

# PRECEPTOR ORIENTATION HANDBOOK

*Tips, Tools, and Guidance for Physician Assistant Preceptors*

**Child Health Associate/Physician Assistant Program**

**University of Colorado Anschutz Medical Campus**

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## Introduction

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



## Introduction to the Clinical Team



**Tanya Fernandez, MS, PA-C**  
**Clinical Course Director**

Ms. Fernandez is an Instructor in the Department of Pediatrics. She graduated from the CHA/PA Program in 2005 and has served on the CHA/PA Program faculty since 2016. Prior to joining the faculty, she worked in family practice and pediatrics within safety-net health centers. Her research and scholarship interests include self-directed learning in the clinical year, individualized learning plans and clinical education as a pipeline for employment.



**Joyce Nieman, MHS, PA-C**  
**Clinical Site Educator**

Ms. Nieman graduated from the CHA/PA Program in 2002 and has served on the CHA/PA Program faculty since 2005 with a brief time away to pursue experience in geriatric medicine, patient safety and healthcare quality improvement. Her research and scholarship interest includes physician assistant clinical education, and integrating patient safety and quality improvement into physician assistant education.



**Janice Baker, MHR**  
**Clinical Coordinator**

Ms. Baker received her Master of Human Relations degree from The University of Oklahoma. She enjoys working with people and helping individuals communicate and work together to achieve desired results. She recruits preceptors, helps with clinical education, schedules and places students in clinical experiences, and she corresponds with clinical sites on clinical rotation placement.



**Nikita Parks-Reid,**  
**Clinical Services Coordinator**

New to the CHA/PA program, Nikita joined the team in 2018. She serves as the Clinical Services Coordinator, helping complete the paper work necessary for clinical rotations, working with preceptors on onboarding students, managing the immunization database and serving as a first-line contact for the Clinical Team.



### **How to contact us:**

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## **CHA/PA Mission Statement**

The mission of the Child Health Associate/Physician Assistant Program is to provide comprehensive physician assistant education in primary care across the lifespan, with expanded training in pediatrics and care of the medically underserved.

## **CHA/PA Clinical Experiences**

### **First Year Clinical Experiences**

Our 1<sup>st</sup> year PA students begin their clinical experiences in the fall of their first year with a preparatory course called Clinical Bootcamp. Clinical placements for 1<sup>st</sup> year PA students begin in the spring semester and occur on Tuesdays for 7 weeks. Students are assigned to experiences in a variety of settings. Students work the hours of the preceptor(s).

### **Second Year Clinical Experiences**

Our 2<sup>nd</sup> year PA students continue their clinical experiences in the summer immediately following their 1<sup>st</sup> Year. During this summer, the 2<sup>nd</sup> year PA student completes two, 2-week clinical experiences that occur every day for the two-week period. Clinical experiences during the summer can be in a surgical, family medicine, pediatric, women's health or specialty setting. Students work the hours of the preceptor(s).

Each 2<sup>nd</sup> year student completes one 7-week experience in the fall and spring semesters (total of 2). Clinical experiences for 2<sup>nd</sup> year PA students occur once a week on Tuesdays for 7-weeks.

At the completion of the 2<sup>nd</sup> year, the student will have had five different clinical experiences.

### **Third Year Clinical Rotations**

Our 3<sup>rd</sup> year PA students begin their 3<sup>rd</sup> Year clinical rotations on June 1<sup>st</sup> and will complete their last rotation on April 30<sup>th</sup>. The 3<sup>rd</sup> Year rotations are one-month long, beginning on the first day of the month and ending on the last day of the month. Students are permitted to take a 2-week vacation during their 3<sup>rd</sup> Year, which allows for one 2-week elective rotation to work in conjunction with their vacation. Two-week rotations are scheduled from the 1<sup>st</sup> -15<sup>th</sup> of the month or the 16<sup>th</sup> through the end of the month. The student works the hours and days of the preceptor(s).

# CHA/PA Curriculum

## 1<sup>st</sup> Year

Summer	Summer Immersion	
Fall	<ul style="list-style-type: none"> <li>Hematology, Infection, Inflammation and Malignancy I</li> <li>Gastrointestinal, Genitourinary and Renal I</li> <li>Cardiovascular and Pulmonary I</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Skills I</li> <li>Professional Practice I</li> <li>Stages of Life I</li> <li>Clinical Boot Camp</li> </ul>
Spring	<ul style="list-style-type: none"> <li>Dermatology and HEENT I</li> <li>Musculoskeletal and Neurology I</li> <li>Endocrinology and Reproduction I</li> <li>Behavioral Health I</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Skills II</li> <li>Professional Practice II</li> <li>Stages of Life II</li> <li>Clinical Experiences I—Community Clinic</li> </ul>

## 2<sup>nd</sup> Year

Summer	Clinical Experiences II—Community Clinic 2 week Experiences Clinical Experiences III—Community Clinic 2 week Experiences	
Fall	<ul style="list-style-type: none"> <li>Hematology, Infection, Inflammation and Malignancy II</li> <li>Gastrointestinal, Genitourinary and Renal II</li> <li>Cardiovascular and Pulmonary II</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Skills III</li> <li>Professional Practice III</li> <li>Stages of Life III</li> <li>Clinical Experiences IV—Community Clinic</li> </ul>
Spring	<ul style="list-style-type: none"> <li>Dermatology and HEENT II</li> <li>Musculoskeletal and Neurology II</li> <li>Endocrinology and Reproduction II</li> <li>Behavioral Health II</li> </ul>	<ul style="list-style-type: none"> <li>Clinical Skills IV</li> <li>Professional Practice IV</li> <li>Stages of Life IV</li> <li>Clinical Experiences V—Community Clinic</li> </ul>

## 3<sup>rd</sup> Year

June-April	Clinical Rotations—One Month Each  Regular, Rural, CU Unite, Global Health, Pediatric Critical and Acute Care and Urban/Underserved tracks vary on required rotations.
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## CHA/PA Clinical Objectives

Copies of the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year clinical rotation objectives are located in Appendix A or online at: [http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree\\_programs/PAProgram](http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/PAProgram)

## CHA/PA Clinical Experience Assessments

The CHA/PA Program uses a developmentally based assessment method for our students during their clinical experiences. The O.R.I.M.E. method allows preceptors to assess our students' performance in a developmental approach. The assessment allows students to identify areas of improvement and strengths, guide their future educational goals, and provide a measure of their progression over three clinical years. We are currently piloting a new assessment as well. See Appendix A for details.

Using the O.R.I.M.E. acronym, please use the following guide when assessing our students during their clinical experiences:

<b><u>Professional Role</u></b>	<b><u>Level of Student</u></b>	<b><u>Description of Role</u></b>
<b>O – “Observer”</b>	<ul style="list-style-type: none"> <li>1<sup>st</sup> Year CHA/PA Students</li> <li>2<sup>nd</sup> Year CHA/PA Students in surgical or specialty practice</li> </ul>	<ul style="list-style-type: none"> <li>The learner is not participating in direct patient care rather they are observing the preceptor in most aspects of healthcare delivery</li> </ul>
<b>R – “Reporter”</b>	<ul style="list-style-type: none"> <li>Some 1<sup>st</sup> Year CHA/PA Students by the end of the their first year</li> <li>All 2<sup>nd</sup> Year CHA/PA Students</li> </ul>	<ul style="list-style-type: none"> <li>The learner can accurately gather and clearly communicate facts to the preceptor</li> <li>Mastery of performing a history and physical exam</li> <li>Can recognize normal and abnormal findings</li> <li>Confidence to label a new problem</li> <li>Answers “what” questions as they relate to patient care</li> </ul>
<b>I – “Interpreter”</b>	<ul style="list-style-type: none"> <li>Advanced 2<sup>nd</sup> Year CHA/PA Students for common problems</li> <li>All 3<sup>rd</sup> Year CHA/PA Students – Early in the 3<sup>rd</sup> Year</li> </ul>	<ul style="list-style-type: none"> <li>The learner begins to prioritize identified problems</li> <li>Development of differential diagnosis</li> <li>Using clinical findings and diagnostic studies to help support a diagnosis</li> <li>Answer “why” questions as they related to patient care</li> </ul>
<b>M – “Manager”</b>	<ul style="list-style-type: none"> <li>All 3<sup>rd</sup> Year CHA/PA Students – Late in the 3<sup>rd</sup> Year</li> </ul>	<ul style="list-style-type: none"> <li>The learner should be able to provide at least 3 reasonable options in their diagnostic and therapeutic plans</li> <li>Answers “how” questions for getting things done</li> </ul>
<b>E – “Educator”</b>	<ul style="list-style-type: none"> <li>Highly advanced 3<sup>rd</sup> Year CHA/PA -Students at the end of their training</li> </ul>	<ul style="list-style-type: none"> <li>The learner will define important questions to study and differentiate current evidence</li> <li>Shares leadership within a team</li> <li>Learns from one’s own experience to become an educator</li> </ul>

If you have any questions about how to complete the O.R.I.M.E. assessment, please do not hesitate to contact the Clinical Team:

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 303-724-1345  
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### **Assessment Completion**

Prior to the completion of the clinical experience, the CHA/PA clinical administrator will send the primary preceptor an email with a link to complete an assessment on the student. Additionally, students will have access to a hard copy of the assessment form if the preceptor would like to complete it on paper. We ask that completed assessments be submitted to the PA program no later than 7 days from the completion of the clinical experience/rotation.

The assessment should reflect the student's knowledge and skills, as well as their improvement throughout the rotation. It should also assess progress in comparison to other students at the same level. Preceptors should consider performing brief end-of-experience debriefs privately with colleagues and staff to get additional insight into the student's professionalism and effectiveness as a team player with all members of the healthcare team. These comments are helpful contributions to student assessments. Additionally, staff feedback may enhance the student experience from one experience to another and can help to improve efficiency and flow while also maximizing educational opportunities.

The preceptor's evaluation of the student is tremendously important. A passing evaluation from the preceptor is mandatory. If deemed "not passing," the student may be requested to repeat the experience/rotation or undergo remediation specified by the program. The final grade for a clinical experience/rotation and the decision to pass or fail a student are ultimately made by the Clinical Course Director. If at any time a preceptor has a concern about a student, we ask that the preceptor contact us early in the rotation and we will immediately take action to address the concerns.

Finally, the assessment process is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss a student's strengths and weaknesses. If you would like resources on how to give effective feedback, please contact the Clinical Team and we'll be happy to provide these for you.

A copy of the student evaluation form can be found in Appendix A or online at [http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree\\_programs/PAProgram/Preceptors/Pages/PreceptorResources.aspx](http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/PAProgram/Preceptors/Pages/PreceptorResources.aspx).

### **Clinical Experience Grading**

The final grade for the experience is assigned by the Clinical Course Director. Clinical placements are graded as pass or fail.

## Student Case Logging and Evaluation Instrument

The CHA/PA Program uses Typhon, an online database for creating, collecting, and analyzing data and evaluations.

### **Typhon Evaluation and Survey Instrument (EASI)**

EASI requires us to have a unique email address for each of our preceptors. If you have not been contacted to provide your email address, please contact us. If you would prefer to handle the evaluations via paper rather than electronically, the student will have a hard copy with them that they can furnish to you or you can go to our website at [www.ucdenver.edu/academics/colleges/medicalschoo/education/degree\\_programs/PAProgram/Preceptors](http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/PAProgram/Preceptors) to download a pdf copy.

To learn more about the Typhon EASI or to explore the program further you can visit the Typhon Group at <http://www.typhongroup.com/products/past.htm>. There is a 3-minute Video overview of the program as well as a detailed description of what the students will be able to do with the Typhon program.

### **Typhon Logging**

Students will be logging information into Typhon regarding patient demographics, chief complaints, ICD-10 codes, procedures, etc. The data obtained is in compliance with HIPAA and no patient-specific identifying information will be entered. Typhon adheres to all HIPAA regulations. This data is used to provide documentation of adherence with our accreditation standards as well as provide a synopsis of what was experienced during the clinical experience/rotation.

## **CHA/PA Program Graduate Competencies**

Similar to the Physician Assistant Competencies, the CHA/PA Program has established graduate competencies. Upon graduation from the CHA/PA program students are expected to demonstrate competency in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice, interprofessional collaboration and personal and professional sustainability. The CHA/PA program provides educational experiences to support student development of requisite knowledge, skills and attitudes. See Appendix A for CHA/PA Graduate Competencies.

## **Physician Assistant Competencies**

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



## **General Goals of Clinical Experiences**

Clinical experiences take students from the theoretical classroom setting to an active, hands-on learning environment to prepare them for a lifetime of continued refinement of skills and expanded knowledge as a practicing PA. To this end, the goals of the clinical experience include:

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

Specific Clinical Rotation Objectives for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year CHA/PA students can be found on our website or in Appendix A.

## Definition of the Preceptor Role

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

## Preceptor Responsibilities

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

- Orient students at the onset of the experience with the practice/site policies and procedures and review the expectations and objectives for the rotation.
- Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical-thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the Clinical Course Director or via end-of-rotation assessments
- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care
- Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise
- Participate in the evaluation of clinical skills and medical knowledge through:
  - Direct supervision, observation, and teaching in the clinical setting
  - Direct evaluation of presentations (including both oral and written)
  - Assignment of outside readings and research to promote further learning
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process
- Audit and co-sign charts in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans
- Complete and promptly return the assessment provided by the program, focusing on student knowledge and skills, as well as improvement throughout the rotation
- Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
- Serve as a role model for the student regarding ethical care of patients
- Demonstrate cultural competency through interactions with patients
- Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationship
- Provide timely feedback to the student and the program regarding student performance

For more information on Preceptor Development, integrating students into a busy clinical practice, providing feedback and managing difficult situations, please reference the resources provided in Appendix B.

## The Preceptor-Student Relationship

The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be appropriate and carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook) should be avoided until the student fully matriculates through the educational program or completes the experience where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the placement, a professional relationship must be maintained at all times in the clinical setting. Preceptors who have provided care for a student or his/her family members may not be assigned as the primary preceptor and may not complete an assessment of the student per Conflict of Interest rules in the School of Medicine. Please consult the Clinical Coordinator or the Clinical Site Educator with questions regarding this issue.



## Orientation and Communicating Student Expectations

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

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

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

- Hours
- Interactions with office and professional staff
- Call schedules (2<sup>nd</sup> year summer and 3<sup>rd</sup> year rotations)
- Overnight/weekend schedules (2<sup>nd</sup> year summer and 3<sup>rd</sup> year rotations)
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary

Many sites find it helpful to create their own written orientation manual, which is given to the student prior to the first day of the rotation. This helps the students quickly become more efficient. Creating such a site-specific orientation/policy manual can be delegated to the students you host, with each “subsequent” student adding to a document that you as the preceptor maintain and edit. We would be happy to post any orientation material, pre-reading, videos to watch, etc. on our learning management system, so students arrive prepared for the experience. Please contact the Clinical Course Director for more information on this.

Students are expected to communicate with preceptors any special scheduling needs they may have during the experience/rotation — in particular, when they may be out of the clinical setting for program-required educational activities. If students anticipate missing clinical time for personal reasons, they should alert the Clinical Team well in advance of the clinic absence to have this approved prior to discussing this with the preceptor.

## Preparing Staff

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

Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student’s arrival to discuss:

- Student’s name
- Student’s schedule (when they will be in the office)
- Student’s expected role in patient care
- Expected effect of the student on office operation: Will fewer patients be scheduled? Will the preceptor be busier? How will patients be scheduled for the student?

## Supervision of the PA Student

During a student’s time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching (or designate an alternate preceptor). Although the supervising preceptor



may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, PA, NP or CNM, who will serve as the student’s preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student, but it also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which helps learners develop their professional personality. In the case where supervision is not available, students may be given an



assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

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

## **Informed Patient Consent & Student Involvement in Patient Care**

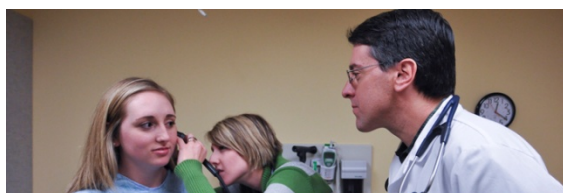
The patients are essential partners in this educational endeavor as well. All efforts will be made to observe strict confidentiality, respect patient privacy and dignity, and honor patient preferences regarding treatment. All students complete HIPAA training prior to their clinical year. However, patients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

## **Expected Progression of PA student**

PA students are trained to take detailed histories, perform physical examinations, give oral presentations of findings, and develop differential diagnoses. As their training continues through the 3<sup>rd</sup> year, they should be able to more effectively come up with an assessment and plan, though this will involve discussion with the preceptor. If the preceptor deems it necessary, students initially may observe patient encounters. However, by the end of the first week of the 3<sup>rd</sup> year rotations, students should actively participate in evaluating patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should be allowed increasingly more supervised autonomy.

## **Feedback to Students**

While students may have only one formal assessment during the clinical experience, it is imperative that they receive regular positive and constructive feedback from their preceptors to help improve their clinical performance. Tips on providing feedback to students can be found in Appendix B.





## **Documentation**

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payers view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Clinical Course Director. Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EHRs (electronic health records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution’s EHR system. In these cases, students are encouraged to hand-write notes, if simply for the student’s own edification, which should be reviewed by preceptors whenever possible for feedback.

## **Medicare Policy**

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

<https://www.cms.gov/MLNProducts/downloads/gdelinesteachgresfctsht.pdf> .

## **Prescription Writing**

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

## **Student Responsibilities**

In addition to adhering to the standards of professional conduct outlined below, by their 3<sup>rd</sup> Year, students are expected to perform the following during their clinical experiences:

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

## **Standards of Professional Conduct**

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

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

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

If preceptors observe any concerns about a student's professionalism, please contact the Clinical Team immediately.

## **The Preceptor-Program Relationship**

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

If a preceptor has a question or concern about a student, they should contact the clinical coordinator. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

## **Preceptor Development**

Tools specific to each of topics listed below can be found in Appendix B.

- A. Integrating the Student into a Busy Practice
  - The Model Wave Schedule
  - Integrating the Learner into the Busy Office Practice
  - Time-Efficient Preceptors in Ambulatory Care Settings
- B. Evaluation and Teaching Strategies
  - Evaluation Using the GRADE Strategy
  - The One-Minute Preceptor
  - Feedback and Reflection: Teaching Methods for Clinical Settings
  - Characteristics of Effective Clinical Teachers
- C. Providing Effective Feedback
  - Getting Beyond “Good Job”: How to Give Effective Feedback
  - Feedback in Clinical Medical Education
  - Feedback: An Educational Model for Community-Based Teachers
- D. Managing Difficult Learning Situations
  - Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
  - Provide Difficult Feedback: TIPS for the Problem Learner
- E. Developing Expectations
  - Setting Expectations: An Educational Monograph for Community-Based Teachers
- F. Conflict Resolution
  - Aspects of Conflict Resolution

## Specific Program Policies

Please refer to our website and Appendix A for program-specific policies on the following:

- Workers' Compensation
- Liability Insurance
- Needlestick procedure

Preceptors, sites and students will have copies available with the student's immunization record, documentation of HIPAA training, Blood Borne Pathogen Training, TB Mask Fitting, Letter of Good Standing, Curriculum Vitae, and Drug Screening.

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

## Liability Insurance

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

In addition, if a PA student is working in a paid position in a different health-care related capacity any time during their PA education, that individual is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are assuming. Liability insurance will not cover any student assuming the "PA student" role outside of an assigned clinical experience.

The University of Colorado Professional Liability Insurance Coverage document for PA students can be found in Appendix A.

# *Acknowledgements*

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

Eastern Virginia Medical School Physician Assistant Program

Emory University Physician Assistant Program

Loma Linda University Physician Assistant Program

Medical University of South Carolina Physician Assistant Program

Nova Southeastern Physician Assistant Program

Pace University Physician Assistant Program

University of Utah Physician Assistant Program

Yale University School of Medicine

# APPENDICES

# **APPENDIX A**

## **CHA/PA Program Documents**

**UNIVERSITY OF COLORADO**  
**WORKERS' COMPENSATION COVERAGE**  
**Updated 4.2018**

1. The University of Colorado (CU) provides workers' compensation coverage, as required by State regulation, for employees who are injured during the course and scope of employment, for on-the-job trainees in a CU-sponsored trainee program or students in a bona fide academic or clinical internship (clinical experiences/rotations, for-credit internships, practicums).
2. The on-the-job training or internship may occur at an outside employer or at a University department acting as the employer.
3. If the student in the on-the-job training or internship is paid by the outside employer, the student may be considered to be an employee of the outside employer and the outside employer may need to provide the student with workers' compensation coverage. Workers' compensation coverage should be discussed with the outside employer before the training or internship starts.
4. In some cases, the outside employer may assume workers' compensation coverage for an unpaid student through a written agreement; however, the accepting employer of an on-the-job trainee or intern does not have to cover the student under their workers' compensation plan. Under Colorado law, if that employer does not provide workers' compensation coverage, the sending institution (CU) must provide workers' compensation coverage.
5. Accident, injury, and occupational disease are covered for employees and eligible students under workers' compensation. Coverage is not provided for exposures to diseases, excluding disease resulting from a needlestick. The University Risk Management Department may elect to pay for medical expenses resulting from exposures, but does not incur any future liability in doing so.
6. If the CU student in the on-the-job training or internship experiences an injury, please direct them to visit the University Risk Management website for further information on submitting a claim: <https://www.cu.edu/risk/file-claim>. For additional questions, please call (303) 860-5682.



Date: March 1, 2018

Effective: January 1, 2018 through termination/graduation from the Child Health Associate/Physician Assistant Program

Re: Professional Liability Insurance Coverage

To Whom It May Concern:

The University of Colorado Denver Anschutz Medical Campus provides professional liability coverage for its students through a combination of self-insurance and commercial insurance. This coverage is subject to the terms of the University of Colorado Self-Insurance and Risk Management Trust Coverage Document. **The extent of coverage under the Trust may be limited by the nature of their training program with the University.** Coverage extends to an individual who is duly enrolled and matriculated as a student at the University of Colorado Denver Anschutz Medical Campus for all professional and educational activities that are within the course and scope of the individual's responsibilities as a student.

The Trust's coverage extends to employees, students and volunteers defined in the Trust Coverage Document and in accordance with the Colorado Governmental Immunity Act (C.R.S. 2410-101 et. seq.). These employees, students and volunteers are considered to be public employees under the Colorado Governmental Immunity Act and their liability is limited by the Act as follows:

- For any injury to one person in any single occurrence, which occurred prior to January 1, 2018, the sum of \$350,000; for an injury which occurred on or after January 1, 2018, the sum of \$387,000;
- For any injury to two or more persons in a single occurrence, which occurred prior to January 1, 2018, the sum of \$990,000; except in such instance, no person may recover in excess of \$350,000; for an injury that occurred on or after January 1, 2018, the sum of \$1,093,000; except in such instance, no person may recover in excess of \$387,000.

For those approved activities that take place in a state other than Colorado, or in the event a court of competent jurisdiction determines on final judgment that the limits of the Colorado Governmental Immunity Act do not apply, the University of Colorado Self-Insurance and Risk Management Trust provides **secondary** coverage, through a commercial policy, which has limits of at least \$1,000,000 per occurrence and \$3,000,000 in aggregate.

Very truly yours,



Tanya Fernandez, MS, PA-C  
Assistant Professor & Clinical Course Director  
Phone: 303-724-1345  
Email: [Tanya.Fernandez@ucdenver.edu](mailto:Tanya.Fernandez@ucdenver.edu)

## What should I do if...

### **A student experiences a needle stick or bodily fluid exposure while in my clinic?**

See needlestick algorithm on the back.

### **A student has an injury while on rotation in my clinic?**

- Assess urgency of treatment and if emergent, seek emergency care and closest ER.
- If non-emergent, student to seek out treatment at CU Designated Medical Providers (students can find this information on the CHA/PA Clinical website).
  - Please do not see student as a patient
  - Remind student to contact the clinical team to report this injury

### **I have concerns about a student's performance or professionalism while on rotation?**

Contact the CHA/PA Clinical team immediately at [Clinical-Team@ucdenver.edu](mailto:Clinical-Team@ucdenver.edu), Tanya Fernandez, at 303-724-1345 or [Tanya.Fernandez@ucdenver.edu](mailto:Tanya.Fernandez@ucdenver.edu) or Joyce Nieman at [Joyce.Nieman@ucdenver.edu](mailto:Joyce.Nieman@ucdenver.edu) or 303-724-7288 or [Joyce.Nieman@ucdenver.edu](mailto:Joyce.Nieman@ucdenver.edu).

### **I can't remember my log-in for the evaluation system (Typhon) to complete the student's assessment?**

Contact the Clinical Services Coordinator, Nikita Parks Reid, at 303-724-8792 or [Nikita.Parksreid@ucdenver.edu](mailto:Nikita.Parksreid@ucdenver.edu).

### **The student didn't contact me prior to the start of the rotation & I need to notify them of a change in time, location, preceptor, etc.?**

Contact the CHA/PA Clinical team immediately at [Clinical-Team@ucdenver.edu](mailto:Clinical-Team@ucdenver.edu) or Nikita Parks Reid at 303-724-8792.

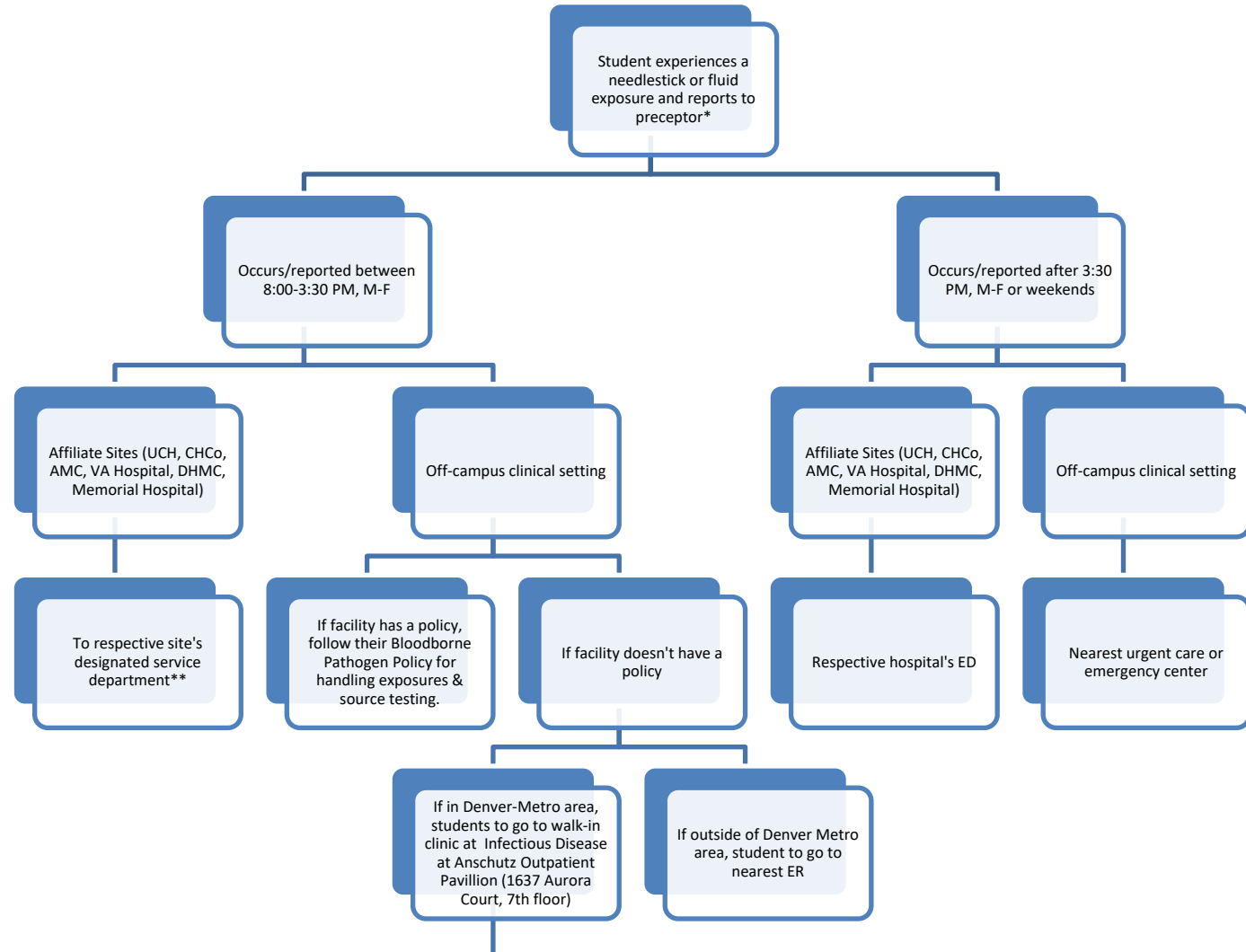
### **I have questions about the objectives for the rotation?**

Please refer to Preceptor Orientation Handbook (pages 33-52) for specific objectives by level of education and rotation type or contact [Janice.S.Baker@ucdenver.edu](mailto:Janice.S.Baker@ucdenver.edu).

*Thank you for precepting University of Colorado  
Child Health Associate/Physician Assistant students.  
Your commitment to our students is admirable and  
much appreciated.*

# What should I do if...

My student experiences a needlestick or bodily fluid exposure while in clinic?



1. Complete Needlestick or Body Fluid Exposure Report Form at <http://www.cu.edu/risk/incident-procedure> (within 72 hours of the incident)
2. Notify the CHA/PA Program Clinical Course Director after filing the online report.

\*Students should try to obtain a source patient's medical record number or name/DOB, as this is helpful for University Risk Management and Infectious Disease.

\*\*For a list of these, go to: [www.cu.edu/risk/incident-procedure](http://www.cu.edu/risk/incident-procedure).

## 1<sup>st</sup> Year Clinical Experiences



## Child Health Associate/Physician Assistant Program

### CLINICAL EXPERIENCES IN A COMMUNITY CLINIC SETTING FIRST YEAR CLINICAL EXPERIENCE

#### What are the Program Expectations?

Over the course of the 1<sup>st</sup> Year, CHA/PA students are expected to actively observe, and possibly participate in (as deemed appropriate for the learner's level), the care of patients in any stage of the lifespan. Clinical rotations may occur within a private primary care clinic, community clinic and/or hospital-based specialty clinic. The University of Colorado CHA/PA Program's didactic curriculum is based on iterative exposure to clinical presentations (listed on page 3) in a rotating organ-based block system. Clinical presentations are the common and important ways in which patients present to healthcare providers.<sup>1</sup> That being said, the program expects 1<sup>st</sup> Year students to engage in **active observation** of your practice to gain an understanding of the clinical presentations seen and how you approach these presentations.

**What are the Learning Objectives for 1<sup>st</sup> Year Clinical Experiences?** The objectives noted below are based on entry-level PA students, who may have varying experience and ability as related to medical care. Because our 1<sup>st</sup> Year students are placed in a variety of settings and specialties, some of these objectives may not apply to your unique practice. 1<sup>st</sup> Year Clinical Experiences introduce students to many of the aspects of clinical practice, even those not tangibly listed below.

Medical Knowledge: Under the guidance of a preceptor, the 1<sup>st</sup> Year learner will be able to:

- Apply foundational knowledge (basic science and clinical medicine) to a patient-care setting as it pertains to the clinical presentations seen
- Identify Colorado Curriculum Clinical Presentation schemas that match the clinical presentations seen
- Identify differential diagnoses associated with the clinical presentations seen using Clinical Presentation schemas

Clinical Skills: Under the guidance of a preceptor, the 1<sup>st</sup> Year learner will be able to:

- Apply the principles of active observation in a clinical setting
- Identify the respective parts of a SOAP note
- Identify common, problem-focused history items for the clinical presentations observed
- Identify common, problem-focused physical exam components for the clinical presentations observed
- Identify common themes in laboratory diagnostics for the clinical presentations observed
- Identify common themes in management of the clinical presentations observed
- Identify interpersonal and communication skills used by care providers
- Maintain clear, accurate, timely and legible records for the program requirements
- Observe preceptor perform an oral presentation to a collaborating physician, colleague or consultant

Professional Practice: Under the guidance of a preceptor, the 1<sup>st</sup> Year learner will be able to:

- Observe clinic workflows and practice systems
- Observe preceptor (or other healthcare providers) accessing community resources
- Develop learning and improvement goals and strive to meet those goals
- Demonstrate behaviors that convey compassion, respect, integrity, humility and empathy for others
- Demonstrate the professional behaviors expected of a medical professional (i.e., the student dressed appropriately, attended clinic on time, addressed the staff with respect, maintained patient privacy, took feedback well, was actively engaged in the practice setting, etc.)
- Observe preceptor collaborate with other health professionals to promote a climate of mutual respect and trust

<sup>1</sup>Mandin H, Harasym P, Eagle C, Watanabe M. Developing a Clinical Presentation Curriculum at the University of Calgary. *Academic Medicine* (1995) 70:3.

### **What are the Course Specifics?**

Course Description: The course involves active observation of medical practice in a community clinic practice (which may include private outpatient clinics, community health clinics, specialty care and/or hospital-based care) with exposure to patients in any stage of the lifespan. The student will have exposure to patients requiring acute, chronic, emergent and/or preventative care. There is potential for exposure to behavioral and/or mental health conditions as well.

Course Goals: The student in this clinical experience should seek out exposures to actively observe, and possibly participate in (as deemed appropriate for the learner's level), the care of patients in various settings of medical practice. 1<sup>st</sup> Year Clinical Experiences should serve to introduce student to all aspects of clinical practice, including applying foundational knowledge, acquiring clinical skills and demonstrating professional tenets.

Clinical Presentations: When possible students should work toward gaining exposures in the Clinical Presentations & Skills necessary for an entry-level PA. Repeated exposure to, with increasing responsibility for, patients with the program-defined clinical presentations will help ensure students complete the 3-year CHA/PA Program fit for practice.

### **What else should I know about precepting?**

Attendance: Students are expected to maintain the same clinical schedule as the primary preceptor(s), with a minimum of 42 clinical hours during the 7-week session, unless otherwise discussed with the Clinical Course Director. In case of an illness or family emergency, the student is required to contact the primary preceptor and CHA/PA Program Clinical Course Director. The Clinical Course Director will help facilitate make-up days, if necessary, prior to the end of the experience.

Travel: CHA/PA students are assigned to clinical sites ranging from Fort Collins to Colorado Springs (north to south) and Elizabeth to Evergreen (east to west). Students are aware of the potential for travel with clinical experiences and are expected to account for commute time, unexpected traffic events and weather conditions. Should travel be dangerous or compromise student safety, students are to notify the Clinical Team and the preceptor and arrangements for an alternative make-up session will be initiated by the CHA/PA Program. Travel time does not count toward clinical hours unless the preceptor travels between clinics for work duties.

Prior to the Experience: The student should identify goals or areas of focus that he/she would like to concentrate on during the rotation. Students should share those goals with the preceptor at the outset of the rotation. Discussion should focus around these identified goals throughout the rotation. 1<sup>st</sup> Year learners tend to have goals centered around acquisition of knowledge and clinical skills with less emphasis on the assessment, medical-decision making and management of clinical presentations.

During the Experience: Students may observe or have hands-on clinical practice with patients, as determined by the preceptor. **All work done by students must be observed or re-checked by the preceptor and all documentation must be co-signed by the preceptor.** Students log all patient encounters in the CHA/PA program's HIPAA-compliant tracking system. We encourage the primary preceptor and the student to discuss progress mid-way through the 7-week session. Preceptors are encouraged to give direct feedback to individual students regarding strengths and weaknesses throughout the rotation; however, if, at any time during the experience, you have concerns about a student's competency, behavior or professionalism, please reach out to the Clinical Team's Clinical Course Director immediately. Should you want more information on the tenets of effective feedback, the CHA/PA Clinical Team would be happy to provide several resources.

End of the Experience: Prior to the completion of the rotation, preceptors should dedicate a small amount of time to complete the ORIME Assessment and take some time to review this assessment with the student, as we feel that the best learning sometimes comes from these sit-down meetings. If time doesn't allow for this type of review, preceptors are asked to complete an assessment of the student within 7 days of session completion (either electronically or on paper). Students may provide a synopsis of patient encounters during the rotation for preceptor review.

Grading: The Clinical Course Director assigns all grades for clinical experiences, using the assessment you provide regarding the student's progress, engagement, skills and behavior. The CHA/PA Program uses a standardized rubric for each item we evaluate. Additionally, research shows that the most valuable feedback students receive comes from narrative comments provided by assessors, so please consider including thoughtful comments on the student's experience with you.



First Year CHA/PA students should **observe** a preceptor performing various clinical skills as they are related to these clinical presentations, realizing that some of these may not apply to your clinical setting. Students are not expected to have full knowledge of these clinical presentations, but 1<sup>st</sup> Year CHA/PA students will have had exposure to those presentations highlighted below prior to the clinical experience. Students will have ongoing exposure to the other presentations not highlighted here throughout the spring semester.

### Constitutional

#### **Bleeding/Bruising**

Edema

Failure to thrive

#### **Fatigue**

#### **Fever**

#### **Lymphadenopathy**

Pain

#### **Pallor**

Weight change

### Preventative Care

Well care – Adult

Well care - Elderly

#### **Immunizations**

#### **Nutrition**

### Pediatrics

Emotional/Psychologic Development

#### **Fussy Baby**

Genetic Abnormalities

Newborn Assessment

#### **Pediatric Milestones**

#### **Physical Growth and Development**

Puberty

Well care – Infants

Well care – Children

Well care - Adolescents

### Dermatology

Burns

Hair changes

Nail changes

Rash

Skin lesions

### ENT

Abnormal eye appearance

Abnormal vision

Dizziness

Ear pain

### ENT (cont.)

Hearing problems

Mouth problems

Neck mass

Noisy breathing/snoring

### Cardiovascular

Chest Pain

Fainting

#### **Hypertension**

#### **Murmurs**

Palpitations

Shock

### Pulmonary

#### **Cough**

Coughing up blood

Cyanosis

#### **Shortness of breath/Trouble breathing**

### Gastroenterology

#### **Abdominal mass**

#### **Abdominal pain**

#### **Abdominal swelling**

Blood in stool

#### **Constipation**

#### **Diarrhea**

Difficulty swallowing

Jaundice

#### **Nausea**

#### **Vomiting blood**

#### **Vomiting**

### Genitourinary

#### **Dysuria**

#### **Hematuria**

#### **Scrotal mass**

Testicular pain

#### **Urinary frequency**

#### **Urinary retention**

### MSK

Gait disturbance

Joint pain

Weakness

Painful limb/Swollen limb

### Neuro

Abnormal movements

Altered mental status

Headaches

Involuntary movements

Numbness & tingling

Speech & language disturbance

Seizures

### Behavioral & Mental Health

Abnormal mood

Anxiety

Difficult patient

Sleep problems

Substance Abuse/Drug addiction

Suicidal behavior

Toxic ingestion

### Endocrinology

Abnormal sexual maturation

Breast abnormalities

Obesity

Tall & short stature

### Women's Health

Genital discharge

Menstrual cycle problems

Pelvic problems

Pregnancy problems, incl. Male &

Female infertility

Uncomplicated prenatal care

Sexual concerns

First Year CHA/PA students should **observe** a preceptor performing various clinical skills, realizing that some of these may not apply to your clinical setting. Students are not expected to perform any of these skills, unless the preceptor has deemed the student capable of attempting under his/her guidance.

#### General

Perform a problem-focused history  
Use appropriate physical exam techniques  
Order appropriate labs/imaging  
Develop an appropriate plan for patient care  
Select and dose appropriate pharmaceuticals  
Maintain clear, accurate, timely and legible medical records  
Perform pre-operative care  
Perform intra-operative care  
Perform post-operative care

#### Preventative Care

Counsel on safety and prevention  
Discuss End of Life Wishes/DNR

#### Pediatrics

Provide anticipatory guidance  
Counsel on safety and prevention

#### Dermatology

Perform skin biopsy (excisional, punch, shave)  
Perform cryotherapy  
Perform fine needle aspiration  
Perform laceration repair (glue, staples, suture)  
Perform wound care (bandage change, repacking, debridement)

#### ENT

Perform fluorescein eye stain  
Perform oral health screening  
Apply oral fluoride varnish  
Provide oral health education  
Perform an oral health referral

#### Cardiovascular

Perform EKG Interpretation

#### Pulmonary

Observe endotracheal intubation  
Perform a nebulizer treatment

#### Gastroenterology

Perform digital rectal exam  
Observe endoscopy

#### Genitourinary

Observe bladder/urethral catheterization  
Observe circumcision  
Observe testicular exam  
Observe vasectomy

#### MSK

Perform casting  
Perform joint aspiration  
Perform joint injection  
Perform splinting

#### Neuro

Observe lumbar puncture

#### Women's Health

Perform bimanual pelvic exam  
Perform clinical breast exam  
Observe IUD insertion/removal  
Perform microscopic evaluation (with KOH and saline)  
Observe Nexplanon insertion/removal  
Observe OB/GYN procedures (cervical dilation, colposcopy, D&C, endometrial biopsy)  
Perform PAP smear  
Perform pelvic exam with speculum  
Counsel on prenatal care

#### Miscellaneous Skills

Perform injections (IM, SC, intradermal)  
Perform point-of-care testing (rapid HIV, rapid strep, rapid flu)  
Perform finger-stick testing (hemoglobin, glucose, lead)  
Perform urinalysis  
Perform urine pregnancy test  
Perform x-ray interpretation  
Observe foreign body removal  
Observe IV catheter placement  
Observe surgical repair  
Perform aseptic technique  
Perform venipuncture  
Perform local anesthesia  
Perform digital block  
Perform I&D of abscess



## **2<sup>nd</sup> Year Clinical Experiences**



## Child Health Associate/Physician Assistant Program

### CLINICAL EXPERIENCES IN A COMMUNITY CLINIC SETTING SECOND YEAR CLINICAL EXPERIENCES

#### What are the Program Expectations?

Over the course of the 2<sup>nd</sup> Year, CHA/PA students are expected to actively engage in clinical experiences, which allow for observation and/or limited participation in medical care for patients across the lifespan. These patients will be seeking medical care for a variety of medical issues. Clinical experiences may occur within a private primary care clinic, community clinic and/or hospital-based outpatient clinic. The University of Colorado CHA/Physician Assistant Program's didactic curriculum is based on iterative exposure to clinical presentations (listed on page 3) in a rotating organ-based block system. Clinical presentations are the common and important ways in which patients present to healthcare providers.<sup>1</sup> That being said, the program expects 2<sup>nd</sup> Year students to engage in active observation and, under the guidance of the preceptor, participate in the assessment, evaluation and management of various acute and chronic conditions.

**What are the Learning Objectives for 2<sup>nd</sup> Year Clinical Experiences?** The objectives noted below are based on CHA/PA Program Competencies and developmental milestones designed to assess developmentally appropriate skills in PA student learners. Some of these objectives may not apply to your unique medical practice. We also realize that Clinical Experiences expose students to many other aspects of clinical practice, even those not tangibly listed below. Students early in the 2<sup>nd</sup> Year may not meet these objectives in their entirety, but should be moving toward competency.

Medical Knowledge: Under the guidance of a preceptor, the 2<sup>nd</sup> Year learner will be able to:

- Apply foundational knowledge (basic science and clinical medicine) to a patient-care setting as it pertains to the clinical presentations seen
- Demonstrate the ability to generate a working differential and narrow it using cursory medical decision making

Clinical Skills: Under the guidance of a preceptor, the 2<sup>nd</sup> Year learner will be able to:

- Perform a problem-focused history for the patient's clinical presentation
- Perform a problem-focused physical exam, using appropriate exam techniques
- Apply interpersonal and communication skills to patient encounters
- Develop a broad differential diagnosis based on the clinical presentation
- Identify whether labs and/or imaging might be indicated for the clinical presentation
- Identify important aspects of a patient's management plan, including pharmaceuticals, immunizations, preventative care screenings and anticipatory guidance
- Maintain clear, accurate, timely and legible documentation of patient encounters using the SOAP note format
- Perform oral presentations in a succinct, systematic manner

Professional Practice: Under the guidance of a preceptor, the 2<sup>nd</sup> Year learner will be able to:

- Identify priorities to improve clinic workflow
- Identify commonly accessed community resources
- Develop learning and improvement goals as they apply to patient care and strive to meet those goals
- Demonstrate the skills of a successful, self-directed learner
- Demonstrate behaviors that convey compassion, respect, integrity, humility and empathy for others
- Demonstrate the professional behaviors expected of a medical professional (i.e. the student dressed appropriately, attended clinic on time, addressed the staff with respect, maintained patient privacy, took feedback well, was actively engaged in the practice setting, etc.)
- Collaborate with other health professionals to promote a climate of mutual respect and trust

<sup>1</sup>Mandin H, Harasym P, Eagle C, Watanabe M. Developing a Clinical Presentation Curriculum at the University of Calgary. *Academic Medicine* (1995) 70:3.

### **What are the course specifics?**

Course Description: Under the supervision of a community clinical preceptor, learners will observe, perform and manage various medical issues, with exposure to patients in any stage of the lifespan requiring acute, chronic, emergent and/or preventative care. There is potential for exposure to behavioral and/or mental health conditions as well.

Course Goals: The student in this clinical experience should actively observe and participate in (as deemed appropriate based on the specialty) the care of patients in various settings of medical practice. 2<sup>nd</sup> Year Clinical Experiences should serve to expose students to all aspects of clinical practice, including foundational knowledge; clinical skills such as history taking, physical exam, assessment and patient management; and professional practice.

Clinical Presentations: When possible students should work toward gaining exposures in the Clinical Presentations & Skills necessary for an entry-level PA. Repeated exposure to, with increasing responsibility for, patients with the program-defined clinical presentations will help ensure students complete the 3-year CHA/PA Program fit for practice.

### **What else should I know about precepting?**

Attendance: Students are expected to maintain the same Tuesday or Friday clinical schedule as the primary preceptor(s), with a minimum of 42 clinical hours/semester, unless otherwise discussed with the Clinical Course Director. In case of an illness or family emergency, the student is required to contact the primary preceptor and Clinical Course Director of the CHA/PA Program. Students will arrange to make-up missed clinical time after discussing the absence with the Clinical Course Director. The Clinical Course Director will help facilitate make-up days, if necessary, prior to the end of the rotation.

Travel: Students are aware of the potential for travel with clinical experiences and are expected to account for the commute time, unexpected traffic events and weather conditions. Should travel be dangerous or compromise student safety, students are to notify the Clinical Team and the preceptor and arrangements for an alternative make-up session will be initiated by the CHA/PA Program. Travel time does not count toward clinical hours unless the preceptor travels between clinics for work duties.

Prior to the Experience: The student should identify goals or areas of focus that he/she would like to concentrate on during the rotation. Students should share those goals with the preceptor at the outset of the rotation. Discussion should focus around these identified goals throughout the rotation. 2<sup>nd</sup> Year learners tend to have goals centered around acquisition of knowledge and clinical skills with an emphasis on the assessment, medical-decision making and management of clinical presentations.

During the Experience: Students may observe or have hands-on clinical practice with patients, as determined by the preceptor. **All work done by students must be observed or re-checked by the preceptor and all documentation must be co-signed by the preceptor.** Students log all patient encounters in the CHA/PA program's HIPAA-compliant tracking system. We encourage the primary preceptor and the student to discuss progress mid-way through the 7-week session. Preceptors are encouraged to give direct feedback to individual students regarding strengths and weaknesses throughout the rotation; however, if, at any time during the experience, you have concerns about a student's competency, behavior or professionalism, please reach out to the Clinical Team's Clinical Course Director immediately. Should you want more information on the tenets of effective feedback, the CHA/PA Clinical Team would be happy to provide several resources.

End of the Experience: Prior to the completion of the rotation, preceptors should dedicate a small amount of time to complete the ORIME assessment and take some time to review this assessment with the student, as we feel that the best learning sometimes comes from these sit-down meetings. If time doesn't allow for this type of review, preceptors are asked to complete an assessment of the student within 7 days of session completion (either electronically or on paper). Students may provide a synopsis of patient encounters during the experience for preceptor review.

Grading: The Clinical Course Director assigns all grades for clinical experiences, using the assessment you provide regarding the student's progress, engagement, skills and behavior. The CHA/PA Program uses a standardized rubric for each item we evaluate. Additionally, research shows that the most valuable feedback students receive comes from narrative comments provided by assessors, so please consider including thoughtful comments on the student's experience with you.



## Colorado Curriculum Clinical Presentations

Second Year CHA/PA students should observe or participate under the guidance of a preceptor in performing various clinical skills as they are related to these clinical presentations, realizing that some of these may not apply to your clinical setting. Students are not expected to have full knowledge of these clinical presentations, but 2<sup>nd</sup> Year CHA/PA students will have had exposure to many of these presentations and will have ongoing exposure to the other presentations throughout the 2<sup>nd</sup> year.

### Constitutional

Bleeding/Bruising  
Edema  
Failure to thrive  
Fatigue  
Fever  
Lymphadenopathy  
Pain  
Pallor  
Weight change

### Preventative Care

Well care – Adult  
Well care - Elderly  
Immunizations  
Nutrition

### Pediatrics

Emotional/Psychologic Development  
Fussy Baby  
Genetic Abnormalities  
Newborn Assessment  
Pediatric Milestones  
Physical Growth and Development  
Puberty  
Well care – Infants  
Well care – Children  
Well care - Adolescents

### Dermatology

Burns  
Hair changes  
Nail changes  
Rash  
Skin lesions

### ENT

Abnormal eye appearance  
Abnormal vision  
Dizziness  
Ear pain

### ENT (cont.)

Hearing problems  
Mouth problems  
Neck mass  
Noisy breathing/snoring

### Cardiovascular

Chest Pain  
Fainting  
Hypertension  
Murmurs  
Palpitations  
Shock

### Pulmonary

Cough  
Coughing up blood  
Cyanosis  
Shortness of breath/Trouble breathing

### Gastroenterology

Abdominal mass  
Abdominal pain  
Abdominal swelling  
Blood in stool  
Constipation  
Diarrhea  
Difficulty swallowing  
Jaundice  
Nausea  
Vomiting blood  
Vomiting

### Genitourinary

Dysuria  
Hematuria  
Scrotal mass  
Testicular pain  
Urinary frequency  
Urinary retention

### MSK

Gait disturbance  
Joint pain  
Weakness  
Painful limb/Swollen limb

### Neuro

Abnormal movements  
Altered mental status  
Headaches  
Involuntary movements  
Numbness & tingling  
Speech & language disturbance  
Seizures

### Behavioral & Mental Health

Abnormal mood  
Anxiety  
Difficult patient  
Sleep problems  
Substance Abuse/Drug addiction  
Suicidal behavior  
Toxic ingestion

### Endocrinology

Abnormal sexual maturation  
Breast abnormalities  
Obesity  
Tall & short stature

### Women's Health

Genital discharge  
Menstrual cycle problems  
Pelvic problems  
Pregnancy problems, incl. Male &  
Female infertility  
Uncomplicated prenatal care  
Sexual concerns



Second Year CHA/PA students should observe a preceptor performing various clinical skills, realizing that some of these may not apply to your clinical setting. Students are not expected to perform any of these skills, unless the preceptor has deemed the student capable of attempting under his/her guidance.

### General

Perform a problem-focused history  
Use appropriate physical exam techniques  
Order appropriate labs/imaging  
Develop an appropriate plan for patient care  
Select and dose appropriate pharmaceuticals  
Maintain clear, accurate, timely and legible medical records  
Perform pre-operative care  
Perform intra-operative care  
Perform post-operative care

### Preventative Care

Counsel on safety and prevention  
Discuss End of Life Wishes/DNR

### Pediatrics

Provide anticipatory guidance  
Counsel on safety and prevention

### Dermatology

Perform skin biopsy (excisional, punch, shave)  
Perform cryotherapy  
Perform fine needle aspiration  
Perform laceration repair (glue, staples, suture)  
Perform wound care (bandage change, repacking, debridement)

### ENT

Perform fluorescein eye stain  
Perform oral health screening  
Apply oral fluoride varnish  
Provide oral health education  
Perform an oral health referral

### Cardiovascular

Perform EKG Interpretation

### Pulmonary

Observe endotracheal intubation  
Perform a nebulizer treatment

### Gastroenterology

Perform digital rectal exam  
Observe endoscopy

### Genitourinary

Observe bladder/urethral catheterization  
Observe circumcision  
Observe testicular exam  
Observe vasectomy

### MSK

Perform casting  
Perform joint aspiration  
Perform joint injection  
Perform splinting

### Neuro

Observe lumbar puncture

### Women's Health

Perform bimanual pelvic exam  
Perform clinical breast exam  
Observe IUD insertion/removal  
Perform microscopic evaluation (with KOH and saline)  
Observe Nexplanon insertion/removal  
Observe OB/GYN procedures (cervical dilation, colposcopy, D&C, endometrial biopsy)  
Perform PAP smear  
Perform pelvic exam with speculum  
Counsel on prenatal care

### Miscellaneous Skills

Perform injections (IM, SC, intradermal)  
Perform point-of-care testing (rapid HIV, rapid strep, rapid flu)  
Perform finger-stick testing (hemoglobin, glucose, lead)  
Perform urinalysis  
Perform urine pregnancy test  
Perform x-ray interpretation  
Observe foreign body removal  
Observe IV catheter placement  
Observe surgical repair  
Perform aseptic technique  
Perform venipuncture  
Perform local anesthesia  
Perform digital block  
Perform I&D of abscess

## **3<sup>rd</sup> Year Clinical Rotations**

## Child Health Associate/Physician Assistant Program

### GENERAL OBJECTIVES THIRD YEAR CLINICAL ROTATIONS

#### **What are the Program Expectations?**

Over the course of the 3<sup>rd</sup> Year, CHA/PA students are expected to evaluate at least 1 patient for each program-defined clinical presentation or program-defined clinical skill in various age groups, settings and levels of acuity. Many of these presentations, skills, age groups and/or acuity levels may occur during clinical experiences at your practice. Clinical presentations are the common and important ways in which patients present to healthcare providers.<sup>1</sup> The University of Colorado CHA/PA Program's didactic curriculum is based on clinical presentations and the clinical curriculum mirrors that design in order to maintain a longitudinal learning experience and competency assessment for students.

**What are the Learning Objectives for 3<sup>rd</sup> Year Rotations?** The general objectives noted below are based on entry-level PA practice, which is where we expect our students to be upon the completion of the 3<sup>rd</sup> Year and some of these objectives may not apply to your unique practice. Students early in the 3<sup>rd</sup> Year may not meet these objectives in their entirety, but should be moving toward competency.

Medical Knowledge: Upon completion of the 3<sup>rd</sup> year, the student will be able to:

- Apply medical knowledge of common and uncommon illnesses including risk factors, etiology, pathophysiology and clinical findings pertinent to the clinical presentations listed on the following pages
- Demonstrate the ability to synthesize information for a clinically appropriate working diagnosis and differential, articulating logical medical decision-making and taking the patient's unique context into consideration

Clinical Skills: Upon completion of the 3<sup>rd</sup> year, the student will be able to:

- Perform a problem-focused history for the patient's clinical presentation, which accurately reflects the history of present illness, and contains pertinent positive and negative symptoms
- Perform a technically accurate physical exam for the patient's clinical presentation
- Develop a rapport with patients using verbal and non-verbal interpersonal and communication skills
- Determine the appropriate labs and/or imaging to order for the patient's clinical presentation
- Develop an appropriate management plan for patient care, including appropriate selection of pharmaceuticals, immunizations, preventative care screenings and anticipatory guidance, such as health promotion, disease prevention, minor illness/trauma treatment, growth/development, safety, nutrition and behavior, as appropriate
- Maintain clear, accurate, timely and legible medical records
- Perform oral presentations in a succinct, accurate, logical and organized manner

Professional Practice: Upon completion of the 3<sup>rd</sup> year, the student will be able to:

- Apply techniques to improve clinic workflow
- Collaborate with community resources to benefit patient care
- Demonstrate the skills of a successful, self-directed learner
- Demonstrate behaviors that convey compassion, respect, integrity, humility and empathy for others
- Demonstrate sensitivity and openness to a diverse patient population
- Demonstrate the professional behaviors expected of a medical professional (i.e. the student dressed appropriately, attended clinic on time, addressed the staff with respect, maintained patient privacy, took feedback well, etc.)
- Collaborate with other health professionals to promote a climate of mutual respect and trust

<sup>1</sup>Mandin H, Harasym P, Eagle C, Watanabe M. Developing a Clinical Presentation Curriculum at the University of Calgary. *Academic Medicine* (1995) 70:3.

### **What are the Course Specifics?**

Course Description: The 3<sup>rd</sup> Year rotations involve active participation in 4 primary care rotations encompassing ambulatory pediatrics, family medicine, internal medicine and women's health. Students are also enrolled in inpatient medicine, surgery and emergency medicine. Students may provide their preference for an adolescent rotation or a neonatology rotation. The remaining rotations may be electives or may be rotations required to meet track obligations.

Course Goals: The student in any clinical experience should seek out exposures to as many of the program-defined clinical presentations or skills that are applicable to the rotation. All of the program-defined clinical presentations and skills are listed on the next two pages for reference. During a rotation in your practice, PA students *might* encounter many of these presentations and skills, understanding that each practice is unique and that any given rotation may provide additional experiences for the student as well.

Clinical Presentation & Skills Booklet: Students should work toward gaining exposures in the rotation specialty, but also be aware of opportunities to identify Clinical Presentations & Skills in which they need exposure during the rotation. Students will ask to have the Clinical Presentations & Skills booklet signed when there is feedback indicating that he/she has proven competency in that area/task.

- **Clinical Presentations:** Preceptors should only sign off on presentations once the student has fully met the medical knowledge and clinical skills objectives for that presentation. If asked to sign before you feel the student is competent, please offer the student constructive feedback on how he/she needs to proceed to reach competency and re-evaluate periodically throughout the rotation.
- **Clinical Skills:** There are observational skills and performance skills that students need to accomplish during the 3<sup>rd</sup> Year. The student may ask to have observational skills signed off once the observational exposure occurs. For performance skills, students should be able to perform the skill at the level of an entry-level PA before having it signed off.

### **What else should I know about precepting?**

Attendance: Students are expected to maintain the same clinical schedule as the primary preceptor(s), with a minimum of 32 clinical hours/week, unless otherwise discussed with the Clinical Course Director. In case of an illness or family emergency, the student is required to contact the primary preceptor and Clinical Course Director of the CHA/PA Program. Students will arrange to make-up missed clinical time with the preceptor prior to the end of the rotation.

Travel: If your facility is more than 100 miles from the Denver-metro area, students are allowed one (1) travel day to and from your site. If >200 miles from the Denver-metro area, students are allowed two (2) travel days to and from your site, which may impact the starting and ending date of a rotation.

Prior to the Rotation: The student should identify goals or areas of focus that he/she would like to concentrate on during the rotation, usually based on the Clinical Presentation & Skills booklet. Students should share those goals with the preceptor at the outset of the rotation.

During the Rotation: Students may observe or have hands-on clinical practice with patients, as determined by the preceptor. **All work done by students must be observed or re-checked by the preceptor and all documentation must be co-signed by the preceptor.** Students log all patient encounters in the CHA/PA program's HIPAA-compliant tracking system. We encourage the primary preceptor and the student to discuss progress mid-way through each rotation. Preceptors are encouraged to give direct feedback to individual students regarding strengths and weaknesses throughout the rotation; however, if, at any time during the rotation, you have concerns about a student's competency, behavior or professionalism, please reach out to the Clinical Team's Clinical Course Director immediately.

End of the Rotation: Prior to the completion of the rotation, preceptors should dedicate a small amount of time to complete the Student Assessment of Competency and take some time to review this assessment with the student, as we feel that the best learning sometimes comes from these sit-down meetings. If time doesn't allow for this type of review, preceptors are asked to complete an assessment of the student within 7 days of rotation completion (either electronically or on paper). Students may provide a synopsis of patient encounters during the rotation for preceptor review.





### Constitutional

Bleeding/Bruising  
Edema  
Failure to thrive  
Fatigue  
Fever  
Lymphadenopathy  
Pain  
Pallor  
Weight change

### Preventative Care

Well care – Adult  
Well care - Elderly  
Immunizations  
Nutrition

### Pediatrics

Emotional/Psychologic Development  
Fussy Baby  
Genetic Abnormalities  
Newborn Assessment  
Pediatric Milestones  
Growth & Development—normal  
Abnormal Growth  
Abnormal Development  
Puberty – normal  
Puberty problems  
Well care – Infants  
Well care – Children  
Well care - Adolescents

### Dermatology

Burns  
Hair changes  
Nail changes  
Rash  
Skin lesions

### ENT

Abnormal eye appearance  
Abnormal vision

### ENT (cont.)

Dizziness  
Ear pain  
Hearing problems  
Mouth problems  
Neck mass  
Noisy breathing/snoring

### Cardiovascular

Chest Pain  
Fainting  
Hypertension  
Murmurs  
Palpitations

### Pulmonary

Cough  
Coughing up blood  
Cyanosis  
Shortness of breath/Trouble breathing

### Gastroenterology

Abdominal mass  
Abdominal pain  
Abdominal swelling  
Blood in stool  
Constipation  
Diarrhea  
Difficulty swallowing  
Jaundice  
Nausea  
Vomiting blood  
Vomiting

### Genitourinary

Dysuria  
Hematuria  
Scrotal mass  
Testicular pain  
Urinary frequency  
Urinary retention

### MSK

Gait disturbance  
Joint pain  
Weakness  
Painful limb/Swollen limb

### Neuro

Abnormal movements  
Altered mental status  
Headaches  
Involuntary movements  
Numbness & tingling  
Speech & language disturbance  
Seizures

### Behavioral & Mental Health

Abnormal mood  
Anxiety  
Difficult patient  
Sleep problems  
Substance Abuse/Drug addiction  
Suicidal behavior  
Toxic ingestion

### Endocrinology

Breast abnormalities  
Diabetes  
Thyroid dysfunction  
Obesity

### Women's Health

Infertility (initial work-up)  
Genital discharge  
Menopausal concerns  
Menstrual cycle problems  
Normal pregnancy care  
Pelvic problems (pain, masses)  
Sexual concerns  
Menopausal concerns



### General

- Perform a problem-focused history
- Use appropriate physical exam techniques
- Order appropriate labs/imaging
- Develop an appropriate plan for patient care
- Select and dose appropriate pharmaceuticals
- Maintain clear, accurate, timely and legible medical records
- Perform pre-operative care
- Perform intra-operative care
- Perform post-operative care

### Preventative Care

- Provide patient education
- Counsel on safety and prevention
- Discuss End of Life Wishes/DNR

### Pediatrics

- Provide anticipatory guidance
- Counsel on safety and prevention
- Discuss immunizations

### Dermatology

- Perform skin biopsy (excisional, punch, shave)
- Perform cryotherapy
- Perform laceration repair (glue, staples, suture)
- Observe or perform fine needle aspiration
- Observe or perform wound care (bandage change, repacking, debridement)

### ENT

- Perform fluorescein eye stain
- Perform oral health screening
- Apply oral fluoride varnish
- Provide oral health education
- Perform an oral health referral

### Cardiovascular

- Perform EKG Interpretation

### Pulmonary

- Perform a nebulizer treatment
- Observe endotracheal intubation

### Gastroenterology

- Perform digital rectal exam

### Genitourinary

- Perform testicular exam
- Observe or perform bladder/urethral catheterization
- Observe or perform circumcision

### MSK

- Perform casting
- Perform splinting
- Observe or perform joint aspiration
- Observe or perform joint injection

### Neuro

- Observe lumbar puncture

### Women's Health

- Perform bimanual pelvic exam
- Perform clinical breast exam
- Perform microscopic evaluation (with KOH and saline)
- Perform Pap smear
- Perform pelvic exam with speculum
- Perform prenatal care counseling
- Observe or perform IUD insertion/removal
- Observe or perform Nexplanon insertion/removal
- Observe OB/GYN procedures (cervical dilation, colposcopy, D&C, endometrial biopsy)

### Miscellaneous Skills

- Perform aseptic technique
- Perform I&D of abscess
- Perform injections (IM, SC, intradermal)
- Perform local anesthesia (subQ, digital block, infiltration)
- Perform finger-stick testing (hemoglobin, glucose, lead)
- Perform point-of-care testing (rapid HIV, rapid strep, rapid flu)
- Perform urinalysis
- Perform urine pregnancy test
- Perform venipuncture
- Perform x-ray interpretation
- Observe or perform foreign body removal
- Observe or perform IV catheter placement
- Observe or perform surgical repair

# Child Health Associate/Physician Assistant Program

## Third Year Course-Specific Objectives

### PRIMARY CARE I-IV OBJECTIVES

Medical Knowledge: Upon completion of the 3<sup>rd</sup> year primary care I-IV rotations, the student will be able to:

- Apply medical knowledge of common illnesses and diseases encountered in infants, children, adolescents, adults, women of childbearing age, menopausal women, and elderly patients, including risk factors, etiology, pathophysiology and clinical findings pertinent to the clinical presentation.
- Demonstrate the ability to synthesize information for a working diagnosis and differential, articulating logical medical decision-making.

Clinical Skills: Upon completion of the 3<sup>rd</sup> year primary care I-IV rotations, the student will be able to:

- Perform a problem-focused history for the infant, child, adolescent, adult, woman of child-bearing age, menopausal woman or elderly patient's clinical presentation, which accurately reflects the history of present illness, and contains pertinent positive and negative symptoms.
- Perform a problem-focused physical exam for the patient's clinical presentation, using appropriate exam techniques.
- Develop a differential diagnosis, which is appropriate for the patient's clinical presentation and unique context.
- Determine the appropriate labs and/or imaging to order for the patient's clinical presentation.
- Interpret diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature and clinical judgement. These may include, but are not limited to:
  - Point-of-care testing such as hemoccult, hemoglobin/hematocrit, lead level, rapid flu, rapid strep, urinalysis, urine pregnancy test
  - CBC, chemistry panel, HgbA1c, lipid panel, liver and renal function, thyroid panel
  - Pap smear, prenatal lab panels, STI testing (blood and culture), ultrasound, fetal heart tones on Doppler, fundal height measurements
  - Mammogram reports, U/S reports, X-rays, EKGs, spirometry
- Develop an appropriate plan for patient care, including appropriate selection and dosing of pharmaceuticals, immunizations, preventative care screenings and anticipatory guidance, including health promotion, disease prevention, minor illness/trauma treatment, growth/development, safety, nutrition and behavior, as appropriate.
- Maintain clear, accurate, timely and legible medical records.
- Perform succinct, yet thorough, oral presentations of patient care cases.

Professional Practice: Upon completion of the 3<sup>rd</sup> year Primary Care I-IV rotations, the student will be able to:

- Meet the CHA/PA Professional Practice objectives associated with all 3<sup>rd</sup> Year rotations.

## EMERGENCY MEDICINE OBJECTIVES

Medical Knowledge: Upon completion of the 3<sup>rd</sup> year emergency medicine rotation, the student will be able to:

- Apply medical knowledge of common acute and emergent conditions encountered in infants, children, adolescents, adults, and elderly patients in an emergency room setting, including risk factors, etiology, pathophysiology and clinical findings pertinent to the clinical presentation.
- Demonstrate the ability to synthesize information for a working diagnosis and differential, articulating logical medical decision-making.

Clinical Skills: Upon completion of the 3<sup>rd</sup> year emergency medicine rotation, the student will be able to:

- Perform a problem-focused history for urgent and emergent clinical presentations across the life span, which accurately reflects the history of present illness, and contains pertinent positive and negative symptoms.
- Perform a problem-focused physical exam for the patient's clinical presentation, using appropriate exam techniques.
- Develop a differential diagnosis, which is appropriate for the patient's clinical presentation and the emergency room setting.
- Determine the appropriate labs and/or imaging to order for the patient's clinical presentation.
- Interpret diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature and clinical judgement. These may include, but are not limited to:
  - Point-of-care testing such as hemocult, hemoglobin/hematocrit, lead level, rapid flu, rapid strep, urinalysis, urine pregnancy test
  - CBC, chemistry panel, HgbA1c, lipid panel, liver and renal function, thyroid panel, lumbar puncture results
  - U/S reports, X-rays, CT scan, MRI, EKGs, spirometry
- Develop an appropriate plan for patient care, including appropriate selection and dosing of pharmaceuticals, immunizations and anticipatory guidance, as needed. These may include, but are not limited to:
  - Wound care/management
  - Suturing
  - Splinting
  - Specialty consult
  - ED discharge instructions
  - Return precautions
  - Care coordination with the primary care provider
- Maintain clear, accurate, timely and legible medical records.
- Perform succinct, yet thorough, oral presentations of patient care cases.

Professional Practice: Upon completion of the 3<sup>rd</sup> year emergency medicine rotation, the student will be able to:

- Meet the CHA/PA Professional Practice objectives associated with all 3<sup>rd</sup> Year rotations.

## ADULT INPATIENT MEDICINE OBJECTIVES

Medical Knowledge: Upon completion of the 3<sup>rd</sup> year adult inpatient rotation, the student will be able to:

- Apply medical knowledge of common conditions encountered in adults and elderly patients in an inpatient hospital setting, including risk factors, etiology, pathophysiology and clinical findings pertinent to the clinical presentation.
- Demonstrate the ability to synthesize information for a working diagnosis and differential, articulating logical medical decision-making.

Clinical Skills: Upon completion of the 3<sup>rd</sup> year adult inpatient rotation, the student will be able to:

- Perform a problem-focused history for clinical presentations encountered in hospitalized adult and elderly patients, which accurately reflects the history of present illness, and contains pertinent positive and negative symptoms.
- Perform a problem-focused physical exam for the patient's clinical presentation, using appropriate exam techniques.
- Develop a differential diagnosis, which is appropriate for the patient's clinical presentation and the inpatient hospital setting.
- Determine the appropriate labs and/or imaging to order for the patient's clinical presentation.
- Interpret diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature and clinical judgement. These may include, but are not limited to:
  - CBC, chemistry panel, HgbA1c, liver and renal function, thyroid panel
  - U/S reports, X-rays, CT scan, MRI, EKGs, spirometry
- Develop an appropriate plan for patient care, including appropriate selection and dosing of pharmaceuticals, immunizations and anticipatory guidance, as needed. These may include, but are not limited to:
  - IV fluid dosing
  - IV medication dosing
  - Supplemental oxygen settings
  - Hospital discharge instructions
  - Return precautions
  - Care coordination with the primary care provider
- Maintain clear, accurate, timely and legible medical records.
- Perform succinct, yet thorough, oral presentations of patient care cases.

Professional Practice: Upon completion of the 3<sup>rd</sup> year adult inpatient rotation, the student will be able to:

- Meet the CHA/PA Professional Practice objectives associated with all 3<sup>rd</sup> Year rotations.

## PEDIATRIC INPATIENT MEDICINE OBJECTIVES

Medical Knowledge: Upon completion of the 3<sup>rd</sup> year pediatric inpatient rotation, the student will be able to:

- Apply medical knowledge of common conditions encountered in infants, children and adolescents, in an inpatient hospital setting, including risk factors, etiology, pathophysiology and clinical findings pertinent to the clinical presentation.
- Demonstrate the ability to synthesize information for a working diagnosis and differential, articulating logical medical decision-making.

Clinical Skills: Upon completion of the 3<sup>rd</sup> year pediatric inpatient rotation, the student will be able to:

- Perform a problem-focused history for clinical presentations encountered in hospitalized infants, children and/or adolescents, which accurately reflects the history of present illness, and contains pertinent positive and negative symptoms.
- Perform a problem-focused physical exam for the patient's clinical presentation, using appropriate exam techniques.
- Develop a differential diagnosis, which is appropriate for the patient's clinical presentation and the inpatient hospital setting.
- Determine the appropriate labs and/or imaging to order for the patient's clinical presentation.
- Interpret diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature and clinical judgement. These may include, but are not limited to:
  - CBC, chemistry panel, liver and renal function, thyroid panel
  - U/S reports, X-rays, CT scan, MRI, EKGs, spirometry
- Develop an appropriate plan for patient care, including appropriate selection and dosing of pharmaceuticals, immunizations and anticipatory guidance, as needed. These may include, but are not limited to:
  - IV fluid dosing
  - IV medication dosing
  - Supplemental oxygen settings
  - Hospital discharge instructions
  - Return precautions
  - Care coordination with the primary care provider
- Maintain clear, accurate, timely and legible medical records.
- Perform succinct, yet thorough, oral presentations of patient care cases.

Professional Practice: Upon completion of the 3<sup>rd</sup> year pediatric inpatient rotation, the student will be able to:

- Meet the CHA/PA Professional Practice objectives associated with all 3<sup>rd</sup> Year rotations.

## SURGERY OBJECTIVES

Medical Knowledge: Upon completion of the 3<sup>rd</sup> year surgery rotation, the student will be able to:

- Apply medical knowledge of common surgical conditions, including risk factors, etiology, pathophysiology and clinical findings pertinent to the clinical presentation. These may include, but are not limited to:
  - Abdominal pain (appendicitis, cholelithiasis, peritoneal adhesions, hernia)
  - Limb pain (fracture, osteoarthritis in need of a joint replacement, meniscal or ligamentous repair)
  - Throat pain (enlarged or recurrently infected tonsils/adenoids, incision and drainage of abscess)
  - Wound debridement with or without skin graft
- Demonstrate the ability to synthesize information for a working diagnosis and differential, articulating logical medical decision-making.

Clinical Skills: Upon completion of the 3<sup>rd</sup> year surgery rotation, the student will be able to:

- Perform a problem-focused history for pre-operative and post-operative patients, which accurately reflects the history of present illness, and contains pertinent positive and negative symptoms.
- Perform a problem-focused physical exam for the patient's surgical presentation, using appropriate exam techniques.
- Develop a differential diagnosis, which is appropriate for the patient's clinical presentation and the surgical setting.
- Determine the most appropriate disposition, and actively participate in the care of the patient, which may include, but is not limited to:
  - In-office procedure
  - Operative care (intra-operative care including assisting, placing sutures, placing medical device/hardware)
  - Referral to physical therapy, occupational therapy, long-term rehab/skilled nursing
- Determine the appropriate labs and/or imaging to order for the patient's clinical presentation.
- Interpret diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature and clinical judgement. These may include, but are not limited to:
  - CBC, chemistry panel, liver and renal function, thyroid panel
  - Biopsy results
  - U/S reports, X-rays, CT scan, MRI, EKGs, spirometry
- Develop an appropriate plan for patient care, including appropriate selection and dosing of pharmaceuticals, immunizations and anticipatory guidance, as needed. These may include, but are not limited to:
  - IV fluid dosing
  - IV medication dosing
  - Supplemental oxygen settings
  - Post-surgical care instructions
  - Hospital discharge instructions
  - Return precautions
  - Care coordination with the primary care provider
- Maintain clear, accurate, timely and legible medical records.
- Perform succinct, yet thorough, oral presentations of patient care cases.

Professional Practice: Upon completion of the 3<sup>rd</sup> year surgery rotation, the student will be able to:

- Meet the CHA/PA Professional Practice objectives associated with all 3<sup>rd</sup> Year rotations.

## NEONATOLOGY OBJECTIVES

Medical Knowledge: Upon completion of the 3<sup>rd</sup> year neonatology rotation, the student will be able to:

- Apply medical knowledge of common newborn conditions, including risk factors, etiology, pathophysiology and clinical findings pertinent to the clinical presentation. These may include, but are not limited to:
  - Identification and management of hyperbilirubinemia, hypoglycemia, inadequately treated GBS exposure, neonatal abstinence syndrome
  - Late pre-term infants
  - Breastfeeding/latch difficulties
- Demonstrate the ability to synthesize information for a working diagnosis and differential, articulating logical medical decision-making.

Clinical Skills: Upon completion of the 3<sup>rd</sup> year neonatology rotation, the student will be able to:

- Perform a thorough evaluation of maternal chart to gather appropriate prenatal and labor & delivery information, identifying the pertinent positive and negative information for care of the newborn.
- Perform a thorough physical exam of the newborn, using appropriate exam techniques.
- Develop a differential diagnosis, which is appropriate for the patient's clinical presentation and setting.
- Perform procedures common to the practice setting, with assistance from the preceptor, including, but not limited to:
  - Circumcision
  - Heel-stick
  - Car-seat challenge
- Determine the appropriate labs and/or imaging to order for the patient's clinical presentation.
- Interpret diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature and clinical judgement. These may include, but are not limited to:
  - Standardized screening tests such as hematocrit, bilirubin levels, glucose
  - Gestational age
  - Apgar scores
- Develop an appropriate plan for patient care, including appropriate selection of therapeutics, immunizations and anticipatory guidance, as needed. These may include, but are not limited to:
  - Vitamin K injections
  - Erythromycin application to the eyes
  - Hepatitis B
  - Newborn blood and hearing screening
  - Anticipatory guidance around nutrition, sleep, bathing, cord care, circumcision care, signs of illness and car seat safety
  - Hospital discharge instructions
  - Return precautions
  - Care coordination with the primary care provider
- Maintain clear, accurate, timely and legible medical records.
- Perform succinct, yet thorough, oral presentations of patient care cases.

Professional Practice: Upon completion of the 3<sup>rd</sup> year neonatology rotation, the student will be able to:

- Meet the CHA/PA Professional Practice objectives associated with all 3<sup>rd</sup> Year rotations.



## ADOLESCENT MEDICINE OBJECTIVES

Medical Knowledge: Upon completion of the 3<sup>rd</sup> year adolescent rotation, the student will be able to:

- Apply medical knowledge of common adolescent conditions, including risk factors, etiology, pathophysiology and clinical findings pertinent to the clinical presentation. These may include, but are not limited to:
  - Acute illness
  - Mental health concerns
  - Substance use/abuse
  - Family discord
  - Asthma
  - Obesity
- Demonstrate the ability to synthesize information for a working diagnosis and differential, articulating logical medical decision-making.

Clinical Skills: Upon completion of the 3<sup>rd</sup> year adolescent rotation, the student will be able to:

- Perform a problem-focused history for an adolescent patient, which accurately reflects the history of present illness, and contains pertinent positive and negative symptoms.
- Perform a problem-focused physical exam for the patient's clinical presentation, using appropriate exam techniques.
- Develop a differential diagnosis, which is appropriate for the patient's clinical presentation and the setting.
- Determine the appropriate labs and/or imaging to order for the patient's clinical presentation.
- Interpret diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature and clinical judgement. These may include, but are not limited to:
  - CBC, STI cultures, HIV screening test
  - X-rays, spirometry
  - Questionnaires for ADHD
- Develop an appropriate plan for patient care, including appropriate selection of pharmaceuticals, therapeutics, screening exams, immunizations and anticipatory guidance, as needed. These may include, but are not limited to:
  - Contraception and other confidential services
  - Depression screening
  - Alcohol and drug use screening
  - Anticipatory guidance around nutrition, exercise, sleep, high-risk behaviors, distracted driving, sexuality
  - Return precautions
- Maintain clear, accurate, timely and legible medical records.
- Perform succinct, yet thorough, oral presentations of patient care cases.

Professional Practice: Upon completion of the 3<sup>rd</sup> year adolescent medicine rotation, the student will be able to:

- Meet the CHA/PA Professional Practice objectives associated with all 3<sup>rd</sup> Year rotations.

## **PEDIATRIC ELECTIVE (2 OR 4 WEEKS) OBJECTIVES**

Medical Knowledge: Upon completion of the 3<sup>rd</sup> year pediatric elective rotation, the student will be able to:

- Apply medical knowledge of common infant, childhood and adolescent conditions specific to the specialty, including risk factors, etiology, pathophysiology and clinical findings pertinent to the clinical presentation.
- Demonstrate the ability to synthesize information for a working diagnosis and differential, articulating logical medical decision-making.

Clinical Skills: Upon completion of the 3<sup>rd</sup> year pediatric elective rotation, the student will be able to:

- Perform a problem-focused history for an infant, child or adolescent patient in a specialty clinic, which accurately reflects the history of present illness, and contains pertinent positive and negative symptoms.
- Perform a problem-focused physical exam for the patient's clinical presentation, using appropriate exam techniques.
- Develop a differential diagnosis, which is appropriate for the patient's clinical presentation and the specialty.
- Determine the appropriate labs and/or imaging to order for the patient's clinical presentation.
- Interpret diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature and clinical judgement.
- Develop an appropriate plan for patient care, including appropriate selection of pharmaceuticals, therapeutics, screening exams, immunizations and anticipatory guidance, as needed.
- Maintain clear, accurate, timely and legible medical records.
- Perform succinct, yet thorough, oral presentations of patient care cases.

Professional Practice: Upon completion of the 3<sup>rd</sup> year pediatric elective rotation, the student will be able to:

- Meet the CHA/PA Professional Practice objectives associated with all 3<sup>rd</sup> Year rotations.

## ADULT ELECTIVE (2 OR 4 WEEKS) OBJECTIVES

Medical Knowledge: Upon completion of the 3<sup>rd</sup> year adult elective rotation, the student will be able to:

- Apply medical knowledge of common adult and geriatric conditions specific to the specialty, including risk factors, etiology, pathophysiology and clinical findings pertinent to the clinical presentation.
- Demonstrate the ability to synthesize information for a working diagnosis and differential, articulating logical medical decision-making.

Clinical Skills: Upon completion of the 3<sup>rd</sup> year adult elective rotation, the student will be able to:

- Perform a problem-focused history for an adult or geriatric patient in a specialty clinic, which accurately reflects the history of present illness, and contains pertinent positive and negative symptoms.
- Perform a problem-focused physical exam for the patient's clinical presentation, using appropriate exam techniques.
- Develop a differential diagnosis, which is appropriate for the patient's clinical presentation and the specialty.
- Determine the appropriate labs and/or imaging to order for the patient's clinical presentation.
- Interpret diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature and clinical judgement. These may include, but are not limited to:
- Develop an appropriate plan for patient care, including appropriate selection of pharmaceuticals, therapeutics, screening exams, immunizations and anticipatory guidance, as needed.
- Maintain clear, accurate, timely and legible medical records.
- Perform succinct, yet thorough, oral presentations of patient care cases.

Professional Practice: Upon completion of the 3<sup>rd</sup> year adult elective rotation, the student will be able to:

- Meet the CHA/PA Professional Practice objectives associated with all 3<sup>rd</sup> Year rotations.

## BEHAVIORAL HEALTH/PSYCHIATRY OBJECTIVES

Medical Knowledge: Upon completion of the 3<sup>rd</sup> year behavioral health/psychiatry rotation, the student will be able to:

- Apply medical knowledge of common mental health conditions, including risk factors, etiology, pathophysiology and clinical findings pertinent to the clinical presentation. These may include, but are not limited to:
  - Depression
  - Anxiety
  - Bipolar disorder
  - Eating disorders
  - Schizophrenia
  - Obsessive-compulsive disorder
  - Attention deficit with or without hyperactivity
  - Autism spectrum disorder
- Demonstrate the ability to synthesize information for a working diagnosis and differential, articulating logical medical decision-making.

Clinical Skills: Upon completion of the 3<sup>rd</sup> year behavioral health/psychiatry rotation, the student will be able to:

- Perform a problem-focused history for a child, adolescent, adult or elderly patient with a psychiatric condition, which accurately reflects the history of present illness, and contains pertinent positive and negative symptoms.
- Perform a problem-focused physical exam for the patient's clinical presentation, using appropriate exam techniques.
- Develop a differential diagnosis, which is appropriate for the patient's clinical presentation and unique context.
- Determine the appropriate labs and/or imaging to order for the patient's clinical presentation.
- Interpret diagnostics in the context of the patient information, the clinical presentation, patient preferences, evidence-based medical literature and clinical judgement. These may include, but are not limited to:
  - Point of care testing such as Hgb/Hct, urinalysis, urine pregnancy test, random glucose
  - CBC, chemistry panel, HgbA1c, lipid panel, liver and renal function, thyroid function
  - Medication levels
  - Toxicology screen
- Develop an appropriate plan for patient care, including appropriate selection or adjustment of pharmaceuticals, therapeutics, screening exams and anticipatory guidance, as needed.
- Maintain clear, accurate, timely and legible medical records.
- Perform succinct, yet thorough, oral presentations of patient care cases.

Professional Practice: Upon completion of the 3<sup>rd</sup> year behavioral health/psychiatry rotation, the student will be able to:

- Meet the CHA/PA Professional Practice objectives associated with all 3<sup>rd</sup> Year rotations.

**CHA/PA Program Assessment Forms**  
**ORIME**

# University of Colorado Child Health Associate/Physician Assistant Program ORIME Assessment

When completed by preceptor, please return to CHA/PA Office:  
fax: 303.724.1350  
or scan/email: clinical-team@ucdenver.edu

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Student: \_\_\_\_\_

Preceptor: \_\_\_\_\_

Clinical Site: \_\_\_\_\_ Experience/Rotation: \_\_\_\_\_

Additional Preceptors contributing to this assessment: \_\_\_\_\_

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Have you provided health care services (may include psychiatric/psychological counseling) to this student or any primary family member(s)?

- ☐ Yes (If yes, please contact the CHA/PA Program)  
☐ No

(ANSWER REQUIRED)

---

Please select the month this student rotated with you.

If the student was with you for 1/2 of one month, or split their rotation over two months, please select the month(s) and "2 week rotation".

- ☐ June  
☐ July  
☐ August  
☐ September  
☐ October  
☐ November  
☐ December  
☐ January  
☐ February  
☐ March  
☐ April  
☐ 2 Week Rotation

☐ How many days/shifts was this student absent from this rotation?: \_\_\_\_\_

(ANSWER REQUIRED)

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## Color Key:

**GREEN** – Appropriate level for 1<sup>st</sup> Year student

**BLUE** – Appropriate level for 2<sup>nd</sup> Year student

**YELLOW** – Appropriate level for 3<sup>rd</sup> Year student

**YELLOW** – Advanced for 3<sup>rd</sup> Year student

### Medical Knowledge (Basic Knowledge of common illnesses):

- **OBSERVER** - Student observes preceptors but does not have opportunity to share medical knowledge related to common illnesses encountered.
- **REPORTER** - Student participates but has gaps in medical knowledge necessary to fully understand common illnesses encountered.
- **INTERPRETER** - Student has understanding of etiology, clinical manifestations and pathophysiology of common illnesses encountered; asks appropriate questions to further areas where knowledge is lacking or incomplete.
- **MANAGER** - Student has outstanding fund of knowledge with regard to both common and uncommon illnesses encountered.
- **EDUCATOR** - Student is self-directed and educates peers on common and uncommon illnesses encountered.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

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### Patient/Clinical Care (History taking):

- **OBSERVER** - Student observes preceptor perform history; does not contribute to patient care.
- **REPORTER** - Student demonstrates consistent, complete and adequate data collection during history taking.
- **INTERPRETER** - Student demonstrates consistent, complete and adequate data collection during history taking and is able to identify issues of clinical concern.
- **MANAGER** - Student performs a focused or comprehensive medical history, as indicated by presenting issue, in an organized, complete and efficient manner, identifies area of clinical concern, and suggests next steps.
- **EDUCATOR** - Student is a self-directed learner who contributes to the education of others.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

### Patient/Clinical Care (Physical Exam Skills):

- **OBSERVER** - Student observes preceptor perform physical examination; does not contribute to patient care.
- **REPORTER** - Student is able to perform all important components of the physical examination correctly with some guidance as to parts of the exam to be included.
- **INTERPRETER** - Student performs all important components of the physical examination correctly.
- **MANAGER** - Student performs either a focused or comprehensive physical examination, as indicated by presenting issue, in an efficient, correct and sensitive manner and is able to identify abnormal findings.
- **EDUCATOR** - Student is self-directed learner who educates peers on physical examination techniques.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

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### Patient/Clinical Care (Assessment: Diagnosis, Differential Diagnosis, and Medical Decision Making):

- **OBSERVER** - Student observes or discusses formulation of differential diagnosis, assessment and medical decision making with preceptor, but does not contribute to its development.
- **REPORTER** - Student recalls history and physical findings and then looks to preceptor for next steps in developing a differential and working diagnosis; discusses mechanisms behind medical decision-making.
- **INTERPRETER** - Student jumps from information gathering to broad differential without focus; this may result in a myriad of tests/therapies; student is generally able to identify a logical diagnosis with some ability to support it through their medical decision-making.
- **MANAGER** - Student synthesizes information for a working diagnosis and differential and articulates logical medical decision-making; able to select appropriate diagnostic or lab studies.
- **EDUCATOR** - Student rapidly focuses on correct working and differential diagnosis; accurately interprets any and all diagnostic or lab studies. Educates peers around medical decision-making.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:



**Patient/Clinical Care (Plan):**

- **OBSERVER** - Student observes or discusses development of patient management plan with preceptor, but does not contribute to its development.
- **REPORTER** - Student can report some components of a management plan, but looks to preceptor for full development of plan. Discusses important aspects of patient management plans.
- **INTERPRETER** - Student develops a basic management plan that is not fully formulated or may leave out key components.
- **MANAGER** - Student develops a patient management plan appropriate to the diagnosis and medical decision-making; able to educate patients/families about most aspects of the plan.
- **EDUCATOR** - Student develops and carries out patient management plans with no assistance. Student is able to educate peers in all aspects of plan development.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

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**Patient/Clinical Care (Oral Presentations):**

- **OBSERVER** - Student listens to preceptor perform oral presentation; does not contribute to patient care.
- **REPORTER** - Student oral presentations are generally organized, complete and accurate with occasional extraneous material; preceptor may occasionally need to ask for clarifying information especially in a specialty setting.
- **INTERPRETER** - Student oral presentations are organized, accurate and complete; student is able to prioritize medical issues.
- **MANAGER** - Student oral presentations are organized, accurate, complete, concise and include prioritization and analysis of medical issues and suggestions for management; preceptor can rely on these presentations to contain all relevant material necessary to determine plan of care.
- **EDUCATOR** - Student is self-directed learner who educates peers on organization of oral presentations.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

**Patient/Clinical Care (SOAP notes):**

- **OBSERVER** - Student observes preceptors' preferred method of medical documentation; does not contribute to patient care.
- **REPORTER** - Student written communications are generally organized, or complete and accurate in a primary care setting, though may need additional guidance in a specialty practice.
- **INTERPRETER** - Student written communications are organized, accurate and complete. Student is able to identify some clinical issues.
- **MANAGER** - Student written communications are organized, accurate, complete, concise and incorporate prioritization and analysis of most medical issues; they accurately reflect the major issues important for patient care and contain a plan.
- **EDUCATOR** - Student is self-directed learner who educates peers on documentation techniques.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

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**Patient/Clinical Care (Time Management):**

- **OBSERVER** - Student observes and discusses typical clinic work flow with the preceptor.
- **REPORTER** - Student has the ability to focus on one task at a time; such as taking a history, or performing a physical examination. Needs guidance regarding what are priorities for clinic work flow.
- **INTERPRETER** - Student can identify needs in clinic work flow; recognizes when a task, such as charting, should be put on hold in order to complete or participate in another activity, such as seeing the next patient.
- **MANAGER** - Student has the ability to plan ahead and has some ability to multitask; charting is done efficiently and does not interfere with other assigned duties.
- **EDUCATOR** - Student is able to chart efficiently and keep up with charting throughout the day, while simultaneously seeing patients and performing other assigned duties.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

**Practice Based Learning and Improvement (Ability to identify gaps in knowledge & integrate evidence into care):**

- **OBSERVER** - Student observes and may begin to identify personal gaps in medical knowledge.
- **REPORTER** - Student can identify gaps in medical knowledge and is self-directed in his/her learning.
- **INTERPRETER** - Student can appraise and may begin to integrate evidence from clinical studies and/or point of care tools related to patient health or problems; beginning to identify potential for system and individual error.
- **MANAGER** - Student applies and integrates evidence from clinical studies and/or point of care tools to patient or population health problems; creates plan for addressing individual limitations and initiates self-improvement; able to propose system changes.
- **EDUCATOR** - Student can analyze practice experience and perform practice-based improvement activities with other members of the health care delivery team; educates peers on patient safety; proposed practice-based changes designed to improve patient care.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

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**System-Based Practice (Knowledge of practice systems and community resources):**

- **OBSERVER** - Student observes but does not contribute knowledge of practice systems and community resources.
- **REPORTER** - Student able to identify some important healthcare resources that would benefit the patient.
- **INTERPRETER** - Student demonstrates an understanding of the importance of interdisciplinary teams, consultants, and health care resources for the benefit of the patient.
- **MANAGER** - Student seeks out and utilizes local and community resources for the benefit of the patient; actively participates in multidisciplinary meetings or helps patients navigate system of care.
- **EDUCATOR** - Student is self-directed and educates peers on interdisciplinary teams, navigation of health care systems and community resources.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

**Interpersonal and Communication Skills (Listens and communicates clearly and effectively with patients/families and care team):**

- **OBSERVER** - Student observes communication with patients and families; does not participate in patient care.
- **REPORTER** - Student communicates appropriately with patients/families but may not use active listening skills or open-ended questions consistently.
- **INTERPRETER** - Student creates rapport with patients/families through active listening, use of open-ended questions, limited interrupting and use of words that demonstrate compassion and caring.
- **MANAGER** - Student communicates even complicated or difficult information to patients and families and appropriately responds to their concerns/questions.
- **EDUCATOR** - Student is self-directed and educates peers on effective methods to communicate with patients and their families.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

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**Professionalism (Professional Responsibility):**

- **OBSERVER** - Student observes and discusses patient care while maintaining confidentiality.
- **REPORTER** - Student beginning to recognize need for further knowledge or information but may need direction; student developing flexibility, adaptability and tolerance for change.
- **INTERPRETER** - Student demonstrates ability to accept constructive feedback and begins to adapt behavior; accepts responsibility for own actions; beginning to recognize and/or suspend own biases/judgmental thinking.
- **MANAGER** - Student has the ability to self-reflect and set goals; takes initiative and attempts to solve problems independently before seeking assistance.
- **EDUCATOR** - Student has the ability to provide constructive and timely feedback; responds calmly in all situations; demonstrates ability to adapt effectively to multiple settings.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

**Professionalism (Compassion, Humility, Respect with Patients):**

- **OBSERVER** - Student observes interactions with patients but does not participate in care.
- **REPORTER** - Student is courteous and respectful to all patients.
- **INTERPRETER** - Student demonstrates humility and respect for all patients, particularly those at risk for health disparities.
- **MANAGER** - Student is sensitive and compassionate; demonstrates ability to recognize distress in others; able to offer support to all patients, particularly those at risk for health disparities.
- **EDUCATOR** - Student anticipates patient needs and actively advocates to meet those needs; especially those patients at risk for health disparities. Demonstrates ability to put needs of others ahead of personal needs.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

**Professionalism (Compassion, Humility, Respect with Staff/Preceptor):**

- **OBSERVER** - Student observes interactions between staff members and health care team.
- **REPORTER** - Student is sensitive and courteous to all members of the healthcare team. Helps team when requested.
- **INTERPRETER** - Student demonstrates humility and respect for all members of the healthcare team. Fulfills basic patient care responsibilities required of him/her on their own initiative.
- **MANAGER** - Student takes primary responsibility for patients, actively anticipates the needs of the team, and attempts to meet those needs.
- **EDUCATOR** - Student is self-directed, a humble leader, respectfully educating and sharing their knowledge with peers and all members of the team.

**OBSERVER**

**REPORTER**

**INTERPRETER**

**MANAGER**

**EDUCATOR**

Comments:

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**Please comment on areas of strength:**

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**Please comment on areas in need of improvement:**

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**When completed by preceptor,  
please return to CHA/PA Office:  
fax: 303.724.1350  
or scan/email: [clinical-team@ucdenver.edu](mailto:clinical-team@ucdenver.edu)**

**CHA/PA Program Assessment Forms**  
**Student Assessment of Competency**  
**(pilot assessment)**

## PRECEPTOR ASSESSMENT OF STUDENT COMPETENCE

The following descriptions are the University of Colorado CHA/PA Program expectations for PA student competency to enter clinical practice. At the completion of the clinical rotation, please indicate this student's level of achievement and plan to discuss these areas in person with the student. Once complete, email to [Clinical-Team@ucdenver.edu](mailto:Clinical-Team@ucdenver.edu) or fax to 303-724-1350, Attn: Tanya Fernandez, PA-C

**Student Name:** Enter CHA/PA student name

**Date of Rotation:** Choose a month

### PATIENT CARE

1. The student collects a problem-focused history for the patient's clinical presentation, which accurately reflects the history of present illness, and contains pertinent positive and negative symptoms.

Student <u>observed preceptor</u> perform this activity, but lacked the knowledge/skills to perform this activity.	Student <u>participated with the preceptor</u> in performing this activity, but lacked the knowledge/skills to fully accomplish the activity.	Student <u>performed this activity with direct help of the preceptor</u> , who stepped in as needed.	Student <u>performed this activity</u> and only needed the <u>preceptor</u> to <u>double-check findings</u> .	Student <u>performed this activity independently</u> , but under the supervision of the preceptor.	N/A Activity not observed on this rotation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. The student performs a problem-focused physical exam for the patient's clinical presentation and uses appropriate exam techniques.

Student <u>observed preceptor</u> perform this activity, but lacked the knowledge/skills to perform this activity.	Student <u>participated with the preceptor</u> in performing this activity, but lacked the knowledge/skills to fully accomplish the activity.	Student <u>performed this activity with direct help of the preceptor</u> , who stepped in as needed.	Student <u>performed this activity</u> and only needed the <u>preceptor</u> to <u>double-check findings</u> .	Student <u>performed this activity independently</u> , but under the supervision of the preceptor.	N/A Activity not observed on this rotation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. The student demonstrates the ability to synthesize information for a working diagnosis and differential, which is appropriate for the patient's clinical presentation and unique context.

Student <u>observed preceptor</u> perform this activity, but lacked the knowledge/skills to perform this activity.	Student <u>participated with the preceptor</u> in performing this activity, but lacked the knowledge/skills to fully accomplish the activity.	Student <u>performed this activity with direct help of the preceptor</u> , who stepped in as needed.	Student <u>performed this activity</u> and only needed the <u>preceptor</u> to <u>double-check findings</u> .	Student <u>performed this activity independently</u> , but under the supervision of the preceptor.	N/A Activity not observed on this rotation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



4. The student develops an appropriate plan for patient care, including appropriate selection of labs or imaging and dosing of pharmaceuticals as needed.

Student <u>observed preceptor</u> perform this activity, but lacked the knowledge/skills to perform this activity.	Student <u>participated with the preceptor</u> in performing this activity, but lacked the knowledge/skills to fully accomplish the activity.	Student <u>performed this activity with direct help of the preceptor</u> , who stepped in as needed.	Student <u>performed this activity</u> and only needed the <u>preceptor to double-check findings</u> .	Student <u>performed this activity independently</u> , but under the supervision of the preceptor.	N/A Activity not observed on this rotation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## INTERPERSONAL AND COMMUNICATION SKILLS

5. The student maintains clear, accurate, timely and legible medical records.

Student <u>observed preceptor</u> perform this activity, but lacked the knowledge/skills to perform this activity.	Student <u>participated with the preceptor</u> in performing this activity, but lacked the knowledge/skills to fully accomplish the activity.	Student <u>performed this activity with direct help of the preceptor</u> , who stepped in as needed.	Student <u>performed this activity</u> and only needed the <u>preceptor to double-check findings</u> .	Student <u>performed this activity independently</u> , but under the supervision of the preceptor.	N/A Activity not observed on this rotation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. The student delivers a succinct, accurate, logical and organized oral presentation.

Student <u>observed preceptor</u> perform this activity, but lacked the knowledge/skills to perform this activity.	Student <u>participated with the preceptor</u> in performing this activity, but lacked the knowledge/skills to fully accomplish the activity.	Student <u>performed this activity with direct help of the preceptor</u> , who stepped in as needed.	Student <u>performed this activity</u> and only needed the <u>preceptor to double-check findings</u> .	Student <u>performed this activity independently</u> , but under the supervision of the preceptor.	N/A Activity not observed on this rotation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## INTERPROFESSIONAL COLLABORATION

7. The student collaborates with other health professionals to promote a climate of mutual respect and trust.

Student <u>observed preceptor</u> perform this activity, but lacked the knowledge/skills to perform this activity.	Student <u>participated with the preceptor</u> in performing this activity, but lacked the knowledge/skills to fully accomplish the activity.	Student <u>performed this activity with direct help of the preceptor</u> , who stepped in as needed.	Student <u>performed this activity</u> and only needed the <u>preceptor to double-check findings</u> .	Student <u>performed this activity independently</u> , but under the supervision of the preceptor.	N/A Activity not observed on this rotation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MEDICAL KNOWLEDGE

8. The student demonstrates the ability to apply medical knowledge of common illnesses encountered including risk factors, etiology, pathophysiology and clinical findings pertinent to a clinical presentation.

Student is <u>not on track</u> to achieve competency in this activity (If marked, please explain why you chose this level of achievement)	Student is <u>on track</u> to achieve competency in this activity	Student has <u>achieved</u> competency in this activity	N/A No opportunity to assess this activity during this rotation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation, if “not on track” chosen: Enter text here.

## PRACTICE-BASED LEARNING AND IMPROVEMENT

9. The student develops learning and improvement goals and strives to meet those goals.

Student is <u>not on track</u> to achieve competency in this activity (If marked, please explain why you chose this level of achievement)	Student is <u>on track</u> to achieve competency in this activity	Student has <u>achieved</u> competency in this activity	N/A No opportunity to assess this activity during this rotation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation, if “not on track” chosen: Enter text here.

## PROFESSIONALISM

10. The student demonstrates behaviors that convey compassion, respect, integrity, empathy for others, as well as sensitivity and openness to a diverse patient population.

Student is <u>not on track</u> to achieve competency in this activity (If marked, please explain why you chose this level of achievement)	Student is <u>on track</u> to achieve competency in this activity	Student has <u>achieved</u> competency in this activity	N/A No opportunity to assess this activity during this rotation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation, if “not on track” chosen: Enter text here.

11. The student demonstrates the professional behaviors expected of a medical professional (i.e. the student attended clinic on time, addressed the staff with respect, took feedback well, etc.).

Student is <u>not on track</u> to achieve competency in this activity (If marked, please explain why you chose this level of achievement)	Student is <u>on track</u> to achieve competency in this activity	Student has <u>achieved</u> competency in this activity	N/A No opportunity to assess this activity during this rotation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanation, if “not on track” chosen: Enter text here.

### STUDENT STRENGTHS & AREAS FOR IMPROVMENT

Please comment on student’s overall strengths:

Click or tap here to enter text.

Please comment on student’s areas for improvement:

Click or tap here to enter text.

Print Name: Type your name      Date: Click or tap to enter a date.

**Physician Assistant**  
**Graduate Competencies**

## **Child Health Associate/Physician Assistant Program GRADUATE COMPETENCIES**

Upon graduation, CHA/PA students are expected to demonstrate competency in the areas identified below. Performance should be commensurate with that of a new practitioner. The CHA/PA program provides educational experiences to support student development of requisite knowledge, skills and attitudes.

### **Patient Care**

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems (core clinical presentations) and the promotion of health.

### **Medical Knowledge or “Knowledge for Practice”**

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

### **Practice-Based Learning & Improvement**

Demonstrate the ability to investigate and evaluate one’s care of patients, to appraise and assimilate scientific evidence, and to improve patient care based on continuous self-evaluation and life-long learning.

### **Interpersonal & Communication Skills**

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

### **Professionalism**

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

### **Systems-Based Practice**

Demonstrate an awareness of, and responsiveness to, the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

### **Interprofessional Collaboration**

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population centered care.

### **Personal & Professional Sustainability**

Demonstrate the qualities required to sustain lifelong personal and professional balance.

# **APPENDIX B**

## **Preceptor Development**

# *Integrating the Student into a Busy Practice*

## **The Model “Wave” Schedule<sup>1</sup>**

This resource provides an actual time schedule for a preceptor and student to follow; it allows the student to see a sufficient number of patients while also allowing the preceptor to stay on schedule and not fall behind. [http://medicine.yale.edu/intmed/Images/preceptor\\_handbook\\_tcm309-40876.pdf](http://medicine.yale.edu/intmed/Images/preceptor_handbook_tcm309-40876.pdf)

## **Integrating the Learner into the Busy Office Practice<sup>2</sup>**

This article outlines five strategies for effectively integrating a student into a busy practice; it helps answer preceptor questions, including “What do I do if I get behind?” and “What measures can help prevent me from getting behind?” <http://www.oucom.ohiou.edu/fd/monographs/busyoffice.htm>

## **Time-Efficient Preceptors in Ambulatory Care Settings<sup>3</sup>**

This case-based article gives the reader time-saving and educationally effective strategies for teaching students in the clinical setting. <http://www.paeaonline.org/index.php?ht=a/GetDocumentAction/i/80706>

# *Evaluation and Teaching Strategies*

## **Evaluation Using the GRADE Strategy<sup>4</sup>**

This easy-to-use tool provides five simple tips on how to effectively evaluate PA students. <http://www.stfm.org/fmhub/Fullpdf/march01/ftobt.pdf>

## **The One-Minute Preceptor<sup>5</sup>**

This resource outlines five “microskills” essential to clinical teaching.

<http://stfm.org/fmhub/fm2003/jun03/stevens.pdf>

<http://www.paeaonline.org/index.php?ht=d/sp/i/80183/pid/80183>

## **Feedback and Reflection: Teaching Methods for Clinical Settings<sup>6</sup>**

This article describes how to use these two clinical teaching methods effectively.

<http://www.uthscsa.edu/gme/documents/FeedbackandReflection.pdf>

## **Characteristics of Effective Clinical Teachers<sup>7</sup>**

This study looks at what residents and faculty consider to be the most effective characteristics of clinical preceptors. <http://stfm.org/fmhub/fm2005/january/tamara30.pdf>

# *Providing Effective Feedback*

## **Getting Beyond “Good Job”: How to Give Effective Feedback<sup>8</sup>**

This article outlines why feedback is important, barriers to feedback, and how to give constructive feedback. <http://pediatrics.aappublications.org/cgi/reprint/127/2/205>

## **Feedback in Clinical Medical Education<sup>9</sup>**

This article provides effective guidelines for giving feedback. <http://jama.ama-assn.org/content/250/6/777.full.pdf+html>

## **Feedback: An Educational Model for Community-Based Teachers<sup>10</sup>**

This document provides insightful tips on giving feedback, describes differences between feedback and evaluation, addresses barriers to giving feedback, and gives the reader case-based practice scenarios. <http://www.snhahec.org/feedback.cfm>

# *Managing Difficult Learning Situations*

## **Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers<sup>11</sup>**

These documents outline strategies for both preventing and managing difficult learning situations. <http://www.snhahec.org/diffman.cfm>

## **Providing Difficult Feedback: TIPS for the Problem Learner<sup>12</sup>**

This article provides an easy-to-use “TIPS” strategy to address difficult learners or learning situations. <http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf>

# *Developing Expectations*

## **Setting Expectations: An Educational Monograph for Community-Based Teachers<sup>13</sup>**

This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher. <http://www.snhahec.org/expectations.cfm>

# *Conflict Resolution*

## **Aspects of Conflict Resolution<sup>14</sup>**

This article discusses the causes of conflict, approaches to conflict resolution, and techniques/strategies to resolve conflict effectively.

<http://www.traqprogram.ca/index.php/en/resources/traq-library/item/303-aspects-of-conflict-resolution>



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