



West Liberty University

Department of Physician Assistant Sciences

FACULTY HANDBOOK

Didactic & Clinical Faculty/Preceptor Edition

2012-2014

Table of Contents

<u>Subject</u>	<u>Page</u>
Introduction	2
Program Personnel	2
Mission, Vision and Goals	3
The Physician Assistant Profession	4
Program Overview	7
Physician Assistant Program Students	8
Faculty Appointments	8
Clinical Faculty/Preceptor CME	8
Didactic Faculty Information	9
Clinical Faculty/Preceptors	10
Appendix A – Curriculum Outline & Course Descriptions	12
Appendix B – Preceptor, Clinical Coordinator and Student Responsibilities	24
Appendix C – Mid-Clerkship Student Performance Evaluation.....	31
Appendix D – End of Clerkship Student Performance Evaluation.....	34

INTRODUCTION

Welcome to the West Liberty University Department of Physician Assistant Sciences, and thank you for associating with us to educate Physician Assistants students. Your support and input are highly appreciated by the department and West Liberty University. Regardless of your level of involvement, you are essential to the success of our students and the program.

Individuals from various academic and clinical disciplines representing both West Liberty University and the community are making their expertise available to us. Some are familiar with physician assistants while others are from settings with little exposure to the physician assistant profession. Therefore, we are providing general information as well as specific information regarding the Physician Assistant profession and our department. We have also included our program mission and goals, which define our program and what we seek to accomplish.

Please review this information. Let us know if you have any questions, need further information, or if you have any suggestions to improve our orientation process.

We may be contacted by telephone, fax, mail, and e-mail.

West Liberty University
Department of Physician Assistant Sciences
P.O. Box 295, CSC 173
West Liberty, WV 26074-0295

Telephone : 304 336-5098

Fax : 304 336-8868

Full-Time Program Personnel

Allan M. Bedashi, DHSc, MS, MPAS, PAC, Program Director

Howard Shackelford, MD

Regina Jones, MPAS, PA-C, Academic Coordinator

David Blowers, MPAS, PA-C, Clinical Director

Derrick Latos, MD, MACP, Principal Faculty

Rebecca Fahey, MD, MBA, MA, PhD(c) Principal Faculty

Judie Spencer, BS, Administrative Secretary

Please visit our Department offices if you have not yet done so. We will be happy to welcome you and show you our facilities.

WEST LIBERTY UNIVERSITY
Department of Physician Assistant Sciences

MISSION STATEMENTS AND GOALS

West Liberty University Mission Statement

West Liberty University will launch its graduates into the community, work, and in environments with the readiness to be viable contributors. Graduates will have the skills and knowledge needed to meet future opportunities and challenges.

West Liberty University Physician Assistant Program
Mission Statement and General Goals

Mission Statement

The West Liberty Physician Assistant Masters Program is committed to providing affordable, high-quality education to physician assistant candidates, who as an integral part of the health-care team, will provide empathetic and superlative care to the patient population, especially to those in underserved areas.

General Goals

Graduates of the Master of Science in Physician Assistant Studies will:

- Be clinically competent physician assistants who practice evidence-based medicine.
- Reflect the highest standards of compassionate, legal, ethical, and moral conduct.
- Be team-oriented, culturally sensitive providers who are dedicated to their communities.
- Practice team-oriented quality and cost-effective patient care in their communities.
- Be critical-thinking and effective communicators with both patients and health care professionals.
- Recognize the lack of medical care in rural and underserved regions and consider practicing their discipline or providing service in such locations.
- Appreciate the importance of lifelong learning in maintaining excellence in their practice.

THE PHYSICIAN ASSISTANT PROFESSION

History

The Physician Assistant concept in the United States was developed in the early to mid-1960s due to a shortage of physicians, nurses, and other health care professionals. The greatest shortages were in primary care, especially in rural and inner-city areas.

At the same time, Vietnam-era corpsmen and medics were returning to civilian life with medical skills they were unable to utilize in the civilian sector. These factors prompted Eugene Stead, M.D., to develop the first Physician Assistant Program at Duke University in 1965. The first class consisted of four former Navy corpsmen.

The goal of this first program was to train professionals capable of working with physicians to improve access to health care. The Physician-Physician Assistant team concept was based on a dependent practice model. While trained to perform many of the same services as the primary care physician, the Physician Assistant was to enhance the Physician rather than replace him or her.

Initially, growth of the Physician Assistant profession was slow, and training was mainly limited to former military medics and corpsmen. Over the years, programs have multiplied, and the profession has attracted students from diverse backgrounds. Traditionally, students entering Physician Assistant programs have a medical or health related background. However, the profession is now attracting students from non-medical backgrounds as well. Currently there are approximately 83,000 Physician Assistants actively practicing.

While the majority of Physician Assistants are in primary care settings, many have found employment in medical and surgical subspecialties. A significant number of Physician Assistants serve in rural or isolated communities, providing primary care, emergency care, and community health education where there would otherwise be little or no care. Physician Assistant employment sites range from military units to correctional facilities and from research to traditional office practices.

The original concept of the Physician Assistant as a dependent practitioner, working with a supervising Physician as part of the health care team has not changed. This is still the primary function of a Physician Assistant, regardless of the employment site. Many PAs however, work autonomously.

Education

The original Physician Assistant Programs were certificate programs, with a combination of classroom and on-the-job training. While a few programs still grant certificates and associate degrees, most programs now offer a master's degree. There are currently 157 accredited programs in the US. Most programs are two years in length, and have a didactic and clinical phase. During the didactic phase, basic sciences and clinically oriented material is taught, including pharmacology, physical diagnosis, and clinical medicine. The clinical phase consists of

clerkships similar to the Junior and Senior year of Medical School. While most Physician Assistant programs are associated with a university and teaching medical center, some are associated with community colleges, technical colleges, or liberal arts colleges and community hospitals. However, all the programs must demonstrate the ability to provide adequate theoretical and practical training for Physician Assistants. Physician Assistant students learn the skills commonly utilized in general practice and in some specialties. These include history taking and physical examinations, counseling, establishing a problem list, diagnosis and treatment, suturing, splinting, and wound care and surgical assisting. Critical thinking and sound judgment are emphasized during the training process. Physician Assistant students are also trained to recognize their limitations, and to consult their supervising physician whenever these limitations are reached.

The current trend is to award graduates of accredited programs Master's degrees. In addition, there are a growing number of post-graduate residency programs offering specialty training for graduate physician assistants. These include Primary Care, Emergency Medicine, Oncology, Surgery, Pediatrics, Orthopedics, OB/GYN and Occupational Medicine. They range from one to two years in length.

Competency, Certification, and Licensure

Physician Assistant education is competency based. This means that all graduates must meet the same standards to become certified. The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) developed standards for physician assistant programs and reviews these programs for accreditation. Other organizations involved in this process include:

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American College of Physicians
- American College of Surgeons
- American Medical Association
- Physician Assistant Education Association

Graduate Physician Assistants take the Physician Assistant National Certifying Examination (PANCE) administered by the National Commission on Certification of Physician Assistants (NCCPA). All applicants for this examination must be graduates of ARC-PA accredited programs. The title of Physician Assistant-Certified (PA-C) is awarded upon successful completion of the examination.

To maintain certification, the Physician Assistant must report 100 hours of Continuing Medical Education (50 of Category 1) every two years to renew the Certification. Every 6 years, the Physician Assistant must pass the Physician Assistant National Recertifying Examination (PANRE) to remain certified.

Physician Assistants are currently authorized to practice medicine with physician supervision in all 50 states, the District of Columbia, and Guam. Certification by the NCCPA and graduation for an ARC-PA approved program are required by all states.

Scope of Practice, Functions, and Supervision

In West Virginia, the supervising Physician delegates the specific medical services that a licensed Physician Assistant may perform via a written delegation of services agreement. The state does not specify these services (i.e., a “laundry list”), except that they must be consistent with the supervising physician’s specialty or usual and customary practice; must be consistent with the Physician Assistant’s education, training, and experience, and that the Physician Assistant is competent to perform them. These tasks may include first and second assistant in surgery, procedures done under local anesthesia, and the common services associated with primary care medicine (history, physical, counseling, medications, lab tests, etc.). The state also requires that the Supervising Physician either observe the Physician Assistant to assure competency or review evidence of the Physician Assistant’s competency. However, the specific services delegated to the Physician Assistant by the Supervising Physician must be in writing. Protocols and a formulary developed or adopted by the Supervising Physician may be utilized to delineate the medical services provided by the Physician Assistant and to provide patient management guidelines.

Physician Assistants must practice under the supervision of a licensed physician (MD or DO). Depending on the type of practice and the procedures involved, the physician need not be physically present at all times. The Physician Assistant must have a means of contacting the supervising Physician when providing patient care. This can be by telephone, fax, radio or pager. In general, charts must be reviewed and countersigned by the supervising Physician within 30 days (7 days if a medication was ordered), but institutional policies may require countersigning within 24 hours.

Primary Care Physician Assistants are able to manage approximately 75% - 90% of the problems encountered in Primary Care Medicine (according to several studies). They routinely take histories, examine patients, order and interpret routine labs or x-rays, order medications, make referrals, suture, splint, drain abscesses, do biopsies, and follow patients with chronic illnesses. A Physician must see the patient if the problem is beyond the Physician Assistant’s scope of practice or abilities, or if the patient requests a Physician.

WEST LIBERTY UNIVERSITY
Master of Science in Physician Assistant Studies

Program Overview

The Physician Assistant Program is an entry-level program to train Primary Care Physician Assistants. The Program is 24 months in length, and confers a Master of Science in Physician Assistant Studies degree upon graduation. The didactic portion is 12 months long and consists of basic sciences, medical sciences, and medical skills (including CPR, ACLS, suturing, casting). The Clinical portion is 12 months and consists of 9 five-week clerkships through various clinical sites, similar to the junior and senior medical student clerkships.

Curriculum

1. Length and structure: The curriculum consists of 12 months of didactic instruction followed by 12 months of clinical rotations, a total of 24 months.
2. Courses to prepare students for professional clinical practice:
 - Basic Medical Sciences and Medical Literature: Classes in this phase of didactic training include courses in Anatomy & Physiology, Clinical Laboratory, Pathophysiology, Research, and Pharmacology.
 - Applied Behavioral Sciences and Ethics: Classes in Behavioral Science for PA's and Ethics.
 - Physician Assistant role: Students will have two quarters of PA Professional issues which will introduce and develop the topic of the Physician Assistant role and the Physician-Physician Assistant team concept.
 - Didactic Medical Instruction: Clinical medical science instruction before starting the clinical rotations includes Physical Diagnosis, Preventive Medicine, Clinical Medicine, Women's Health, and Health Promotion and Preventive Medicine. The student also undergoes instruction in the various medical specialties such as Emergency Medicine, Geriatrics, Family Medicine, Rural Medicine, Dermatology, etc.
 - Clinical Skills: Intensive pre-clerkship essential primary care skills will be taught prior to starting the clinical rotations. This will include IV, NG tube, and Foley catheter placement; suturing, casting, splinting, aseptic technique, radiological techniques, incision & drainage, other aspects of wound and injury care; ACLS and BLS.
 - Supervised Clinical Practice: The clinical clerkship sequence for the physician assistant program is of 12 months duration, with 45 weeks of patient care experience. For a curriculum outline please refer to Appendix-A.

The Physician Assistant Program Students

We designed our program to attract people with previous health care experience and education. Our students have come from a variety of backgrounds including Nursing, Respiratory Care, Physical Therapy, Athletic Training, Emergency Medical Care, Clinical Laboratory Science, Phlebotomy Medical Assisting, and Surgical Technology. All students must have a baccalaureate degree to enter the program. Some have advanced degrees as well. While health care is not new to these people, they will be dealing with patients from a new perspective. This will require them to gain new knowledge and skills in order to work directly with a supervising Physician and to participate in providing Primary Care Medicine.

The Physician Assistant Program is intense, and condenses a broad range of medical knowledge and skills into 24 months. The students will be presented the information and experience necessary to succeed in primary care, as well as research and professional skills to enable them to grow in the profession.

Faculty Appointments

Faculty of West Liberty University with an appointment in one of the Schools within the University may request an additional appointment with the Department of Physician Assistant Science. The appointment will be upon approval of the Dean of the College of Science and the Dean of the school where the current appointment is held.

Didactic Faculty without a West Liberty University faculty appointment who develop and teach a class or a series of lectures or laboratories will be appointed as voluntary instructors with the Department of Physician Assistant Sciences. Remuneration and benefits are determined by the contract with the Department of Physician Assistant Sciences. However, those instructors with a faculty appointment with another University or College will be appointed as Adjunct Faculty of the Department of Physician Assistant Sciences. Instructors providing one or two lectures will be invited as guest lecturers.

Clinical Faculty who are designated as preceptors or have significant responsibility for the physician assistant students during a clinical rotation will be given clinical faculty appointment by the Department of Physician Assistant Sciences

Clinical Faculty/Preceptor CME

Most CME-granting organizations (CMA, AAFP, AMA) award CME for time spent precepting PA students. Our program will provide, upon request, documentation regarding completed preceptorships. Please contact CME-granting organizations directly for detailed information about obtaining CME.

Didactic Faculty Information

We wish to thank the many people from different disciplines who have contributed to our program. The lectures and laboratories that you have developed with us are essential to the success of our students and our program.

The most important contribution that you can make to the Physician Assistant Program students is in the development of critical thinking and sound judgment. As this is an advanced degree program, the emphasis must be on higher cognitive functions, and objectives and test items need to reflect these higher order skills. Physician Assistants must not simply memorize a lot of essential medical knowledge to be successful. They must be able to analyze patient presentations, gather appropriate data, develop a differential diagnosis list, formulate a management plan, and recognize those situations that require physician consultation or intervention.

The faculty of the Department of Physician Assistant Sciences are available to assist you with the formatting of lectures, objectives, and test items to reflect these higher cognitive functions. Please contact us if you need further information.

If you have specific needs for audio-visual aids (including a laptop computer with LCD projector) please let us know 3-7 working days in advance. We will copy lecture notes and student handout materials for distribution to our students with 3 -7 workings days advance notice.

The minimum passing score on any major examination for any class taken by the Physician Assistant Program students has been set at 70%. The majority of testing will be done using board exam-type multiple choice formats, except for laboratory practical exams and OSCE's.

The students will fill out evaluation forms for each speaker/lecturer. The faculty of the department will also monitor lectures and labs. Our goal is to provide useful and constructive feedback for all faculty, identify problem areas and recognize strong points. We also need the feedback of the lecturers and speakers. Problems with the classrooms, audio-visual aids, copying, etc. should be brought to our attention as soon as possible. Problems involving students should be discussed with the program faculty at the earliest possible time. It is essential to recognize problems and initiate remediation early. The program is rigorous and fast paced, and a student who falls behind will have difficulty catching up.

One of the measures of our Program's success will be the first-attempt pass rate on the Physician Assistant National Certifying Examination (PANCE). We will be able to utilize the data from this exam to identify program strengths and weaknesses. In addition, we will be using a standardized mock board examination that will also help to identify program strengths and weaknesses. We will share this information with you, so that we may make appropriate changes.

If you will be unable to keep a scheduled presentation date or time, please contact our office as soon as possible. We can assist you with a schedule change or other accommodation to assure that the students do not miss essential information.

Clinical Faculty/Preceptors

Supervised clinical experience is where the Physician Assistant student learns to apply the theoretical knowledge gained in the first year of the Program and learns to become a part of the health care team. This is where the student learns to deal with the realities of clinical practice; learns the role of delegated medical practice and learns how to work with a Supervising Physician. The Faculty of the Physician Assistant Sciences is committed to the highest standards and success for the students and the program. We rely upon the Clinical Faculty to promote high standards and a climate for success in the clinical rotations.

The Clinical Preceptor is essential in teaching the Physician Assistant student how to work with a supervising physician and to provide experience with delegated medical practice. ***The Physician preceptor may assign a Physician Assistant Student to a team (intern/resident), Physician Assistant, Nurse Practitioner, or other licensed health care personnel for mentoring or supervision in routine activities.*** However, the Physician Preceptor needs to spend adequate time with the student to impart necessary medical knowledge, to give the student experience with supervised medical practice, and to evaluate the student's progress through the clinical rotation.

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 to honor their preferences regarding treatment. For this reason, patients must be informed that a Physician Assistant student will participate in their care and their consent must be obtained. This may be done through standardized forms at admission, or on a person-by-person basis. The students will be clearly identified as Physician Assistant students, and must identify themselves as such. If the preceptor (or any one else) introduces the student, the student must be identified as a student Physician Assistant, not as a medical student or other health care provider. If the patient requests a Physician and refuses the student Physician Assistant's services, the request must be honored.

A Physician Preceptor who is responsible for Physician Assistant Students on a regular basis will be recommended for a faculty appointment as voluntary Clinical Faculty with the Department of Physician Assistant Sciences. Physician Assistants or other licensed health care professionals who are regularly assigned to mentor, supervise, evaluate, and/or coordinate the activities of the students will also be recommended for a voluntary Clinical Faculty appointment. However, ***the Physician Preceptor still has the ultimate responsibility for student supervision and evaluation.*** If a Physician Preceptor is unavailable (vacation, education time, illness, etc.), another licensed staff Physician needs to be available to preceptor the student.

The Department of Physician Assistant Sciences will provide each clinical site and preceptor with copies of the materials that are given to the students (rotation objectives, site evaluation tools, and preceptor evaluation tools). We will also provide guidelines for the student supervision

AND student evaluation tools. The clinical rotations will provide the students with opportunities to gain practical patient care experience under supervision, and with feedback regarding their progress and abilities. At the same time, we require the students to evaluate their experiences in each rotation and those supervising them.

Student grades and the decision to pass or fail a student in a clinical clerkship are the purview of the Department of Physician Assistant Sciences and are academic issues. The Preceptor's evaluation is a significant portion of the grade and is essential for the full evaluation of the student's clinical performance. However, students will be given written and practical examinations at the end of each clerkship that will also be part of the students' clinical rotation grades.

Each student clerkship should be given a brief evaluation at the mid-rotation point to identify areas that need improvement and to provide reinforcement of desirable behaviors. Early recognition of problems and remedial actions are essential to the success of the students and the Department. If the Physician Preceptor identifies any problem severe enough to warrant a student's failure or immediate removal from a clinical site, the department faculty must be contacted immediately. Our goal is to ensure patient safety and to prevent interference with the operation of a clinical site. If a student cannot be accepted at a clinical site as planned, please contact the Department faculty immediately.

Each clinical clerkship has objectives, a study guide, and student activities. The Physician Preceptor may also require the Physician Assistant student to read specific text book chapters or journal articles, write a case report or journal review, do an oral case presentation, or other reasonable activities relevant to the rotation. **NOTE: Under no circumstances shall a student replace regular staff or clinicians at a clinical site.**

The Physician Preceptor will also be asked to provide the department faculty with feedback regarding student preparation for clinical rotations and whether our objectives, study guides, and student activities are compatible with each clinical site. Your input and recommendations are appreciated.

The Clinical Coordinator of the Department of Physician Assistant Sciences will make every effort to visit each clinical site once every rotation while a student is present. This will allow the Clinical Coordinator to meet with preceptors and other involved clinical site personnel. This will also provide an opportunity to observe student-preceptor interaction and student-patient interaction.

Further information regarding the roles and responsibilities of Preceptors, students and the Clinical Coordinator are in **Appendix B**. We look forward to working with each of you. Your efforts as preceptors, mentors, and supervisors are appreciated. The participation of the patients and the facilities is also appreciated.

APPENDIX A

Curriculum Outline and Course Descriptions

WEST LIBERTY UNIVERSITY
Department of Physician Assistant Sciences

Curriculum
Jul 2012 – July 2014

Jul 02 –Sep 21 2012	Oct 08 – Dec 21 2012	Jan 07 Mar 22 2013	Apr 01 – Jun 21 2013	Clinical Clerkship	Begin	End
Clinical Ethics (PA-503) (2 units)	Research-I (PA-504) (1 units)	Research-II (PA-505) (1 unit)	Professional Issues-II (PA-549) (1 unit)	Clinical Clerkship-1	Jul 01, 2013	Aug 02, 2013
				Clinical Clerkship-2	Aug 05, 2013	Sep 06, 2013
Professional Issues-I (PA-512) (1 unit)	Human Anatomy & Physiology-II (PA-502) (4 units)	Principles of Physical Diagnosis-III (PA-522) (3 units)	Clinical Medicine-III (PA-530) (4 units)	Clinical Clerkship-3	Sep 09, 2013	Oct 11, 2013
				Clinical Clerkship-4	Oct 14, 2013	Nov 15, 2013
Human Anatomy & Physiology-I (PA-501) (4 units)	Principles of Physical Diagnosis-II (PA-521) (3 units)	Pathophysiology of Disease-II (PA-511) (2 units)	Behavioral Medicine (PA-518) (2 units)	Clinical Clerkship-5	Nov 18, 2013	Dec 20, 2013
				Christmas Break	Dec 21, 2013	Jan 05, 2014
Principles of Physical Diagnosis-I (PA-520) (3 units)	Pathophysiology of Disease-I (PA-510) (2 units)	Clinical Medicine-II (PA-529) (4 units)	Clinical Medicine-IV (PA-531) (2 units)	Clinical Clerkship-6	Jan 06, 2014	Feb 07, 2014
Clinical Lab Science (PA-516) (2 units)	Clinical Medicine-I (PA-528) (4 units)	Clinical Pharmacology-II (PA-527) (2 units)	Women's Health (PA-535) (2 units)	Clinical Clerkship-7	Feb 10, 2014	Mar 14, 2014
				Clinical Clerkship-8	Mar 17, 2014	April 18, 2014
Medical Microbiology (PA-538) (2 units)	Clinical Pharmacology-I (PA-526) (2 units)	Health Promotion &Preventive Med. (PA-519) (1 unit)	Rural Medicine (PA-539) (2 units)	Clinical Clerkship-9	April 21, 2014	May 23, 2014
				Summer Break	May 24, 2014	Jun 01, 2014
		Clinical Skills-I (PA-536) (2 units)	Clinical Skills-II (PA-537) (2 units)	June 02 – June 27, 2014		
14 units	16 units	15 units	15 units	Board Preparations Make-ups Check out		

Students may choose any of the required clerkships or other available clerkships as electives.

COURSE DESCRIPTION

DIDACTIC PHASE

PA- 501: Human Anatomy and Physiology-I (4.0 Units)

This is the first course in a two-part series devoted to the study of human anatomy and physiology. The course will cover topography, internal structures, and functions with correlations to diagnostic modalities currently used by practitioners. Case studies will illustrate the anatomical findings in classical clinical presentations of the most common chief complaints. Pertinent biochemical principles will be integrated into the course to cover cellular structures and processes which impact health and disease. A systems and an intersystem approach is used throughout and reinforced in the guided lab. Topics in A&P-I include the cardiovascular, lymphatic, respiratory, gastrointestinal, and genitourinary systems. Additional topics include water, electrolytes, acid-base balance, and nutrition and metabolism.

PA-502: Human Anatomy and Physiology-II (4.0 Units)

This is the second course in a two-part series devoted to the study of human anatomy and physiology. The course will cover topography, internal structures, and functions with correlations to diagnostic modalities currently used by practitioners. Case studies will illustrate the anatomical findings in classical clinical presentations of the most common chief complaints. Pertinent biochemical principles will be integrated into the course to cover cellular structures and processes which impact health and disease. A systems and an intersystem approach is used throughout and reinforced in the guided lab. Topics in A&P-II include the integumentary, muscular, skeletal, neurological, and endocrine systems as well as human development.

PA-503: Clinical Ethics (2.0 Units)

The ethics course is designed to expose the student to legal and ethical dilemmas faced in medical practice. The course presents approaches that facilitate thinking through the complexities of ethical issues in clinical practice. In addition, representative opinions are offered. The format will include assigned readings, reflection and application papers, and class discussions. Topics include death and dying decisions, informed consent, decisional capacity, cultural and religious beliefs, euthanasia and assisted suicide, genetic screening, and the use of humans in clinical research. Students will develop the ability to recognize and think through ethical issues as they arise in their professional practice. They will be prepared to take ethical responsibility as part of the health care team and practice empathy, principles, and protocols that enhance patient welfare.

PA-504: Research I (1.0 Unit)

This course is the first course of a two-part series, and introduces the students to methods and common tools used in research. Topics include the research process, types of research, sampling and generalizability, reliability and validity, research design, methods of measurement data

collection, and statistical analysis. The course integrates article reviews by the student. Students will search the internet and critique peer-reviewed medical literature. The course will also provide the students with a working knowledge of research in the physician assistant and general medical profession and stimulate critical thinking. Students will recognize the relevance and value of research in their professional development and obtain the skills necessary to pursue a lifetime of learning through examination and evaluation of current medical literature.

PA-505: Research-II (1.0 Unit)

This is the second course in a two-part series and builds on theory and concepts learned in Research-I. Students will analyze methods used in medical research and evaluate the reliability of findings. Topics include medical writing, research ethics, research paper design, and critical review of the literature using published research articles. In addition, students will also make recommendations which could improve the research process. Students will cover the essential requirements for a research paper and discuss the AMA paper format. The course will culminate in a critical analysis of peer-reviewed literature, using concepts taught in class. Students will be able to recognize the relevance and value of research in the medical professions. They will also acquire the necessary skills to critique medical literature through examination, evaluation, and application of research theory and methods, and have an understanding of medical writing.

PA-510: Pathophysiology of Disease-I (2.0 Units)

This is the first course in a two-part series which provides an introduction to the pathophysiology of disease. The course covers a review of relevant normal structure and function of human organ systems followed by a study of pathophysiological mechanisms that underlie diseases related to that system. Topics covered include cardiovascular, blood, pulmonary, gastrointestinal, liver, exocrine pancreatic, renal, and male reproductive disease. Topics will be covered in coordination with the clinical pharmacology and clinical medicine series. Students will become familiar with the pathogenesis, pathology, and clinical manifestations of disease as organized by system. In doing so, they will obtain the fundamental knowledge essential for further study and management of disease processes.

PA-511: Pathophysiology of Disease II (2.0 Units)

This is the second course in a two-part series providing an introduction to the pathophysiology of disease. The course covers a review of relevant normal structure and function of human organ systems followed by a study of pathophysiological mechanisms that underlie diseases related to that system. Topics covered include nervous system, bone and mineral metabolism, endocrine, immune, rheumatologic, and dermatologic diseases as well as infectious disease and neoplasia. Students will become familiar with the pathogenesis, pathology, and clinical manifestations of disease as organized by system. In doing so, they will obtain the fundamental knowledge essential for further study and management of disease processes.

PA-512: PA Professional Issues-I (1.0 Unit)

This is the first course of a two-part series designed to acquaint students with the history, development, and current status of the PA profession. Topics include the evolution of the PA profession, current and expected future practice trends, the PA's role as part of the health care team, patterns of health care delivery, and political and legal factors that affect PA practice. Types of health care systems, billing, and patient privacy issues are also presented. In addition, standards of ethical behavior, professional responsibilities, and the importance of membership in professional organizations are emphasized.

PA-516: Clinical Lab Science (2.0 Units)

This course covers the clinical considerations for laboratory tests based on patient presentation and clinical findings. Indications for ordering the specific test, interpretation of lab results, and correlation with disease processes are covered. Topics include hematology/oncology, urinalysis, and chemistry. An emphasis is placed on interpretation and clinical significance of commonly ordered laboratory tests. The course incorporates both observation and performance of selected laboratory testing procedures applicable to a primary care setting. This includes techniques for the collection and performance of wet preps, gram stain, urinalysis – routine and microscopic, KOH prep, normal saline prep, and blood specimen.

PA-518: Behavioral Medicine (2.0 Units)

This course is designed to provide an overview of the psychological and social factors that influence human behavior. It will focus on factors that shape health behaviors and response to stressors. In addition, students are taught how behavior can be influenced by illness, leading at times to poor coping skills, and physical and mental manifestations. Topics covered include psychological models of the mind, development through the life cycle, sleep, sexuality, violence, and reaction to illness. Students will learn how to take a proper mental health history and perform a mini-mental examination. This course will provide strategies for students to deal with patients, and give insight into the social and behavioral principles that promote empathy, cultural competency, communication, and collaborative care.

PA-519: Health Promotion and Disease Prevention (1.0 Unit)

The course provides strategies for fostering a provider-patient partnership and tools for effectively communicating healthy lifestyles. Students will be presented with current information about various conditions commonly seen in the clinical setting. Topics include benefits of prevention, barriers to preventive care, historical perspectives, shared decision-making, selectivity of ordering tests, and improving the delivery of preventative clinical services. Particular attention will be paid to Healthy People 2010. The course also covers selected topics dealing with aspects of preventive medicine and community resources. It explores the efficacy of lifestyle modification in optimizing health. Specific topics include domestic violence, environmental health and sanitation, clinical genetics, geriatrics, immunizations, trauma, sexually transmitted diseases, women's health, men's health, and systemic diseases. This course

provides information to educate the clinician about the importance of incorporating preventative measures and health promotion in all patient encounters.

PA-520: Principles of Physical Diagnosis-I (3.0 Units)

Physical Diagnosis-I is the first course in a three-part series, and is designed to introduce Physician Assistant students to the knowledge, skills, and ability to conduct a comprehensive medical interview, to interact appropriately with patients, and to perform the appropriate organ system physical examination. Topics include critical thinking and differential diagnosis, interviewing techniques, examination techniques, equipment use, patient responses, the culturally diverse patient, obtaining the patient history, documentation of information using the SOAP format, and the use of medical terminology. The skin, head and neck, eyes, ears, nose, sinuses, oral cavity, and nutritional assessment are also covered in this course. The format include lectures, written assignments, case presentation, student presentation, role playing, vignettes, reflection papers, and labs. Upon completion of this course, students should be able to present the information obtained in the proper written and oral format, be able to perform the appropriate examination, understand the critical thinking process, and reflect on the need for cultural competency.

PA-521: Principles of Physical Diagnosis-II (3.0 Units)

Physical Diagnosis-II is the second course in a three-part series and is designed to further acquaint Physician Assistant students with current methods used in evaluating and diagnosing medical conditions in the general population. It presents information in a lecture format, which is followed by a guided practical lab, a practice session, and then testing of the material covered. Methods utilized include interviewing techniques, proper use of equipment, history taking, note writing, performing examinations, and correlating signs and symptoms with disease processes. Systems covered in this section include the chest, heart, peripheral vascular system, the abdomen, and the male genitalia. During this course, students will also perform OSCEs (Objective Structures Clinical Exams). Upon completion of this course, students should be able to present the information obtained in the proper written and oral format and be able to perform the appropriate examination.

PA-522: Principles of Physical Diagnosis-III (3.0 Units)

Physical Diagnosis-III is a the final course in a three-part series, and is designed to further acquaint Physician Assistant students with current methods used in evaluating and diagnosing medical conditions in the general population. It presents information in a lecture format, which is followed by a guided practical lab, a practice session, and then testing of the material covered. Methods utilized will include interviewing techniques, proper use of equipment, history taking, note writing, performing examinations, OSCEs, and correlating signs and symptoms with disease processes. Systems covered in this section include the breast, female genitalia, the pregnant female, the musculoskeletal system, and the nervous system. Consideration of special populations such as the pediatric and the geriatric patient will also be covered. The practical culmination will be the performance of a comprehensive physical examination. Upon completion

of this course, students should be able to present the information obtained in the proper written and oral format and be able to perform the appropriate examination.

PA-526: Clinical Pharmacology-I (2.0 Units)

This is the first course in a two-part series. This course will introduce students to the principles of pharmacology and clinical pharmacotherapeutics. Topics include discussion of treatment guidelines, indications, contraindications, drug information resources, and case studies. Students will begin an in-depth analysis of pharmacotherapeutics and the application of drugs for the diagnosis, treatment and prevention of disease. A pathophysiologic approach will be used, with emphasis on the rational selection and use of drugs in the care and treatment of the pediatric, adult, and geriatric patient in primary, urgent, and emergent care settings. Specific therapeutic regimens will be reviewed from a systems approach in coordination with the clinical medicine series. Topics include general pharmacologic principles, bacterial, eukaryotic and viral infections, chemotherapy and immunosuppression, cardio vascular, and peripheral neuropharmacology.

PA-527: Clinical Pharmacology-II (2.0 Units)

This is the second course of a two-course series. This course provides information on clinical pharmacotherapeutics and pharmacodynamics. Topics include discussion of treatment guidelines, indications, contraindications, drug information resources, and case studies. The student will continue an in-depth analysis of pharmacotherapeutics and the application of drugs for the diagnosis, treatment, and prevention of disease. A pathophysiologic approach will be used, with emphasis on the rational use of drugs in the care and treatment of pediatric, adult, and geriatric patients. Specific therapeutic regimens will be reviewed from a systems approach in coordination with the clinical medicine series. Topics include central neuropharmacology, substance abuse and pain, autacoids, anti-inflammatories, endocrine pharmacology, vitamins and supplements, toxicology, and poisons and antidotes.

PA-528: Clinical Medicine-I (4.0 Units)

This is the first course in a four-part series and provides a study of common medical and surgical disorders encountered in general medicine. Topics include typical clinical presentation, etiology, pathophysiology, diagnostic work-up, formulation of treatment plans and referral. Students will also develop strategies for enhancing patient education and compliance, taking into consideration the socioeconomic and cultural aspects of health care. A correlational approach will be used, with interaction with physical diagnosis, pharmacology, and clinical diagnostics. Lessons will be presented by systems. The format includes formal lectures, discussions, and case presentations. Systems covered include the head, eyes, ears, nose, throat, heart, and lungs and a genetics component.

PA-529: Clinical Medicine-II (4.0 Units)

This is the second course in a four-part series and continues the study of common medical and surgical disorders encountered in general medicine. The course content includes typical clinical

presentation, etiology, pathophysiology, diagnostic work-up and management of these disorders. Students will also develop strategies for enhancing patient education and compliance, taking into consideration the socioeconomic and cultural aspects of health care. A correlational approach will be used with interaction with physical diagnosis, pharmacology, and clinical diagnostics. Lessons will be presented by systems. The course format includes formal lectures, discussions, and case presentations. Systems covered include the gastrointestinal, male genitourinary, renal, musculoskeletal, and endocrine. Rheumatologic and fluids, electrolytes and acid-base disorders are also covered.

PA-530: Clinical Medicine-III (4.0 Units)

This is the third course in a four-part series, exposing the student to the study of common medical and surgical disorders encountered in general medicine. Course content includes typical clinical presentation, etiology, pathophysiology, diagnostic work-up, formulation of treatment plan and referral. Students will also develop strategies for enhancing patient education and compliance, taking into consideration the socioeconomic and cultural aspects of health care. Topics covered include dermatology, neurology, infectious diseases, sexually transmitted diseases, oncology/hematology and coagulation disorders, psychiatric disorders, family violence and abuse, rehabilitative medicine, end-of-life issues, and emergency medicine.

PA-531: Clinical Medicine-IV (2.0 Units)

This course is designed to orient Physician Assistant students to common medical and surgical disorders with emphasis on primary care concepts in the pediatric and adolescent populations. Students will review pertinent anatomic and pathophysiologic aspect of disease conditions, clinical presentation, physical findings, diagnostic work-up, diagnosis, formulation of treatment plans, and referral. Students will also develop strategies for enhancing patient education and compliance, taking into consideration the socioeconomic and cultural aspects of health care.

PA-535: Women's Health (2.0 Units)

This course exposes students to common problems encountered in caring for women. Students will review pertinent anatomic and pathophysiologic aspects of disease conditions, clinical presentation, physical findings, diagnostic work-up, diagnosis, formulation of treatment plans, and referrals. Students will also develop strategies for enhancing patient education and compliance, taking into consideration the socioeconomic and cultural aspects of health care. Topics include pregnancy, fetal medicine, dysmenorrhea, isoimmunization, diabetes and hypertension in pregnancy, complications of pregnancy, labor and delivery, post-partum issues, sexually transmitted diseases, menstrual-endocrine abnormalities, reproductive life extremes, fertility regulation, disorders of pelvic support, ovarian, endometrial, cervical and vulvar neoplasia, and cancer.

PA-536: Clinical Skills-I (2.0 Units)

This is the first of a two-part lecture and lab sequence providing a practical approach to management of medical and surgical conditions. This course introduces students to the basic skills and knowledge needed to evaluate and treat common illnesses and injuries. Lectures are followed by practical applications in guided lab sessions. Topics include prescription writing, aseptic techniques, gowning, gloving, venipuncture, IV therapy, casting, splinting, and dermatological procedures using oral/case presentations.

PA-537: Clinical Skills-II (2.0 Units)

This is the second of a two-part lecture and lab sequence providing a practical approach to the management of medical and surgical conditions. Topics include radiology, lung and heart sounds, bladder catheterization, nasogastric tube placement, joint access, steroid therapy, anesthesia techniques, BLS, ACLS, and miscellaneous urgent care/primary care procedures. Lectures are followed by practical applications in guided lab sessions. In addition, students will take a PACKRAT and an OSCE exam.

PA-538: Medical Microbiology (2.0 Units)

The student will discuss the mechanisms of microbial pathogenicity and common organisms associated with specific infectious diseases. Students will cover basic structure and physiology, pathogenicity, bacterial growth, virulence factors and basic epidemiology. Organisms covered include bacteria, fungi, parasites, mycoplasmas, rickettsias, chlamydias, spirochetes, vibrios, and viruses. Upon completion of the course students will become familiar with important microorganisms and their roles in infectious diseases in preparation for advanced coursework in pharmacology, pathophysiology, and clinical medicine.

PA-539: Rural Medicine (2.0 Units)

The course explores health disparities in the rural population and special considerations of providing care in this setting. Specific medical conditions that are unique to rural areas in West Virginia will be included. The use of medical networks, medical informatics, and telemedicine will also be covered. In addition, students will be exposed to the principles that guide rural health organizations and the utilization of patient consultation. Finally, students will explore the characteristics of the rural patient and the rural health care provider, the economics of rural health practice, and the quality and role of primary care in the rural setting.

PA-549: PA Professional Issues-II (1.0 Unit)

This course is presented as the second of a two-part series of professional issues and will prepare students for transition from the role of student to medical practitioner. Employment considerations and professional liability are included in this section. This section also include patient safety, risk management, interprofessional relationships, resume writing, job search, interviewing strategies, contract negotiation, certification, state licensure, networking,

state practice requirements, credentialing, privileging, DEA certification, and supervisory agreement.

CLINICAL PHASE

PA-570: Family Medicine (5 weeks) 5.0 units

This five-week outpatient clerkship reinforces primary care knowledge and concepts taught during the didactic phase of the program through practical applications. Working as part of a health care team, students are expected to assimilate and correlate patient history, physical findings, and diagnostic studies to make diagnoses and formulate treatment plans. Students will be exposed to a broad range of medical conditions seen in the pediatrics to geriatrics population. This includes patients in long term care. Activities include patient examination, pharmacotherapeutics, treatment modalities, follow-up evaluation, case presentations and documentation. Students work under the supervision of a licensed clinical preceptor and undergo an end of rotation evaluation. **Hours:** 40 plus per week.

PA-571: Internal Medicine (5 weeks) 5.0 units

This five-week clerkship allows students to demonstrate knowledge, clinical examination techniques, and other learned competencies in the inpatient and outpatient settings. Students correlate pathophysiology, clinical signs and symptoms, and diagnostic studies to make assessments and formulate treatment plans. Students also participate in follow-up evaluations. The rotation covers patients along the continuum of life from young adult to geriatrics, including long term care. Activities included patient examination, pharmacotherapeutics, treatment modalities, follow-up evaluations, case presentations and documentation. Students work under the supervision of a licensed clinical preceptor and undergo an end of rotation evaluation. **Hours:** 40 plus per week.

PA-572: Emergency Medicine (5 weeks) 5.0 units

This five-week clerkship allows students to demonstrate knowledge, clinical examination techniques, and other learned competencies in the urgent and emergent settings. Students correlate pathophysiology, clinical signs and symptoms, and diagnostic studies to make assessments and formulate treatment plans. The rotation covers patients along the continuum of life spectrum. Activities include patient examination, pharmacotherapeutics, other treatment modalities, follow-up evaluation, case presentation and documentation. Conditions include cardiac, respiratory, trauma, and other life-threatening conditions. Procedures include reduction techniques, suturing, aspirations, IV placements, splinting, and minor surgical procedures. Students will also interact with members of the surgical and medicine teams. Students learn when and how to make proper referrals, interpret laboratory and radiological studies, formulate treatment plans, discharge, refer, and admit patients. Students work under the supervision of a licensed clinical preceptor and undergo an end of rotation evaluation. **Hours:** 40 plus per week.

PA- 573: Family Medicine – Pediatric and Adolescent Medicine Concentration (5 weeks)
5.0 units

This five-week clerkship exposes students to patients in the pediatric and adolescent age groups. Students use knowledge, examination techniques, diagnostic studies, and current treatment modalities to diagnose and treat medical conditions commonly found in this patient population. Students also learn how to perform common pediatric treatment procedures in the inpatient and outpatient settings. Students will learn to recognize developmental milestones and life-threatening conditions. Students are also expected to perform drug dosage calculations, provide immunizations, and perform well-child and school physicals. Students will also provide health promotion and disease prevention education. Students work under the supervision of a licensed clinical preceptor and undergo an end of rotation evaluation. **Hours:** 40 plus hours per week.

PA- 574: Women’s Health (5 weeks) 5.0 units

This five-week rotation provides students with the opportunity to apply the principles of pathophysiology, physical diagnosis, clinical lab diagnostics, and therapeutics in treating women from adolescence through their later years in both the inpatient and outpatient settings. Students are expected to become proficient in performing pelvic examinations, saline-preps, KOH preps, specimen collection, and some minor surgical procedures (abscess incision and drainage). Students will evaluate, diagnose, and treat women with conditions such as menstrual irregularities, sexually transmitted diseases, breast conditions, genitourinary symptoms, and neoplasia/cancer of the reproductive tract. In addition, students will be involved in providing prenatal care, preventive education and health promotion related to issues in women’s health. Instruction in family planning will also be provided. Students work under the supervision of a licensed clinical preceptor and undergo an end of rotation evaluation. **Hours:** 40 plus hours per week.

PA-575: General Surgery (5 weeks) 5.0 units

This five-week rotation provides students with the opportunity to learn about general and specific principles of treating surgical patients in both the inpatient and outpatient settings. Students will learn how to evaluate, diagnose, manage, and refer patients presenting with surgical conditions. Students will perform pre-operative work-ups and post-operative care for patients. In addition, students will assist in the operating room as part of a surgical team. Mastery of aseptic techniques, gowning, gloving, instrumentation, suturing, and first and /or second assisting will be expected. The rotation will cover surgical conditions across the spectrum of body systems. Late evenings and weekend calls may be scheduled. Students work under the supervision of a licensed clinical preceptor and undergo an end of rotation evaluation. **Hours:** 40 plus hours per week.

PA-576: Behavioral Medicine/Psychiatry (5 weeks) 5.0 units

This five-week clerkship exposes students to patients with emotional and psychiatric conditions. Students will reinforce concepts of psychopathology, psychotherapeutics, and patient

interviewing techniques to obtain patient histories, make diagnoses, and formulate treatment plans. Students are expected to develop skills to manage patients' response to psychiatric illness. The experience includes interaction along the lifespan in both the inpatient and outpatient settings. Students work under the supervision of a licensed clinical preceptor and undergo an end of rotation evaluation. **Hours:** 40 plus hours per week.

PA-577: Elective-I (5 weeks) 5.0 units

This five-week clerkship is an opportunity for students to gain additional or new clinical experience. During this rotation students may choose to return to a previous rotation or pursue studies in another area of clinical interest. Students work under the supervision of a licensed clinical preceptor and undergo an end of rotation evaluation. **Hours:** 40 plus hours per week.

PA-508: Elective-II (5 weeks) 5.0 units

This five-week clerkship is another opportunity for students to gain additional or new clinical experience. During this rotation students may choose to return to a previous rotation or pursue studies in another area of clinical interest. Students work under the supervision of a licensed clinical preceptor and undergo an end of rotation evaluation. **Hours:** 40 plus hours per week.

APPENDIX B

Preceptor, Clinical Coordinator and Student Responsibilities

PRECEPTOR RESPONSIBILITIES

The following are the responsibilities of the Clinical Preceptor:

1. Provide clinical instruction for the students.
2. Assign students to specific health care teams or mentors.
3. Designate specific patient assignments, admitting responsibilities, data collection, on-call schedules, diagnostic and therapeutic procedures to be performed by the student as listed in the instructional objectives.
4. Provide a minimum of 40 hours per week of patient care exposure.
5. Provide ongoing constructive critique related to the educational experiences of the student.
6. Discuss with the student: mid-rotation progress, end of rotation written evaluation, observed clinical strengths and weaknesses.
7. Make reading assignments related to the learning experience when needed.
8. Coordinate student learning experiences in conjunction with the Clinical Coordinator.
9. Provide feedback regarding the students' clinical progress to the clinical coordinator on a regular basis.
10. Provide constant review and countersignature of all student documentation on patient's medical record in accordance with the facility's policy.
11. The preceptor or designee must be physically present at all times to offer supervision. Patient care decisions require consultation with the preceptor or designee.
12. **STUDENTS SHALL NOT REPLACE STAFF/EMPLOYEES FOR ANY REASON**
 - **A *Preceptor* is defined as a MD, DO, PA, NP, or other health professional who has been approved by the program and the clinical facility to supervise daily activities of the Physician Assistant Student and act as a mentor.**

GUIDELINES FOR SCHEDULING PHYSICIAN ASSISTANT STUDENTS

Physician Assistant Student Schedules in Clinical Clerkship

General Guidelines:

1. Unless other arrangements are made, Physician Assistant (PA) students are expected to follow the schedules of the clinical facility they are assigned to.
2. If a clinical facility is open 7 days per week, 24 hours per day, PA students may be assigned to any time period as long as an appropriate supervisor is physically present (MD, DO, PA-C, RNP, CNM).
3. *Physician Assistant Students may not be utilized to replace paid faculty, staff, or other employees for any reason.*
4. Students should be in the clinical sites about 40 hours per week, unless specified otherwise (see information regarding on-call duties).
5. Students may be scheduled for weekends (Friday, Saturday, and Sunday) and Holidays. See the On Call and Weekend Scheduling below.
6. Students may be scheduled from 60–84 hours per week if 12 hour shifts, call back, or in house on-call duties are included in the schedule.
7. Students should not be scheduled for more than 84 hours per week, even if these hours include overnight on-call with a sleeping room available.

On Call and Weekend Scheduling

To clarify the issue of on call and weekend schedules during the clinical rotations, we use the following guidelines:

1. Students may be scheduled for on-call duties during their clinical rotations. This may be accomplished in a manner similar to an Intern or Junior/Senior Medical student.
2. On-call periods may be for 12 or 24 hours, as per the standard practice of each facility. PA students should be scheduled in the same manner as Interns or Junior and Senior Medical Students.
3. Students may be assigned to an admitting team and may be scheduled in the same manner as the other team members as appropriate for the student's level of experience (e.g., as Interns or Junior/Senior Medical students are scheduled).
4. Please **DO NOT** require PA students to stay in house for overnight on-call if there are no sleeping room accommodations or meal arrangements available.

5. PA students may be scheduled for standard 8 – 12 hour shifts including evening or night hours (e.g., 3-11 PM or 6 PM - 6 AM).
6. A maximum of two on call periods in a week (7 calendar days) should be scheduled. This usually refers to a 24-hour time frame per “on-call.” Please DO NOT schedule back-to-back on calls. It is probably best to have 3-4 days between on-call periods. (Mon-Thurs, Tues-Fri or Sat, etc.)
7. Maximum of three weekends on call in a 5-week rotation.
8. A weekend includes: Friday evening (after 6 pm), Saturday (day and night), and Sunday (day and night).
9. Due to the nature of surgery and labor and delivery, and the hours involved with on-call duties, we recommend limiting student schedules to about 60 hours in a week, with a maximum of 84 hours in a 7-day period. Sometimes the hours may exceed the 84 hours threshold, but please try to avoid that.
10. Students should be excused from clinical duties as early as possible on the day following the “on-call” after pass on rounds if he/she was required to stay overnight in the hospital. Please avoid the 30-36 hour marathon sessions.
11. If the student was required to stay in the hospital until midnight, but did not stay overnight, the student should be given the option of coming in at a later hour or leaving early the next day. However, whichever works best for the team and the patients should be the first consideration.
12. Students may elect to stay late to participate in surgery, etc., even when not on call. In those cases, it is a matter of agreement between the preceptor and the student as to the hours for the next day, as long as we avoid exceeding the 84 hours per week limit.

CLINICAL COORDINATOR RESPONSIBILITIES

The following are the responsibilities of the Clinical Coordinator:

1. Communicate with the student to provide feedback and evaluation.
2. Provide adequate clinical experiences to assure that instructional objectives are met.
3. Review and critique the student’s documentation in patients’ medical records.
4. Assign student grades based on clinical performance, completion of objectives, and post-rotation examinations.

5. Coordinate student learning experiences with the preceptor.
6. Provide feedback of students' overall learning experiences to the preceptors, program faculty and Program Director on a regular basis.
7. Perform in a professional manner, working in cooperation with the students, preceptors, and other health care professionals and respecting patients' rights.

RESPONSIBILITIES OF STUDENTS

The following are the responsibilities of the Physician Assistant Student:

1. Conduct oneself in a professional and appropriate manner, working cooperatively with the health care team, other health professionals, and the faculty of the Department of Physician Assistant Sciences while respecting patients' rights.
2. Perform duties promptly and efficiently.
3. Maintain a complete and accurate medical record:
 - A. **H & P** – Obtain the appropriate history and physical form and perform the H & P for presentation to the preceptor/designee before placing in the patient's chart. Corrections should be made prior to entering the form in the medical record. All charts must be completed and submitted to the preceptor for signing within 24 hours.
 - B. **Progress Notes** – Enter the date and time at the beginning of each progress note. The first line of all progress notes must be labeled: **PA STUDENT NOTE**. A student must use "PA-S" after his/her signature on all written medical documents.
 - C. **Orders**- Write orders in consultation with the supervising physician and in accordance with facility policy. The preceptor or designee must countersign all orders written by students immediately.
 - D. **Admission and Discharge Summaries**- Write admission orders and discharge summaries in consultation with the preceptor. Both must be countersigned immediately by the preceptor or designee.
 - E. **Nurses' Notes**- Read the nurses' notes and review the information there such as: vital signs, intake and output volume, medications received, and the status of the patient.
4. Present clinical information in oral and written case presentations.
5. Demonstrate knowledge of required reading.
6. Meet behavioral objectives relative to clinical rotations.

7. Integrate information encountered in the didactic phase:

Basic Sciences (Biochemistry, Pathophysiology, Anatomy and Physiology)
Behavioral Sciences
Clinical Skills
Clinical Medicine
Professional Issues
Pharmacotherapeutics

8. Integrate didactic and clinical information to formulate appropriate diagnostic, management, and patient education plans.
9. Adhere to all student policies: professional, dress code, attendance, punctuality, absenteeism, examination, and clinical rotation guidelines.
10. Complete the end-of-rotation evaluation form and deliver it to the clinical coordinator for faculty review.
11. Attend required University/College/Program functions.
12. Participate in required on call assignments during the clinical year.
13. Attend all rounds, lectures, clinics, grand rounds and conferences provided by the clinical rotation sites.
14. Participate in all learning activities as assigned by the Clinical Coordinator.
15. Attend Board preparation workshops.
16. Maintain a log of clinical activities.
17. Prepare, attend, and participate in case presentations.
18. Obtain a minimum of 40 hours per week of clinical exposure.
19. Obtain information and develop a comprehensive database (Typhon®)
20. Develop skills in ordering, performing and interpreting appropriate diagnostic studies.
21. Formulate treatment plans for the management of common medical problems in collaboration with the preceptor.
22. Evaluate and monitor patient progress and document patient progress using the SOAP format (Problem oriented medical record).

23. Provide counseling and health education appropriate for the patients' and/or families' level of comprehensive.

24. Identify and address the relationship between medical and socioeconomic problems.

APPENDIX C

Mid-Clerkship Student Performance Evaluation



Student Name: _____

Clinical Site: _____

Preceptor: _____

**Preceptor Evaluation of Performance Mid-Clerkship
Physician Assistant Student
Fall Quarter 2012**

To the Preceptor: *Please complete this evaluation form at the end of the 2nd week of the clerkship. Discuss it with the student and sign it. Obtain the student's signature and return to the clinical coordinator at Fax number: (304) 336-8868.*

Evaluation Item	Progression	
	Satisfactory	Unsatisfactory
Patient Care: Compassionate, appropriate and effective for the promotion of health, prevention & treatment of illness, and end of life (as required). Gathered accurate, essential information from all sources: interviews, physical examinations, records, procedures.		
Medical Knowledge: Demonstrated knowledge of established and evolving biomedical, clinical, and social sciences. Applied open-minded, analytical approach to acquiring new knowledge.		
Practice-based Learning: Use scientific evidence and methods to investigate, evaluate, and improve patient care practice. Implemented strategies to enhance knowledge, skills, attitudes and processes of care for the most up-to-date medical information.		
Interpersonal & Communication Skills: Demonstrated interpersonal & communication skills to establish professional relations. Used effective listening, questioning, and narrative skills to communicate with patients and families, being sensitive to cultural, religious, and language issues.		
Professionalism: Behaviors reflect continuous professional development, ethical practice, sensitivity to diversity, and responsible attitude toward patients, profession, and society. Demonstrated respect, compassion, and integrity in relationships with patients, families, and colleagues. Demonstrated proper attention to issues of culture, religion, age, gender, sexual orientation, and mental/physical disabilities		

	and adhered to policies and guidelines for professional appearance.		
	Current Medical Principles & Practice: Demonstrate an understanding and awareness of the appropriateness of the PA Practice. Demonstrated knowledge of the PA practice principles; formulated treatment plans. Actively pursued the application of current medical practice to clinical cases.		

Preceptor Comments:

Preceptor Comments:

This evaluation is to be discussed with the student.

Preceptor's Signature

Date

Student's Signature

Date

APPENDIX D

End of Clerkship Student Performance Evaluation



West Liberty University
 Department of Physician Assistant Sciences
 PO Box 295, CSC 173, West Liberty, WV 26074
 Phone: (304)336-5098 Fax: (304)336-8868

End of Clerkship Student Performance Evaluation

Date: _____ Student's Name: _____

Clinical Clerkship: _____ Clinical Site : _____

Clinical preceptor (Print name): _____

Please grade the student using the following criteria:

- 1 = poor** (the student was not prepared in this area)
- 2 = below average** (the student had a minimal fund of knowledge/performance)
- 3 = average** (the student had an average fund of knowledge/performance)
- 4 = good** (the student had a good fund of knowledge/performance)
- 5 = outstanding** (the student had a strong fund of knowledge/performance)

Student demonstration of the following:

1.	Medical interviewing	(1) (2) (3) (4) (5)
2.	Physical examination	(1) (2) (3) (4) (5)
3.	Oral case presentation	(1) (2) (3) (4) (5)
4.	Written patient record	(1) (2) (3) (4) (5)
5.	Knowledge of diagnostic studies	(1) (2) (3) (4) (5)
6.	Problem solving/critical thinking	(1) (2) (3) (4) (5)
7.	Factual knowledge and concepts	(1) (2) (3) (4) (5)
9.	Assessment/Differential Diagnosis	(1) (2) (3) (4) (5)
10.	Ability to formulate management plans	(1) (2) (3) (4) (5)
11.	Ability to implement management plans	(1) (2) (3) (4) (5)
12.	Relating to colleagues	(1) (2) (3) (4) (5)
13.	Relating to patients	(1) (2) (3) (4) (5)
14.	Understanding the role of the PA	(1) (2) (3) (4) (5)
15.	Self-confidence	(1) (2) (3) (4) (5)
16.	Reliability and dependability	(1) (2) (3) (4) (5)
17.	Professionalism/Medical ethics	(1) (2) (3) (4) (5)

Comments:

Overall, the student demonstrated **Satisfactory** [], **Unsatisfactory** [] level of knowledge and performance for safe and effective clinical practice in this clerkship.

 Signature of Clinical preceptor