Recall*, Lorne Blackbourne Most current edition. Williams & Wilkins.
- *Cancer: Principles and Practice of Oncology*, DeVita, Hellman & Rosenberg, Most recent addition. Lippincott Williams & Wilkins.
- McGraw-Hill's PA Easy, www.paeasy.com, McGraw-Hill.

Women's Health Rotation

The purpose of this rotation is to provide exposure to problems and issues associated with women's health care, primarily in the ambulatory setting. Emphasis is placed on prenatal care, and the evaluation and treatment of common gynecologic issues such as family planning and birth control, the recognition and treatment of sexually transmitted disease, cancer detection and prevention. Students may have exposure to the delivery room and surgical suite.

Women's Health Patient Encounters

- Gynecologic Care – in women's health, in particular the diagnosis and treatment of disorders affecting the female reproductive system
- Prenatal Care -- requiring regular medical care recommended during pregnancy

Each student will experience the following women's health encounters by the end of the clinical year:

Minimum Patient Encounters	
Patient Encounter Type	Required Encounters
Gynecologic Care	20
Prenatal Care	3

Each student will demonstrate the proper techniques of the following common skills in women's health by the end of the clinical year:

Clinical Procedures Guide	
The following procedures must be completed during the clinical year training and logged in Typhon:	
Clinical Procedures	Assist/Perform
Breast exam	5
Pelvic exam	5
Pap smear	5
Auscultate fetal heart tones	3
Fundal height measurement	3

Instructional Objectives

Upon completion of the Woman's Health Rotation, based on didactic year learning, self-study and supervised clinical practice experiences, the student will demonstrate knowledge and proficiency pertaining to each of the Instructional Objectives below. The student will be evaluated by the following criteria: PAEA End of Rotation written examination, SOAP notes, preceptor evaluations and clinical skills exams.

WELL-WOMAN CARE (ROUTINE PREVENTIVE HEALTH CARE)

Problem Solving and Clinical Skills/Patient Care

- Perform a comprehensive history (including menstrual, obstetric, gynecologic, contraceptive, sexual, family and social)
- Perform a physical exam (including pelvic and breast exam)
- List and describe age-appropriate screening procedures and appropriate time intervals and educate patients about these tests:
 - Mammogram
 - Bone density
 - Pap tests
 - Sexually transmitted infections
 - Self-breast exams
- Discuss the following methods of contraception, their mechanism of action, and the risks associated with each:
 - Natural family planning
 - Barrier methods
 - Oral contraceptives
 - Emergency contraception
 - Long acting reversible contraception methods
 - Injections
 - Sub-dermals
 - Intrauterine devices
 - Permanent contraception
 - List the symptoms that commonly occur with menopause, and discuss the benefits and risks of treatments, including hormone therapy

GYNECOLOGIC PROBLEMS

Problem Solving and Clinical Skills/Patient Care

- Perform a comprehensive history (including menstrual, obstetric, gynecologic, contraceptive, sexual, family and social)
- Perform a physical exam (including pelvic and breast exam)
- Perform an evaluation (including the selection and interpretation of diagnostic tests) for common presenting patient complaints including:
 - Abdominal pain
 - Abnormal uterine bleeding
 - Urologic/gynecologic infections
 - Vulvar/vaginal symptoms
- Discuss the symptoms, etiologies, diagnosis, and management for the following conditions:
 - Sexually transmitted infections
 - Vaginitis/vaginosis
 - Amenorrhea/menorrhagia
 - Pelvic pain

- Breast mass/nipple discharge
 - Abnormal uterine bleeding
 - Uterine fibroids
 - Acute and chronic urinary tract infections
- Describe the most common dermatologic disorders of the vulva their evaluation and treatment including:
 - Herpes simplex virus
 - Human papilloma virus
 - Vulvar/vaginal neoplasia
- Discuss the management follow-up for patients with abnormal PAP smear results
- List the risk factors, presentations and management of these gynecologic cancers:
 - Cervical
 - Endometrial
 - Vulvar
 - Ovarian
 - Breast

PRENATAL CARE

Problem Solving and Clinical Skills/Patient Care

- Perform a comprehensive prenatal history (including menstrual, obstetric, gynecologic, contraceptive, sexual, family and social)
- Perform a physical exam (including fundal height and fetal heart tones)
- Determine estimated date of delivery
- Educate the patient regarding the indications for and the timing of the following prenatal screening tests including:
 - Amniocentesis
 - Quadruple screening
 - Chorionic villus sampling
 - Routine ultrasound
 - Gestational diabetes
 - Group B Strep
- Distinguish which conditions produce high-risk obstetric patients
- Educate the patient regarding the symptoms and explain the etiologies, diagnosis, and management for the following complications in pregnancy:
 - Abortion
 - Abruptio placentae
 - Cesarean section
 - Dystocia
 - Ectopic pregnancy
 - Fetal distress
 - Gestational diabetes
 - Gestational trophoblastic disease
 - Hypertension disorders in pregnancy
 - Multiple gestation
 - Placenta previa
 - Postpartum hemorrhage
 - Premature rupture of membranes
 - Rh incompatibility

Self-Study List

The following self-study topics, taken from the NCCPA Examination Content Blueprint, consist of common conditions with which the student should be familiar. Students may not see each of the following during rotation, but are still required to demonstrate familiarity with these conditions for rotation content exams and PANCE exams. Clinical experience must be supplemented with didactic study.

For Each Condition Students Should Know History Taking & Performing Physical Examinations, Use Laboratory & Diagnostic Studies, Formulate Most Likely Diagnosis, Health Maintenance, Clinical Intervention, Pharmaceutical Therapeutics, and Apply Basic Science Concepts.

GYNECOLOGY	
NEOPLASMS	INFECTIONS
Ovarian neoplasms	Vaginitis <ul style="list-style-type: none"> • Trichomoniasis • Bacterial vaginosis • Atrophic vaginitis • Candidiasis
Cervical carcinoma	
Cervical dysplasia	
Breast cancer	
Endometrial cancer	
Vaginal/vulvar neoplasms	
	Cervicitis <ul style="list-style-type: none"> • Gonorrhea • Chlamydia • Herpes simplex • Human papilloma virus
MENSTRUATION	Pelvic Inflammatory disease
Normal physiology	Syphilis
Dysfunctional uterine bleeding	Chancroid
Amenorrhea	Lymphogranuloma venereum
Dysmenorrhea	
Menopause	
Premenstrual syndrome	OTHER
	Contraceptive methods
	Endometriosis
DISORDERS OF THE BREAST	Ovarian cyst
Breast abscess	Leiomyoma
Breast fibroadenoma	Domestic violence
Fibrocystic disease	Sexual assault
Mastitis	Urinary incontinence
	Infertility
STRUCTURAL ABNORMALITIES	
Cystocele	

Uterine prolapse	
Rectocele	
Ovarian torsion	

OBSTETRICS	
PRENATAL CARE/NORMAL PREGNANCY	LABOR AND DELIVERY COMPLICATIONS
Prenatal diagnosis/care	Dystocia
Normal labor & delivery <ul style="list-style-type: none"> • Stages • Duration • Mechanism of delivery • Monitoring 	Fetal distress
Physiology of pregnancy	Premature rupture of
Fetal position	Prolapsed umbilical cord
Multiple gestation	Preterm labor
APGAR scoring	Breech presentation
PREGNANCY COMPLICATIONS	POSTPARTUM CARE
Abortion	Postpartum hemorrhage
Abruptio placentae	Endometritis
Ectopic pregnancy	Perineal laceration/episiotomy
Incompetent cervix	Normal physiology changes of puerperium
Placenta previa	
Gestational diabetes	
Pregnancy induced hypertension	
Preeclampsia/eclampsia	
Gestational trophoblastic disease <ul style="list-style-type: none"> • Molar pregnancy • Choriocarcinoma 	
Rh-incompatibility	

Recommended Reading for the Women's Health Rotation:

- *Current Diagnosis & Treatment Obstetrics & Gynecology*. Appleton and Lange.
- *Obstetrics and Gynecology*, Beckmann, Charles, et al. Lippincott Williams & Wilkins.
- McGraw-Hill's PA Easy, www.paeasy.com, McGraw-Hill.

Pediatrics Rotation

The pediatric rotation is intended to provide students with the opportunity to refine techniques of history-taking and physical examination specific to the pediatric population, and to provide experience in parental education and guidance, appropriate milestone recognition, illness, injury, and accident prevention. It also provides the opportunity to learn to address the unique needs of the adolescent patient.

Minimum Pediatric Patient Encounters

Each student will experience the following pediatric encounters by the end of the clinical year:

Care Across the Lifespan	Required Encounters
Age < 1 (infant)	5
Age 1-10 (child)	20
Age 11 - 17 (adolescent)	10

Each student will demonstrate the proper techniques of the following common pediatric skills by the end of the clinical year:

Clinical Procedures Guide	
The following procedures must be completed during the clinical year training and logged in Typhon:	
Clinical Procedures	Assist / Perform
Injection: IM	5
Injection: SQ	5
Throat, nasopharyngeal, wound, vaginal or urethral swabs for culture and sensitivity	10

Instructional Objectives

Upon completion of the Pediatric Rotation, based on didactic year learning, self-study and supervised clinical practice experiences, the student will demonstrate knowledge and proficiency pertaining to each of the Instructional Objectives below. The student will be evaluated by the following criteria: PAEA End of Rotation written examination, SOAP notes, preceptor evaluations and clinical skills exams.

Problem Solving and Clinical Skills/Patient Care

- Perform a comprehensive history appropriate for the patient's age including:
 - Prenatal and perinatal history
 - Growth and developmental milestones
 - Immunization status
- Perform an age appropriate physical exam
- Describe the Apgar assessment
- Accurately interpret height (length), weight and head circumference on age appropriate growth curves
- Outline the differential diagnosis for children presenting with delayed development
- Demonstrate an ability to educate parents about age-appropriate guidance on nutrition, behavior, immunizations, injury prevention, pubertal development, sexuality, and substance use
- Describe normal and abnormal stages of sexual development to include the Tanner Stages of Development
- Assess immunization status and provide guidance for the risks and benefits associated with immunization
- List the signs of child abuse and describe the procedures and responsibilities required for reporting to the authorities
- Identify failure to thrive and overweight/obesity in a child or adolescent using BMI and other growth measures and outline the differential diagnosis and initial evaluation
- Develop age appropriate differential diagnoses, clinical assessments and management plans for common acute pediatric illnesses
- Write a prescription calculating medication dosage for a child's weight.

Self-Study List

The following self-study topics, taken from the NCCPA Examination Content Blueprint, consist of common conditions with which the student should be familiar. Students may not see each of the following during rotation, but are still required to demonstrate familiarity with these conditions for rotation content exams and PANCE exams. Clinical experience must be supplemented with didactic study.

For Each Condition Students Should Know History Taking & Performing Physical Examinations, Use Laboratory & Diagnostic Studies, Formulate Most Likely Diagnosis, Health Maintenance, Clinical Intervention, Pharmaceutical Therapeutics, and Apply Basic Science Concepts.

DERMATOLOGY	CARDIOVASCULAR
Dermatitis -- diaper	Atrial septal defect
Dermatitis -- perioral	Coarctation of the aorta
Drug eruptions	Patent ductus arteriosus
Lichen planus	Tetralogy of Fallot
Pityriasis rosea	Ventricular septal defect
Stevens-Johnson syndrome	Acute rheumatic fever
Toxic epidermal necrolysis	Kawasaki disease
Erythema multiforme	Hypertrophic cardiomyopathy
Acne vulgaris	Syncope
Lice	
Scabies	PULMONARY
Androgenetic alopecia	Acute bronchiolitis
Exanthems	Croup
Verrucae	Pneumonia--bacterial
Burns	Respiratory syncytial virus
Urticaria	Asthma
Contact dermatitis	Foreign body
Atopic dermatitis	Hyaline membrane disease
Tinea	Cystic fibrosis
Impetigo	
	HEMATOLOGY
ENOT/OPHTHALMOLOGY	Anemia
Conjunctivitis	Bleeding disorders
Orbital cellulitis	Leukemia
Strabismus	Lymphoma
Acute otitis media	Neutropenia
Allergic rhinitis	Brain tumors
Hearing impairment	Hemophilia
Mastoiditis	Lead poisoning
Otitis externa	
Tympanic membrane	ENDOCRINOLOGY
Epistaxis	Short stature
Acute pharyngotonsillitis	Hypothyroidism
Epiglottitis	Hyperthyroidism
Oral candidiasis	Hypercalcemia
Peritonsillar abscess	Obesity
	Diabetes mellitus

GASTROINTESTINAL/NUTRITIONAL SYSTEM	ORTHOPEDICS/RHEUMATOLOGY
Gastroenteritis	Nursemaid's elbow
Dehydration	Slipped capital femoral epiphysis
Appendicitis	Osgood-Schlatter disease
Colic	Scoliosis
Gastroesophageal reflux disease	Congenital hip dysplasia
Constipation	Avascular necrosis of the
Pyloric stenosis	Neoplasia of the musculoskeletal
Intussusception	Juvenile rheumatoid arthritis
Hirschsprung disease	
Foreign body	INFECTIOUS DISEASE
Encopresis	Atypical mycobacterial disease
Hepatitis	Pinworms
Jaundice	Epstein-Barr disease
Duodenal atresia	Erythema infectiosum
Inguinal hernia	Herpes simplex
Umbilical hernia	Influenza
Niacin deficiencies	Mumps
Vitamin A deficiency	Roseola
Vitamin C deficiency	Rubella
Vitamin D deficiency	Measles
Lactose intolerance	Varicella infection
	Hand-foot-and-mouth disease
UROLOGY/RENAL	Pertussis
Cryptorchidism	
Hydrocele	PSYCHIATRY/BEHAVIORAL MEDICINE
Paraphimosis	Child abuse
Phimosis	Attention deficit hyperactivity
Testicular torsion	Autistic disorder
Enuresis	Eating disorders
Hypospadias	Depression
Vesicourethral reflux	Anxiety
Glomerulonephritis	Conduct disorders
Cystitis	Suicide

NEUROLOGY/DEVELOPMENTAL	
Normal growth and	
Immunization guidelines	
Anticipatory guidance	
Teething	
Febrile seizures	
Epilepsy	
Meningitis	
Turner syndrome	
Down syndrome	

Recommended Reading for the Pediatric Rotation:

- *Harriet Lane Handbook, Johns Hopkins Hospital*, Custer JW, Rau, RE Lee CK. Elsevier Health Sciences
- *Current Pediatric Diagnosis & Treatment*, Most recent edition Lange Medical Books/McGraw Hill.
- *McGraw-Hill's PA Easy*, www.paeasy.com, McGraw-Hill.
- *Practical Guide to the Care of the Pediatric Patient*. Most recent edition. Mosby Practical Guide Series.

Emergency Medicine Rotation

The emergency medicine rotation is designed to provide in-depth exposure to the illnesses and injuries sustained by adults and children that necessitate emergency care. The student is expected to learn to assess the different types of emergencies and to provide appropriate treatment under the supervision of the physician. It is expected that the student will participate as a member of a team in the assessment and care of major trauma and cardiac emergencies. The student should also learn to manage minor emergencies and those outpatient illnesses often seen in the emergency room.

Emergency Medicine Patient Encounters

Patient Encounter Type

- Emergent Care – a severe or life threatening condition that requires immediate attention
- Acute Care – a minor short term or illness of brief duration
- Gynecologic Care – in women's health, especially the diagnosis and treatment of disorders affecting the female reproductive system
- Prenatal Care -- requiring regular medical care recommended for women during pregnancy
- Behavioral Health and Mental Health Conditions -- at risk of, or suffering from, mental, behavioral, or addictive disorders

Care Across the Lifespan:

- Age < 1 (infant)
- Age 1-10 (child)
- Age 11 - 17 (adolescent)
- Age 18 - 64 (adult)
- Age > 65 (geriatric)

Each student will experience the following encounters by the end of the clinical year:

Minimum Patient Encounters	
Patient Encounter Type	Required Encounters
Emergent Care	50
Gynecologic Care	20
Prenatal Care	3
Behavioral Health and Mental Health Conditions	30
Care Across the Lifespan	Required Encounters
Age < 1 (infant)	5
Age 1-10 (child)	20
Age 11 - 17 (adolescent)	10
Age 18 - 64 (adult)	200
Age > 65 (geriatric)	50

Each student will demonstrate the proper techniques of the following common skills by the end of the clinical year:

Clinical Procedures	Assist/ Perform
Venipuncture/IV Placement	5
Injection: IM	5
Injection: SQ	5
Incision and Drainage of Abscess	2
Application of local anesthesia	2
Wound care and dressing	10
Sterile technique	10
Suturing	3
Suture/staple removal	3
Splinting or casting	1
Throat, nasopharyngeal, wound, vaginal or urethral swabs for culture and sensitivity	10
Interpret EKG	5
Digital rectal exam	3
Hemoccult testing	1
Breast exam	5
Pelvic exam	5
Auscultate fetal heart tones	3

Instructional Objectives

Upon completion of the Emergency Medicine Rotation, based on didactic year learning, self-study and supervised clinical practice experiences, the student will demonstrate knowledge and proficiency pertaining to each of the Instructional Objectives below. The student will be evaluated by the following criteria: PAEA End of Rotation written examination, SOAP notes, preceptor evaluations and clinical skills exams.

Problem Solving and Clinical Skills/Patient Care

- Formulate an appropriate differential diagnosis for urgent or life-threatening disorders.
- Manage differential diagnosis, diagnostics and treatment based on clinical course.
- Describe types of shock (hypovolemic, cardiogenic, anaphylactic and neurogenic) and

- their management including resuscitation fluids (crystalloids verses colloids).
- Describe Glasgow Coma Scale Levels of consciousness.
 - Recognize the need for Tetanus prophylaxis and immunization.
 - Assess whether the patient's chief complaint and/or physical status indicate a possible life threatening emergency.
 - Perform focused histories and physical exams.
 - Interpret an EKG, and propose treatment, further evaluation or referral as needed.
 - Demonstrate wound care including suturing.
 - Assemble a pattern of continuous inquiry into the medical problems encountered and refer to current literature to enhance learning.
 - Obtain feedback from the preceptors and other healthcare colleagues and increase performance based on the instruction.
 - Identify appropriate consultant specialists when needed.
 - Recognize the impact of health care and reimbursement systems on the choice of pharmaceutical therapies or other treatment modalities.
 - Utilize local computer information systems to maintain accurate medical records.
 - Deliver well-organized oral case presentations.
 - Participate in a team based model in the care of emergency department patients.
 - Recognize and respect the diversity of roles, responsibilities and competencies of other professionals and specialists in the emergency department.
 - Ensure patients' understanding of follow-up plan, including treatments, testing, referrals, and continuity of care.

Self-Study List

The following self-study topics, taken from the NCCPA Examination Content Blueprint, consist of common conditions with which the student should be familiar.

Students may not see each of the following during rotation, but are still required to demonstrate familiarity with these conditions for rotation content exams and PANCE exams. Clinical experience must be supplemented with didactic study.

For Each Condition Students Should Know History Taking & Performing Physical Examinations, Use Laboratory & Diagnostic Studies, Formulate Most Likely Diagnosis, Health Maintenance, Clinical Intervention, Pharmaceutical Therapeutics, and Apply Basic Science Concepts.

CARDIOVASCULAR	PULMONOLOGY
Chest pain	Shortness of breath
Palpitations	Wheezing
Dyspnea on exertion	Hemoptysis
Orthopnea	Pleuritic chest pain
Edema	Acute bronchitis
Syncope	Acute bronchiolitis
Conduction disorders (atrial fibrillation/flutter, supraventricular tachycardia, bundle branch block, ventricular tachycardia/fibrillation,	Acute epiglottitis
Hypertensive emergencies	Croup
Hypotension (cardiogenic shock, orthostatic hypotension)	Influenza

Heart failure	Pertussis
Coronary heart disease (non-ST acute myocardial infarction, ST segment elevation acute myocardial infarction, angina pectoris, unstable angina,	Pneumonia (bacterial, viral, fungal, human immunodeficiency virus-related)
Vascular disease (aortic aneurysm/dissection, arterial occlusion/thrombosis, phlebitis)	Respiratory syncytial virus
Valvular disease (aortic stenosis, aortic regurgitation, mitral stenosis, mitral	Asthma
Acute/subacute bacterial endocarditis	Pleural effusion
Cardiac tamponade	Pneumothorax
Pericardial effusion	Pulmonary embolism
Peripheral vascular disease	Acute respiratory distress syndrome
Arrhythmias	Foreign body aspiration
Angina	Tuberculosis
	Lung cancer
ORTHOPEDICS/RHEUMATOLOGY	
Pain	
Swelling/deformity	
Ecchymosis/erythema	
Fractures/dislocations (shoulder, forearm/wrist/hand, hip, knee, ankle/foot)	
Soft tissue injuries	
Back strain/sprain	
Low back pain	
Cauda equine	
Herniated disk	
Osteomyelitis	
Septic arthritis	

Costochondritis	
Bursitis/tendonitis	
Gout	
Sprains/strains	
GASTROINTESTINAL/NUTRITIONAL	EAR, NOSE, AND THROAT/OPHTHALMOLO
Abdominal pain	Vision loss
Anorexia	Nasal congestion
Nausea/vomiting	Sore throat
Heartburn	Ear pain
Jaundice	Vertigo

Hematemesis	Blepharitis
Melena; bleeding per rectum	Conjunctivitis
Change in bowel	Blow-out fracture
Esophagitis	Corneal abrasion/ulcer
Mallory-Weiss tear	Dacryoadenitis
Peptic ulcer disease	Foreign body (eye, ear, nose)
Acute cholecystitis	Glaucoma (acute angle closure)
Cholangitis	Hyphema
Acute hepatitis	Macular degeneration (wet)
Acute pancreatitis	Optic neuritis
Acute appendicitis	Orbital cellulitis
Diverticular disease	Papilledema
Ischemic bowel disease	Retinal detachment
Inflammatory bowel disease/toxic	Retinal vein occlusion
Obstruction (small bowel, large bowel,	Otitis externa
Anal fissure/fistula/abscess	Acute otitis media
Hemorrhoids (thrombosed)	Trauma/hematoma (external ear)
Hernia (incarcerated/strangulated)	Barotrauma
Infectious diarrhea	Labyrinthitis
Gastritis	Mastoiditis
Gastroenteritis	Peritonsillar abscess
Diarrhea/constipation	Dental abscess
Gastrointestinal bleeding	Acute laryngitis
Cirrhosis	Epiglottitis
Giardiasis and other parasitic infections	Tympanic membrane perforation
	Corneal ulcer
	Allergic rhinitis
	Acute sinusitis

	Epistaxis
	Acute pharyngitis (viral, bacterial)
HEMATOLOGY	DERMATOLOGY
Easy bruising	Itching
Fatigue	Rash
Aplastic anemia	Discharge
Hemolytic anemia	Dermatitis (eczema, contact)
Sickle cell anemia/crisis	Drug eruptions
Clotting factor disorders	Stevens-Johnson syndrome
Hypercoagulable states	Toxic epidermal necrolysis

Thrombocytopenia	Bullous pemphigoid
Acute leukemia	Lice
Anemia	Scabies
Lymphomas	Spider bites
Polycythemia	Viral exanthems
	Herpes zoster
	Cellulitis
NEUROLOGY	Erysipelas
Vertigo	Impetigo
Seizure (symptom)	Burns
Numbness/paresthesias	Urticaria
Weakness/paralysis	Pilonidal disease
Loss of consciousness/change in mental	Pressure sores
Loss of memory	
Loss of coordination/ataxia	
Headache (migraine, cluster, tension)	ENDOCRINOLOGY
Meningitis	Palpitations
Encephalitis	Heat/cold intolerance
Transient ischemic attack	Tremors
Stroke	Hyperparathyroidism
Subarachnoid hemorrhage/cerebral	Hyperthyroidism
Intracerebral hemorrhage	Thyroiditis
Altered level of consciousness/coma	Adrenal insufficiency
Head trauma/concussion/contusion	Diabetes insipidus
Epidural/subdural hematoma	Diabetic ketoacidosis
Seizure disorders	Non-ketotic hyperglycemia
Status epilepticus	Diabetes mellitus
Syncope	Cushing disease
Guillain-Barre syndrome	Hypothyroidism
Spinal cord injury	

Bell palsy	
UROLOGY/RENAL	PSYCHIATRY/BEHAVIORAL MEDICINE
Dysuria	Neurocognitive disorders
Hematuria	Bipolar and related disorders
Suprapubic/flank pain	Schizophrenia spectrum and other psychotic disorders
Incontinence	Depressive disorders
Nephrolithiasis	Anxiety disorders
Testicular torsion	Panic disorder

Cystitis	Posttraumatic stress disorder
Epididymitis	Substance use disorders
Orchitis	Spouse or partner neglect/violence
Prostatitis	Suicide
Pyelonephritis	
Urethritis	
Acute renal failure	
Glomerulonephritis	
Fluid and electrolyte disorders	
Acid/base disorders	
Hernias	
OBSTETRICS/GYNECOLOGY	
Vaginal discharge	
Pelvic pain/dysmenorrhea	
Amenorrhea	
Dysfunctional uterine bleeding	
Endometriosis	
Ovarian cysts	
Vaginitis	
Pelvic inflammatory disease	
Mastitis/breast abscess	
Spontaneous abortion	
Abruption placenta	
Ectopic pregnancy	
Placenta previa	
Premature rupture of membranes	
Fetal distress	
Intrauterine pregnancy	
Spontaneous abortion	

Recommended Reading For the Emergency Medicine Rotation:

- *Emergency Medicine: A Comprehensive Study Guide* Most recent edition Judith E Tintinalli. The McGraw-Hill Companies.
- *Current Emergency Diagnosis Treatment*, Most recent edition, Appleton and Lange.
- McGraw-Hill's PA Easy, www.paeasy.com, McGraw-Hill.

Behavioral Health Rotation

This rotation is designed to promote an understanding of the behavioral and psychological components of health, disease, and disability. Contact with patients who exhibit a variety of emotional illnesses and disabilities are used to refine informed history taking and mental status examination skills, to recognize and categorize psychiatric disturbances and to identify techniques of early intervention and psychiatric referral.

Behavioral Health Patient Encounters

Patient Encounter Type

- Acute Care – a minor short term or illness of brief duration
- Chronic Care – a preexisting or long term illness
- Behavioral Health and Mental Health Conditions -- at risk of, or suffering from, mental, behavioral, or addictive disorders

Each student will experience the following encounters by the end of the clinical year:

Patient Encounter Type	Required Encounters
Acute Care	200
Chronic Care	200
Behavioral Health and Mental Health Conditions	30

Instructional Objectives

Upon completion of the Behavioral Health Rotation, based on didactic year learning, self-study and supervised clinical practice experiences, the student will demonstrate knowledge and proficiency pertaining to each of the Instructional Objectives below. The student will be evaluated by the following criteria: PAEA End of Rotation written examination, SOAP notes, preceptor evaluations and clinical skills exams.

Problem Solving and Clinical Skills/Patient Care

- Exhibit the ability to engage a patient, which includes establishing rapport, discussing sensitive information, and discussing assessment and treatment plans.
- Describe withdrawal symptoms for alcohol and opioids and the risks associated with each.
- List properties of the following drug or drug classes including contraindications, and side effects.
 - Antidepressants: including SSRIs, SNRIs, TCAs, other
 - Anti Anxiety meds: SSRIs, benzodiazepines, other
 - Antipsychotics: to include typical and atypical
 - Mood stabilizers

- Meds to treat sleep disorders including insomnia and narcolepsy
- Beta Blockers
- Agents for drug dependence (Alcohol, opiate, nicotine)
- Stimulants
- Conduct a behavioral health interview, including a mental status exam.
- Discuss diagnostic testing to rule out organic causes of behavior changes.
- Select and interpret diagnostic studies to evaluate the differential diagnosis of behavioral health patients.
- Discuss behavioral health findings in a clear and effective manner to patients, family members, and appropriate medical personnel.
- Write progress notes using electronic medical records when appropriate and available.
- Formulate a differential diagnosis utilizing DSM-IV-TR and DSM-V criteria for common mental health disorders.
- Design a treatment plan that demonstrates awareness of the patient, family and community resources available.
- Demonstrate necessary safety measures in working with behavioral health patients.
- Evaluate the effectiveness of ongoing treatment in behavioral health patients.
- Develop patient follow-up plans and periodic reassessment schedules necessary in treatment according to safety and pharmacology guidelines.
- Conduct risk assessment screenings.
- Demonstrate a working knowledge of the behavioral health care delivery system.
- Discuss important issues related to making referrals to appropriate community agencies, clinics and other mental health professionals.
- Research evidenced-based materials that are applicable to patients' care and incorporate this evidence into the patient's assessment and treatment.
- Demonstrate an openness to receive constructive criticism.
- Describe the legal and ethical issues pertinent to the care of behavioral health patients in both general medical and behavioral health settings, including the Baker Act.
- Counsel patients regarding behavioral health treatments (risks, benefits and alternative).
- Demonstrate commitment to the confidential nature of mental health information.
- Recognize and intervene when patients suffer from substance abuse, suicidal ideations or homicidal ideations.

Self-Study List

The following self-study topics, taken from the NCCPA Examination Content Blueprint, consist of common conditions with which the student should be familiar. Students may not see each of the following during rotation, but are still required to demonstrate familiarity with these conditions for rotation content exams and PANCE exams. Clinical experience must be supplemented with didactic study.

For Each Condition Students Should Know History Taking & Performing Physical Examinations, Use Laboratory & Diagnostic Studies, Formulate Most Likely Diagnosis, Health Maintenance, Clinical Intervention, Pharmaceutical Therapeutics, and Apply Basic Science Concepts.

DEPRESSIVE DISORDERS; BIPOLAR & RELATED DISORDERS	ANXIETY DISORDERS; TRAUMA & STRESS RELATED DISORDERS
Major depressive disorder	Generalized anxiety disorder
Bipolar I disorder	Panic disorder
Bipolar II disorder	Posttraumatic stress disorder
Cyclothymic disorder	Phobic disorders
	Specific phobias
PARAPHILIC DISORDERS; SEXUAL DYSFUNCTIONS	SCHIZOPHRENIA SPECTRUM AND OTHER PSYCHOTIC DISORDERS
Exhibitionistic disorder	Schizophrenia
Fetishistic disorder	Delusional disorder
Pedophilic disorder	Schizoaffective disorder
Sexual masochism disorder	Schizophreniform disorder
Female sexual interest/arousal disorder	
Male hypoactive sexual desire disorder	
Voyeuristic disorder	
	FEEDING OR EATING DISORDERS
	Anorexia nervosa
	Bulimia nervosa
PERSONALITY DISORDERS; OBSESSIVE-COMPULSIVE AND RELATED DISORDERS	
Antisocial personality disorder	
Avoidant personality disorder	SUBSTANCE-RELATED DISORDERS
Borderline personality disorder	Alcohol-related disorders
Dependent personality disorder	Hallucinogen-related disorders
Histrionic personality disorder	Opioid-related disorders
Narcissistic personality disorder	Stimulant-related disorders
Obsessive-compulsive personality disorder	Sedative-, hypnotic-, or anxiolytic-related
Paranoid personality disorder	Cannabis-related disorders
Schizoid personality disorder	Tobacco-related disorders
Schizotypal personality disorder	Inhalant-related disorders
Body dysmorphic disorder	
Obsessive-compulsive disorder	

SOMATIC SYMPTOM AND RELATED DISORDERS; NONADHERENCE TO MEDICAL	DISRUPTIVE, IMPULSE-CONTROL AND CONDUCT DISORDERS; NEURODEVELOPMENTAL
Somatic symptom disorder	Attention-deficit/hyperactivity disorder
Factitious disorder	Conduct disorder
Illness anxiety disorder	Oppositional defiant disorder
	Autism spectrum disorder

Recommended Reading for Behavioral Health Rotation:

- *Current Diagnosis & Treatment in Psychiatry*. Most recent edition Appleton and Lange.
- McGraw-Hill's PA Easy, www.paeasy.com, McGraw-Hill.
- *Diagnostic and Statistical Manual of Mental Disorders DSM-5*. American Psychiatric Publishing, Inc.

Part 4: Appendices

Barry University

Appendix A: Clinical Rotation Schedule for Class of 2018 Physician Assistant Program

Rotation #	Start Date	End Date	End of Rotation
1	August 21, 2017	September 26, 2017	September 27, 28, 29, 2017
2	October 2, 2017	November 7, 2017	November 8, 9, 10, 2017
3	November 13, 2017	January 5, 2018	January MON 8 & TUES 9, 2018
Days off rotation: Thanksgiving Break November 20-24, 2017 Holiday Break December 24, 2017 - January 1, 2018			
4	WED January 10, 2018	February 14, 2018	February THURS 15 & FRI 16, 2018
5	February 19, 2018	March 26, 2018	March TUES 27 WED 28 Days off: March 29-30, 2018
6	April 2, 2018	May 8, 2018	May 9, 10, 11, 2018
Days off rotation: Semester Break May 14-28, 2018 {AAPA Conference May 19-23, 2018 New Orleans}			
7	May 29, 2018	July 6, 2018	July MON 9 TUES 10, 2018
8	WED July 11, 2018	August 17, 2018	Aug 29, 30, 31, 2018
Days off before EOR 8: Break August 20-28, 2018 Advanced didactic semester begins the week of September 3, 2018			

Barry University

Appendix B: Clinical Rotation Attendance Sheet Physician Assistant Program

Student Name (Print) _____

Supervising Preceptor (Print) _____

Rotation Number & Specialty _____

Site Location _____

WEEK ENDING	Start	MON	TUE	WED	THU	FRI	SAT	SUN	Wk. Hrs.
	End								
	Total								
WEEK ENDING	Start	MON	TUE	WED	THU	FRI	SAT	SUN	Wk. Hrs.
End									
Total									
WEEK ENDING	Start	MON	TUE	WED	THU	FRI	SAT	SUN	Wk. Hrs.
End									
Total									
WEEK ENDING	Start	MON	TUE	WED	THU	FRI	SAT	SUN	Wk. Hrs.
End									
Total									
WEEK ENDING	Start	MON	TUE	WED	THU	FRI	SAT	SUN	Wk. Hrs.
End									
Total									
WEEK ENDING	Start	MON	TUE	WED	THU	FRI	SAT	SUN	Wk. Hrs.
End									
Total									
WEEK ENDING	Start	MON	TUE	WED	THU	FRI	SAT	SUN	Wk. Hrs.
End									
Total									

Enter time arrived and time departed. Enter total hours daily and weekly. Enter "A" for excused absence; "U" for unexcused absence; "AA" for Administrative Absence; "OC" for Office Closed; "H" for Holiday.

I certify that the above time entries are a true and accurate representation of the time I served during this rotation period.

Student Signature _____

Date _____

Approved by: _____

Preceptor Signature

Date _____

Barry University

Appendix C: Absence Form

Physician Assistant Program

This form is to be completed by the PA student and clinical preceptor/instructor whenever the student requests a leave of absence, or is absent from required clinical activities. Whenever feasible, the request must be completed prior to the absence. When absence(s) is unforeseen, please submit signed absence form within 48 hours of returning to rotation.

Student Name (print) _____ Class Year _____ Rotation # _____

Preceptor/Instructor Name: _____ Rotation Specialty: _____

<p><u>Request an absence from:</u></p> <p>Clinical Rotation/Activity _____ End of Rotation _____</p> <p>Date(s) requested:</p> <p>From _____ To _____</p> <p>Number of days/hours off rotation: _____</p> <p><i>Example: 3 hrs.; 2.5 days; 1 day</i></p>	<p><u>Reason for absence (print):</u></p>
---	--

Will remediation of absence be required by preceptor/instructor? _____ Yes _____ No

If yes, please state the nature/terms of the remediation: _____

In the opinion of the preceptor/instructor, can this request be granted without jeopardizing the student's performance and successful completion of the clinical assignment? _____ Yes _____ No

Comments: _____

Preceptor's recommendation on request: _____ Approved _____ Denied

Preceptor Signature _____ Date _____

Student Signature _____ Date _____

Excused by Associate Director of Clinical Education _____ Yes _____ No _____	ADCE Signature _____	Date _____
--	----------------------	------------

Received in PA Program office by _____ Date _____

cc: Preceptor
Student

Barry University

Appendix D: Incident Report Form Physician Assistant Program

Complete this form to report any non-auto related incident resulting in potential bodily injury, property damage, and/or loss or theft of property occurring while on rotation. If this is an occupational exposure or bodily injury report students must report to the nearest ER/Urgent or PCP within 4 hours. Send the completed form within 48 hours of the incident to your local clinical team by fax or email and upload to your Complio profile at www.barrypa.com. Please type or print the information legibly. Please keep a copy in your permanent records.

1. Name:		2. Time and Date:	
3. Specific location of incident (street, bldg., room):			
4. Description of incident: Explain in detail the manner in which the incident or loss occurred. Please state the conditions present at the time of loss (e.g., examination, procedure, surgery). Use reverse side and additional sheets if necessary.			
5. For potential bodily injury cases, give the name, address, and phone numbers of the injured party (if other than student):			
6. Briefly describe the nature of the injury: (Use reverse side and additional sheets if necessary)			
7. Was medical treatment administered for the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what individual or organization provided medical treatment?			
8. Is the injured party a student of Barry University? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," has the Student Health Service been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No (Refer to proceeding page for procedure on filing claims through Student Health when applicable)			
9. Were there any witnesses to the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide their names, addresses and phone numbers.			
10. If the loss is structural in nature or involves equipment, include a list of the items damaged or destroyed and an estimate of the replacement cost.			
11. Was the risk manager at the clinical site notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide the name and date notified: Name: _____ Date notified: _____			
12. Who was the incident reported to at the clinical site? <input type="checkbox"/> Not Reported Name/Title: _____ Department: _____ Phone: _____			
13. Student Signature:		Date:	
14. PA Program Office Use Only		Date received:	By:

Barry University

Appendix D: Incident Report Form Student Accident Plan & Procedure for Filing an Accident Claim

Eligibility

As a benefit to our students all fulltime Undergraduate students, students residing in campus housing and all students enrolled in Physician Assistant Program are automatically covered under the Student Accident Plan through Mutual of Omaha for the full academic year. The billing for this plan, \$22 per semester, will be done twice a year, once in the Fall Semester and once in the Spring Semester. This plan will provide coverage up to \$5,000 per injury at an off campus provider. This plan cannot be waived. However, placement on this plan does not eliminate the requirement for students to maintain a personal primary insurance plan or to complete the waiver for primary insurance.

In the event that you have suffered an injury that requires medical attention, please follow the procedure below:

- **Occupational Exposure, (needle stick or bodily fluid exposure)**
 - Wash the wound and skin site that have been exposed to blood or bodily fluids with soap and water. Mucous membranes should be flushed with water.
 - Report your injury to your clinical supervisor immediately!
 - Immediately seek care by a qualified health care provider(ER, Urgent Care or a health care provider that can provide appropriate guidance on the need for antiretroviral prophylaxis)
 - *DO NOT SEEK CARE IN THE STUDENT HEALTH SERVICES* for Occupational Exposures!
 - Follow all federal (OSHA) and state requirements for recording and reporting occupational injuries and exposures as per the clinical site and the Barry University program guidelines.
- **For any other injury (sprains, fractures, lacerations, etc.) that requires medical attention:**
 - Please seek medical attention as soon as possible at an ER, Urgent Care Center, Private Physician's office or the Student Health Services.

If your injury meets policy coverage guidelines, please contact Student Health Services at 305 899 3750 as soon as possible after medical care is received to schedule an appointment to complete a claim form. If you are not at the Barry University main campus please contact Student Health Services to request a claim form.

You will be responsible to provide the treating facility with your primary insurance card and your accident insurance card. The accident plan will cover up to \$5000 of medical expenses per injury, which is NOT covered by your primary insurance plan. (Exclusions may apply) *The accident plan is a supplemental plan. You must have primary insurance that has been approved by hard waiver as per the Barry University guidelines.*

For more details regarding the student accident insurance plan please visit www.barry.edu/health-services/ and click on the link for Accident Plan Information.

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Appendix E: Preceptor Mid-Rotation Evaluation Form Physician Assistant Program

Student Name: _____ Rotation Specialty/Number: _____

Preceptor Name _____ Signature _____ Date _____

Preceptor Email Address: _____

Clinical Site: _____

	<u>SATISFACTORY</u>	<u>NEEDS REMEDIATION</u>
MEDICAL KNOWLEDGE		
INTERPERSONAL & COMMUNICATION SKILLS		
PATIENT CARE		
PROFESSIONALISM		
I have received the learning objectives and will continue to review them with the student. <input type="checkbox"/> YES <input type="checkbox"/> NO		

If you answered NEEDS REMEDIATION please elaborate and a faculty member will reach out to you.

Barry University

Appendix F: Preceptor Evaluation Form

Physician Assistant Program

Student Name: _____ Rotation Specialty & Number: _____

Preceptor Name: _____ Signature _____

Preceptor Email Address: _____

Clinical Site: _____

- **Excellent: (Performance greatly exceeds expectations)** Consistently exceeds all expectations for responsibilities and objectives, skills abilities and commitment. Possesses excellent medical knowledge and demonstrates a high level of proficiency in all or most of the essential functions for the level of training.
- **Very Good : (Performance exceeds expectations)** Achieves and frequently exceeds expectations for responsibilities and objectives, skills abilities and commitment. Possesses a broad fund of medical knowledge and demonstrates a high level of proficient in many of the essential functions and required competencies.
- **Good: (Performance meets expectations)** Consistently meets established expectations for responsibilities and required objectives. Demonstrates required skills, abilities and commitment. Possess an appropriate fund of medical knowledge and demonstrates proficiency in the essential functions and required competencies.
- **Adequate: (Performance meets expectations, but not consistently)** Meets minimal levels of established expectations for responsibilities and required objectives. Possesses some medical knowledge, skills and abilities for the required competencies. Exhibits minimal levels of proficiency in essential functions and demonstrates need for additional training.
- **Inadequate: (Performance fails to meet expectations)** Does not meet expectations for responsibilities and required objectives. Does not demonstrate necessary knowledge, skills, abilities and required commitment. Is not able to keep pace with the rigors of the rotation. Successes are only occasional and performance either fails to improve or deteriorates over the course of the rotation. Requires remediation in order to pass the rotation.

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Appendix F: Preceptor Evaluation Form Physician Assistant Program

Student Name: _____ Rotation Specialty & Number: _____

Preceptor Name: _____ Signature _____

Preceptor Email Address: _____

Clinical Site: _____

****PRECEPTORS PLEASE COMPLETE EVALUATIONS OF STUDENTS UTILIZING YOUR TYPHON ACCOUNT****

Please assess the PA student in each of the areas listed below. Please refer to the above criteria.	Excellent	Very Good	Good	Adequate	Inadequate	Unable to Evaluate
MEDICAL KNOWLEDGE						
Demonstrates fund of knowledge						
Formulates assessment differential diagnosis						
Recognizes signs and symptoms						
Orders and interprets lab and diagnostic tests						
Chooses medications and writes prescriptions						
INTERPERSONAL & COMMUNICATION SKILLS						
Establishes good rapport with patients and families						
Communicates effectively with patients and families						
Establishes good rapport with all members of the interprofessional team						
Communicates effectively with all members of the interprofessional team						
PATIENT CARE						
Takes focused medical history						
Performs Physical Examination						
Develops and implements patient management plans						
Provides patient counseling and education						
Delivers Oral Case Presentation						
Documents Patient Encounters Accurately						
Performs clinical procedures						
PROFESSIONALISM						
Respectful of patients' diversity						
Understands PA Role and recognizes limitations						
Is responsible and reliable						
Displays professional dress and identification						
Maintains patient confidentiality						
Practices ethically and with integrity						
PRACTICE-BASED LEARNING AND IMPROVEMENT						
Utilizes electronic medical records systems						
Integrates evidence from scientific studies into patient care						
SYSTEMS-BASED PRACTICE						
Utilizes expertise of other specialists within the healthcare system						
Practices cost-effective health care						

Comments regarding the student:

From your perspective, what can the Barry University Physician Assistant Program do to better prepare our students for clinical rotations in your specialty?

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Appendix G: Student Initiated Request: Preceptor Checklist Physician Assistant Program

A student requesting a new affiliation/preceptor is required to deliver the relevant documents to establish a requested rotation to the preceptor or site. The student is responsible for all follow-up with the preceptor and site until all required materials are on file in the PA program office. The completed documentation must be received by the local campus Clinical Coordinator no less than 120 days prior to the start date of the rotation period for which the assignment is anticipated. Failure of the student, preceptor and/or site to proceed in the above manner may void the request for that rotation assignment.

The following checklist is to be completed by the student wishing to initiate an affiliation agreement with a clinical site/preceptor. Selection of a rotation period below serves as confirmation that student has confirmed dates of availability with preceptor/clinical site.

STUDENT NAME:	CAMPUS:	PHONE:	CHECK LIST DATE:
---------------	---------	--------	------------------

Rotation Dates (Mark All That Apply)
<input type="checkbox"/> Rotation 3: November 13, 2017 – January 5, 2018
<input type="checkbox"/> Rotation 4: January 10, 2018 – February 14, 2018
<input type="checkbox"/> Rotation 5: February 19, 2018 – March 26, 2018
<input type="checkbox"/> Rotation 6: April 2, 2018 – May 8, 2018
<input type="checkbox"/> Rotation 7: May 29, 2018 – July 6, 2018
<input type="checkbox"/> Rotation 8: July 11, 2018 – August 17, 2018
<input type="checkbox"/> Any time period
<input type="checkbox"/> Supplemental Clinical Activity (SCA) _____

CLINICAL SITE OPERATES AS	MARK ONE OPTION: Private Practice <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/>
PRECEPTOR NAME	
SPECIALITY	
LEGAL NAME OF CLINICAL SITE	
SITE ADDRESS	
SITE CONTACT PERSONNEL	
SITE PHONE NUMBER	
SITE EMAIL ADDRESS	

List additional facilities where student attendance is required:

***NOTE: A separate affiliation agreement is required for each hospital/center/facility. Please provide one checklist, Appendix H – per hospital/center/facility.**

1.
2.
3.

All affiliation agreements are processed by the Manager of Clinical, Eboni Evans ebbevans@barry.edu 305-899-4903.
Your local Associate Director of Clinical Education, Clinical Coordinator, and Manager of Clinical will provide periodic updates concerning all request.

Miami: Evelyn Garcia	(E): EvGarcia@barry.edu	(F): 305-899-4083 or 3501	(P): 305-899-4903
St. Petersburg: Stacey Gaeta	(E): SGaeta@barry.edu	(F): 727-341-3467	(P): 727-302-6607
St. Croix: Eboni Evans	(E): EbEvans@barry.edu	(F): 305-899-4083	(P): 305-899-3296

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Appendix H: Student Initiated Request: Clinical Site Checklist Physician Assistant Program

A student requesting a new affiliation/preceptor is required to deliver the relevant documents to establish a requested rotation to the preceptor or site. The student is responsible for all follow-up with the preceptor and site until all required materials are on file in the PA program office. The completed documentation must be received by the local campus Clinical Coordinator no less than 120 days prior to the start date of the rotation period for which the assignment is anticipated. Failure of the student, preceptor and/or site to proceed in the above manner may void the request for that rotation assignment.

The following checklist is to be completed by the student wishing to initiate an affiliation agreement with a clinical site/preceptor. Selection of a rotation period below serves as confirmation that student has confirmed dates of availability with preceptor/clinical site.

STUDENT NAME:	CAMPUS:	PHONE:	CHECK LIST DATE:
---------------	---------	--------	------------------

Rotation Dates (Mark All That Apply)
<input type="checkbox"/> Rotation 3: November 13, 2017 – January 5, 2018
<input type="checkbox"/> Rotation 4: January 10, 2018 – February 14, 2018
<input type="checkbox"/> Rotation 5: February 19, 2018 – March 26, 2018
<input type="checkbox"/> Rotation 6: April 2, 2018 – May 8, 2018
<input type="checkbox"/> Rotation 7: May 29, 2018 – July 6, 2018
<input type="checkbox"/> Rotation 8: July 11, 2018 – August 17, 2018
<input type="checkbox"/> Any time period
<input type="checkbox"/> Supplemental Clinical Activity (SCA) _____

CLINICAL INSTITUTION OPERATES AS MARK ONE OPTION: Private Practice <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/>	
PRECEPTOR NAME	
SPECIALITY	
LEGAL NAME OF INSTITUTION	
INSTITUTION ADDRESS	
MEDICAL EDUCATION CONTACT	
PHONE NUMBER	
EMAIL ADDRESS	

List additional facilities where student attendance is required:

***NOTE: A separate affiliation agreement is required for each hospital/center/facility. Please provide one checklist, Appendix H – per hospital/center/facility.**

- 1.
- 2.
- 3.

All affiliation agreements are processed by the Manager of Clinical, Eboni Evans ebbevans@barry.edu 305-899-4903.
Your local Associate Director of Clinical Education, Clinical Coordinator, and Manager of Clinical will provide periodic updates concerning all request.

Miami: Evelyn Garcia	(E): EvGarcia@barry.edu	(F): 305-899-4083 or 3501	(P): 305-899-4903
St. Petersburg: Stacey Gaeta	(E): SGaeta@barry.edu	(F): 727-341-3467	(P): 727-302-6607
St. Croix: Eboni Evans	(E): EbEvans@barry.edu	(F): 305-899-4083	(P): 305-899-3296



**Appendix I: Statement of Good Health
Physician Assistant Program**

This form is to be completed by your health professional and uploaded to your Complio Immunization Tracking profile.

Name: _____ Date: _____

Date of Birth: ____/____/____ Last 4 Digits of SS#: _____ Barry Student ID#: _____

Statement of Good Health:

I have examined the above named student who appears to be in good health and who may enroll in the Physician Assistant Program without restrictions.

Health Care Provider (Please sign and place health care provider address and phone number or stamp below).

Name of Provider _____ Address _____

Signature _____ Date _____ Phone _____



Appendix J: Immunization Record



I hereby certify that the certification information below is true and correct to the best of my knowledge and abilities, and willingly release it to Barry University, American DataBank, and any and all clinical sites for the purpose of my education and clinical experiences. This information will not be disseminated for any other purpose than that specified by the applicant. By affixing my signature, I grant my full consent for the duration of my enrollment at Barry. I am aware that I can revoke my consent, in writing, at any time.

Student Name (Print): _____ Date: ____ (M) ____ (D) ____ (Y)

Student Signature: _____ Student ID: _____

Student MUST scan and upload documents to their ITS Profile.

Program of Study: ☐ Physician Assistant ☐ Campus: ☐ St. Croix ☐ Grade Level: ☐ Didactic (1st)
☐ Miami Shores ☐ St. Petersburg ☐ Clinical (2nd) ☐ Adv. Didactic (3rd)

Immunization Requirements: Initial Form

Tdap (Tetanus Diphtheria and Acellular Pertussis)

Required Within last Ten Years

A Tdap Vaccination Date: ____ (M) ____ (D) ____ (Y)

B Td Vaccination Date: ____ (M) ____ (D) ____ (Y) If you have an allergy to TT or Td Pertussis Vaccination Date: ____ M ____ D ____ Y

Varicella (Chickenpox)

Required One Time

A Proof of Natural Varicella (Chicken Pox) Disease Date: ____ (M) ____ (D) ____ (Y)

B Varicella Dose 1: ____ (M) ____ (D) ____ (Y) Varicella Dose 2: ____ (M) ____ (D) ____ (Y)

C Varicella Presence of IgG Antibody Date: ____ (M) ____ (D) ____ (Y) ◀ MUST SEND LABWORK PRINTOUT

Hepatitis B

Required One Time

HepB 1st Shot Date: ____ (M) ____ (D) ____ (Y) HepB 2nd Shot Date: ____ (M) ____ (D) ____ (Y) HepB 3rd Shot Date: ____ (M) ____ (D) ____ (Y)

Required > Hepatitis B (Anti-HBsAg) Test Date: ____ (M) ____ (D) ____ (Y) ☐ POS or ☐ NEG ◀ MUST SEND LABWORK PRINTOUT

If Non-responder, repeat shots and re-test as shown below:

for the Antibody, Repeat Shots and Re-Test

HepB 4th Shot Date: ____ (M) ____ (D) ____ (Y) HepB 5th Shot Date: ____ (M) ____ (D) ____ (Y) HepB 6th Shot Date: ____ (M) ____ (D) ____ (Y)

Hepatitis B (Anti-HBsAg) Date: ____ (M) ____ (D) ____ (Y) ☐ POS or ☐ NEG ◀ MUST SEND LABWORK PRINTOUT

MMR (Measles, Mumps and Rubella)

Required One Time

A MMR Dose 1: ____ (M) ____ (D) ____ (Y) MMR Dose 2: ____ (M) ____ (D) ____ (Y)

B Measles Immune IgG Date: ____ (M) ____ (D) ____ (Y) ☐ POS or ☐ NEG

Mumps Immune IgG Date: ____ (M) ____ (D) ____ (Y) ☐ POS or ☐ NEG

Rubella Immune IgG Date: ____ (M) ____ (D) ____ (Y) ☐ POS or ☐ NEG

C Measles Date of Disease: ____ (M) ____ (D) ____ (Y)

Mumps Date of Disease: ____ (M) ____ (D) ____ (Y)

Rubella Date of Disease: ____ (M) ____ (D) ____ (Y)

◀ MUST SEND LABWORK PRINTOUT

PPD (Tuberculosis Testing)

Required Every Year

A PPD (ANNUAL) : ____ (M) ____ (D) ____ (Y) Result: ☐ Positive or ☐ Negative

B Chest X-Ray (ONE TIME) Date: ____ (M) ____ (D) ____ (Y) Chest X-Ray Result: ☐ Positive or ☐ Negative

C Have you received the BCG Vaccination? If so, indicate the date: ____ (M) ____ (D) ____ (Y)

Physician/Healthcare Provider Signature: _____ Signature Date: _____

Physician/Healthcare Provider Stamp:



Appendix K: College of Nursing and Health Care Science Physician Assistant Program Insurance Waiver

College of Nursing and Health Care Science Physician Assistant Program Insurance Waiver 2017-2018 Academic Year

All students in the Barry College of Nursing and Health Care Science, Physician Assistant Program are **required** to provide proof of adequate health insurance (copy of insurance card front and back) along with the completed insurance waiver below by uploading to their Complio Immunization Tracking System at www.barrypa.com. Proof must be uploaded prior to matriculation. Students may not lapse in coverage. Any changes to your insurance plan will require a new waiver form to be completed and uploaded along with insurance card to your Complio profile.

Failure to comply with the Policy will negatively affect the Student's registration and/or the Student's participation in clinical rotations.

It is strongly recommended that students call to verify that the policy covers the requirements listed below (especially occupational exposure) prior to submitting this waiver.

Existing Coverage Information

Please answer the following questions to determine if your current coverage exempts you from purchasing the school's recommended insurance coverage.

1. ☐ YES ☐ NO Does your policy allow access to primary care; (Physician Office Visits, Urgent, and Emergent Care) **Emergency only care is not comparable coverage.**
2. ☐ YES ☐ NO Does your policy provide inpatient coverage of 80% of usual and customary reimbursement?
3. ☐ YES ☐ NO Does your policy provide prescriptive medications at a local pharmacy?
4. ☐ YES ☐ NO Does your policy provide inpatient and outpatient mental health benefits (including alcohol and substance abuse treatment)?
5. ☐ YES ☐ NO Does your policy have an individual deductible less than \$2500 per policy year?
6. ☐ YES ☐ NO If you are enrolled in the Miami or St Petersburg campus, is the insurance company licensed to do business in the State of Florida?
If you are enrolled in the St Croix campus, is the insurance company licensed to do business in the USVI?

7. ☐ YES ☐ NO Does your policy have maternity benefits (women only)?

Birth Date of Policy Holder	<input type="text"/>
Student First Name	<input type="text"/>
Student Last Name	<input type="text"/>
Email	<input type="text"/>
Student ID Number	<input type="text"/>
Campus Location	<input type="text"/>
Private Insurance Company Name	<input type="text"/>
Policy #	<input type="text"/>
Group #	<input type="text"/>
Insurance Company Phone #	<input type="text"/>
Name of Policy Holder	<input type="text"/>

Failure to comply with the University's insurance/waiver requirements on or before the semester deadline can result in a non-refundable charge to your student account for the current semester.

By signing this form I am affirming that for the current academic year my private health insurance policy is adequate coverage as defined above (and if international also covers the items listed above). I hereby release Barry University, Inc., and its trustees, officers, employees, students, agents, and independent contractors of any responsibility for my health care and I agree to assume all financial responsibility for any medical expenses that I incur while attending Barry. I understand that even though I have private health insurance, I am eligible for the Barry University Student Health Plan and may enroll on a voluntary basis. For information on enrollment student may contact the Student Health Services at <https://www.barry.edu/health-services> and/or 305-899-3750.

By signing this I understand that Barry University reserves the right to request written confirmation of my private health insurance policy from my insurance carrier if my health coverage is in question. Failure to comply with this request may disrupt my registration and/or my clinical participation in the Program.

Student Signature	<input type="text"/>
Date	<input type="text"/>

Barry University

Appendix K: Insurance Waiver Inadequate Coverage Plans

Plans that are considered inadequate coverage and are not accepted, include but are not limited to the following:

Medicaid Plans: Medicaid plan benefits are not transferable from State to State except in cases of extreme emergency, and therefore will not meet the waiver requirement for primary and specialty care coverage outside of the State in which they are written.

- Student should be advised to find out if their Medicaid plan can be transferred from state to state. In some cases it can but there is paperwork required and a waiting period. If they have Florida Medicaid and they are going to be in Florida for the first year or two then it should be fine. Just keep in mind that Medicaid does not always renew automatically- requirements have to be met and, some Medicaid plans are cost of share plans that will not pay until the patient accrues a specific amount of out of pocket payments.

If you are currently enrolled in any Medicaid plan please contact your program compliance office prior to completing this waiver.

Out-of-State Community/Clinic Plan-(Regional plans that provide coverage for primary & specialty care within a designated area or service center) Some insurance plans purchased through healthcare exchange (a.k.a., Obama Care), including some Florida plans, are often regional plans and will not be accepted as adequate coverage as they do not provide primary/specialty coverage out of their designated coverage area.

- Community plans are different than Out of State HMO's in that they do not offer away from home care. If it is a Florida community plan and the student will be in Florida for 1-2 years it may be acceptable as long as the student's plan is local enough that they can get to their primary doctor or can contact them for a referral without complication.

Out of State HMO Plans that do not include away-from-home-care coverage- Away-from-home-coverage must include all of the required benefits listed in Section D. This coverage must be arranged with your insurance company prior to your arrival to Barry and documentation showing this additional coverage must be provided to your program compliance liaison.

- Some the OOS HMO plans have an open suitcase showing on the card. This may mean open access to out of state benefits and it may not. Sometimes it represents the ability to request a special onetime visit to a local doctor but then the student must follow up with their primary doctor for further evaluation. If the student does not provide documentation of what their OOS benefits are I usually call the company.
- **Reimbursable Plans:** Any insurance plan that requires the patient to pay the physician/hospital for services and then the patient must request that the insurance company pay them back, will not be accepted. The insurance company must make payment for medical services directly to the physician.
- **Plans with limited prescriptive drug coverage:** Plans that require that the deductible be met before covering medications, or plans that only offer a discount on prescriptive drugs, are not considered acceptable.

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Appendix L: Patient Confidentiality in Medical Practice Settings Physician Assistant Program

It is essential that the confidentiality of patients is adhered to at all times. Any discussions that occur during the educational process, including small group exercises, competency exams, and at clinical settings, must remain confidential unless explicitly instructed otherwise.

Discussing a patient's medical condition or providing any information to unauthorized persons is prohibited. Similarly, patients should not be discussed either in public or in private with friends or family.

Medical records are also confidential and may not be released to anyone except with the written consent of the patient or in other limited circumstances. Students who have access to medical records must be certain that care is taken to preserve the patient's confidentiality. No medical charts may be removed from clinical sites.

Confidential patient information is the property of the clinical affiliate/institution (hospital, medical center, office or other entity), disclosed to the institution by the patient for a mutually agreed-upon purpose. The patient has a right to access this information using the institutional procedures that have been established for this purpose.

While performing their assigned duties, a student may acquire confidential patient information from the written medical record, from computerized databases, or from conversations with the patient, family members or other health care providers. No matter what the source, this information should not be disclosed to others who do not have a legal authority to know.

For more information please refer to: <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/hipaahealth-insurance-portability-accountability-act.page>

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Appendix M: Universal Precautions Physician Assistant Program

Since medical history and physical examination cannot reliably identify all patients infected with HIV or other blood-borne pathogens, blood and body fluid precautions should be consistently used for all patients. This approach is recommended by the CDC and referred to as “universal blood and body-fluid precautions” or “universal precautions.” It should be used in the care of **all patients** especially those in emergency care settings in which the risk of blood exposure is increased and the infection status of the patient is unknown. The following procedures and precautions apply to “all health care workers”, which includes PA students:

All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or body fluid of any patient is anticipated. Gloves should be worn when touching blood and body fluids, mucous membranes, or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other vascular access procedures. Gloves should be changed after contact with each patient. Masks and protective eye wear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluid to prevent exposure to mucous membranes of the mouth, nose and eyes. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or body fluids.

Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or body fluid. Hands should be washed immediately after gloves are removed.

All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal of used needles; and when handling sharp instruments after procedures. To prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable needles and syringes, scalpel blades, and other sharp items should be placed in a puncture-resistant container for disposal. The puncture-resistant container should be as close as practical to the use area. Large bore reusable needles should be placed in a puncture-resistant container for transport to the reprocessing area.

Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable. Health-care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves.

Pregnant health-care workers are not known to be at greater risk for contracting HIV infection than other health-care workers who are not pregnant. However, if a health-care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, *pregnant health-care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.*

Implementation of universal blood and body fluid precautions **for all patients** eliminates the need for use of the “isolation category of blood and body fluid precautions” previously recommended by the CDC for patients known or suspected to be infected with blood-borne pathogens.

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Appendix N: Supplemental Clinical Educational Experiences Physician Assistant Program

Supplemental clinical education activities may be arranged during the Final Didactic Semester, beginning in September after the completion of the Clinical Year.

Advance Didactic classes will be held on Mondays and Wednesdays. Supplemental Clinical Activities cannot interfere with these classes.

Students who wish to participate in supplemental supervised clinical experiences during the Final Didactic Semester must be in good academic and professional standing, and must obtain approval from the Director of Clinical Education. Approval to participate in a Supplemental Clinical Activity can be revoked at any time by the clinical team.

After obtaining approval for the supplemental activity from the Director of Clinical Education, the student may explore the possibility with a preceptor.

If the preceptor agrees, the preceptor must provide the following information (by hardcopy on practice letterhead, or by email) to the Barry University PA Program, Director of Clinical Education, prior to the start of the activity.

- An application for Barry University PA program adjunct clinical faculty status (not necessary if practitioner is a current Barry University PA Program preceptor/member of the adjunct clinical faculty).
- Assurance that the experience will occur in a practice/setting for which Barry University PA program has a clinical affiliation agreement in place.
- A brief description of the practice specialty and what the preceptor and student hope to accomplish in the activity. If procedures will be performed by student(s), an explicit list must be provided.
- A schedule of the date(s) and time(s) that the student will be involved in the activities.
- A statement that the preceptor will assume responsibility for directing the student(s) activities and provide adequate supervision of the student.
- A statement that the appropriate administrator in the practice has approved the requested activities. In larger institutions, this would typically be a director of medical education, COO, hospital or practice administrator (often identified in the clinical affiliation agreement).

This information is required in order to provide liability coverage to the student, by Barry University, during this supplemental clinical experience.

Barry University

Appendix O: Information included in the Typhon Clinical Site Visit Survey

Questions regarding the student/preceptor/site:

1. The Student is professional in appearance and clearly identified as a Barry PA Student via their White Coat and Barry ID Badge.
Yes ☐ No ☐
2. The student exhibits appropriate academic and professional behavior.
Yes ☐ No ☐
3. The student works collaboratively in inter-professional patient centered teams, and has good rapport with the site administrative staff.
Yes ☐ No ☐
4. The student communicates effectively with patients, their families and other health professionals.
Yes ☐ No ☐
5. The student is meeting program expectations which include defined learning objectives, competencies, technical skills, and procedures based on current professional practices for the rotation specialty.
Yes ☐ No ☐
6. The student receives instruction at the clinical site in reimbursement, documentation of care, coding and billing and electronic medical records.
Yes ☐ No ☐
7. Additional comments regarding student:
8. The preceptor has received the Preceptor Manual and specific Learning Objectives and has reviewed them with the student.
Yes ☐ No ☐
9. The clinical site has sufficient volume that provides the necessary instruction to students, and how to provide medical care to patients from diverse patient populations.
Yes ☐ No ☐
10. Additional comments regarding Preceptor and/or clinical site:
11. Oral case presentation evaluated as follows:

Oral case presentation:

	Good	Average	Needs Remediation
Concise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SOAP Format	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A & P Articulated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Barry University

Appendix P: Elective Paper Grading Form

Points	17.5 pts	20 – 23 pts	24 pts	Score
Organization of material	Paper lacks organization.	Paper is organized into: <ul style="list-style-type: none"> • Introduction • Discussion/analysis • Conclusion • References 	Paper is well organized and Paper guides reader through the literature and makes topic comprehensible.	
Topic	Does not clearly define or understand topic.	Defines topic clearly.	Defines topic clearly. Describes why the topic is important.	
Discussion/ Analysis	Summarization of topic with minimal evidence of insight or original thinking. Minimal evidence of insight or original thinking. Does not offer any fresh insights.	Understands topic moderately well. Defines basic concepts and theories. Makes note of landmark studies. Some insight and critical thinking.	Clearly understands the body of literature reviewed. Items from previous column plus: Evidence of synthesis of materials into recommendations for practice or further study. Provides fresh insights.	
Use of Literature	Does not include the most recent or pertinent literature on the topic. References studies that are not discussed in text. Does not appropriately cite all sources. Includes some anecdotal rather than peer review studies.	Uses most recent literature. All materials properly cited and/or enclosed in quotations.	Items from previous column plus: Each study cited correlates with the topic. Each quote contributes significantly to the review.	
Points	-4 pts	-2 pts	+4pts	Score
Grammar & Syntax	Did not spell check. Grammatically incorrect draft submitted. Poor sentence and paragraph structure.	Spell check has been used. Grammatically incorrect draft submitted. Poor sentence and paragraph structure.	Spell check has been used. Grammatically correct draft submitted. Good sentence and paragraph structure.	
Student Name:			Final Score:	

Plagiarism will be assessed by software. Any papers with plagiarism will be discussed with students. Consequences of plagiarism may result in failure of the paper and rotation, and referral to the Program Director.

Elective area of study: _____ **Rotation Period:** _____

Preceptor: _____ **Topic:** _____

Appendix Q: Receipt of Learning Objectives



Physician Assistant Program
11300 NE 2nd Avenue, Miami, FL 33161
P: 305.899.3130 or 1.800.756.6000, ext. 3130
F: 305.899.3501
www.barry.edu/pa

Preceptors may acknowledge the receipt of Learning Objectives by selecting the appropriate box through the mid-rotation evaluation of student via Typhon.

Dear Preceptor,

In order to comply with Accreditation Standards, we are asking every Clinical Preceptor to acknowledge receipt of the Clinical Learning Objectives and the Preceptor Guidelines and Responsibilities. Kindly take a few moments to review with the student and return this completed form to our student. Thank you.

RECEIPT OF LEARNING OBJECTIVES

By signing below, I acknowledge receipt of the Barry University Physician Assistant Program Learning Objectives and Clinical Preceptor Guidelines and Responsibilities. These will be reviewed with the student during the first couple of days of the start of the rotation.

Name / Title: _____

Signature: _____ Date: _____

Student's Name: _____ Rotation #: _____
Print

With kind appreciation,

Charity Ramsey

Charity Ramsey, MCMSc, PA-C
Director of Clinical Education

Barry University

Appendix R: SOAP Note Grading Form

Student Name: _____

Date: _____

Instructor/ Grader: _____

Rotation #: _____

Possible Points	Automatic Unsatisfactory*	2	3	4	Points Earned
Subjective:					
History of present illness	Chief complaint only		1-3 elements identified (e.g. onset, duration, severity)	HPI is clear, concise and chronological Appropriate medical terminology is used	(4)
Review of Systems (as part of HPI)	No appropriate systems reviewed with pertinent positives and negatives	One appropriate system reviewed with pertinent positives and negatives	≥ 2 appropriate systems reviewed with pertinent positives and negatives		(3)
Past medical, family, surgical and social history	None mentioned	One element addressed	Two or more elements addressed		(3)
	No Mention of drug allergies				
	No mention of LMP in woman of childbearing age				
	Not protecting patient privacy				
Objective:					
Physical Exam	Inappropriate system examined Only one system examined CC not examined	≥ 2 appropriate systems examined	≥ 4 appropriate systems examined		(3)
Assessment/ Plan:					
Assessment	Assessment is NOT appropriate to history and exam findings	Appropriate diagnosis	Appropriate diagnosis PLUS appropriate DDX		(3)
Plan	Plan includes inappropriate therapy or harmful prescription error	Appropriate pharmacological and/or non-pharmacological therapies discussed	Appropriate recommendations for further work up and/or Patient education regarding health promotion and disease prevention	Appropriately notes instructions for follow up	(4)
				Total Points	

Grading – 20 possible points

- ≥ 14 points = Satisfactory grade
- < 14 points = Unsatisfactory grade* (quality of documentation inadequate for accurate billing, litigiously risky, and fails to promote continuity of good care)

*With the option to redo the SOAP note within 1 week for full credit.