

UK Preceptor Orientation Handbook

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UNIVERSITY OF KENTUCKY

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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.

General Goals of the Clinical Year

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

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

In addition, each clinical rotation has learning objectives specific to that discipline and setting. Please see Appendix C for course syllabi and course maps.

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)

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, problem assessment, and plan development including a logical approach to further studies and therapy.

Preceptor Responsibilities

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

- Orient students at the onset of the rotation 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 coordinator by submitting mid-rotation and end-of-rotation evaluations
- Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care
- Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise
- Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
 - Direct supervision, observation, and teaching in the clinical setting
 - Direct evaluation of presentations (including both oral and written)
 - Assignment of outside readings and research to promote further learning
- Dialogue with faculty during site visits to evaluate student progress and assist the learning process
- Audit and co-sign charts in order to evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans
- Complete and promptly return the evaluation forms provided by the program reflecting on student knowledge and skills as well as their improvement throughout the rotation
- Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
- Maintain an ethical approach to the care of patients by serving as a role model for the student
- Demonstrate cultural competency through interactions with patients
- Spend a few minutes each week in a candid 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

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, MySpace) should be avoided until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the clinical coordinator regarding specific school or university policies regarding this issue.

Orientation and Communicating Student Expectations

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

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

Early on in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in 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
- General attendance
- Call schedules
- Overnight/weekend schedules
- Participation during rounds and conferences
- Expectations for clinical care, patient interaction, and procedures
- Oral presentations
- Written documentation
- Assignments
- Write-ups
- Anything additional that the preceptor feels is necessary

Students are expected to communicate with preceptors any special scheduling needs they may have during the rotation — in particular, when they may be out of the clinical setting for either personal reasons or program-required educational activities. If students anticipate missing clinical time for personal reasons, they are required to submit an absence from rotation from to the program that includes the signature of the preceptor.

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

Preparing Staff

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. 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, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting.

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

- Student’s name
- Student’s schedule (when they will be in the office)
- Student’s expected role in patient care
- Expected effect of the student on office operation: Will fewer patients be scheduled? Will the preceptor be busier?
- How patients will 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, or PA who will serve as the student’s preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student’s assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor’s supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the 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 Regarding Student Involvement in Patient Care

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

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 coordinator. Students are reminded that the medical record is a legal document. All medical entries must be identified as “student” and must include the PA student’s signature with the designation “PA-S.” The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students’ notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution’s EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student’s own edification, which should be reviewed by preceptors whenever possible for feedback.

Medicare Policy

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/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10412.pdf>

Prescription Writing

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

Expected Progression of PA student

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

Student Evaluation

The preceptor will complete the Preceptor Evaluation of Student Performance for each student at the end of the rotation (copy provided at the end of this handbook). This form may be utilized for the informal mid-rotation evaluation and feedback discussion with the student. Additionally, the program distributes a survey annually for preceptors to provide feedback regarding the program's preparation of students for entry into clinical rotations. These evaluations are sent via email unless requested otherwise by the preceptor. Additional descriptions provided below.

The Preceptor Evaluation of Student Performance is designed to promote communication between preceptor and student. Preceptors are encouraged to discuss strengths and weaknesses so as to encourage students about their strengths as well as provide opportunities to improve upon weaknesses. The evaluation should also reflect on student knowledge and skills as well as their improvement throughout the rotation, and assess progress in comparison to other students at the same level. The preceptor's evaluation of the student is tremendously important. On required rotations (i.e., core rotations required by the specific institution for all students prior to graduation), a passing evaluation from the preceptor is mandatory. If deemed "not passing," the student may be requested to repeat the rotation or undergo procedures specified by the program. The final grade for a clinical rotation and the decision to pass or fail a student are ultimately made by the program faculty.

The evaluation uses a 4-point Likert-Type Scale: 4 (Can Perform Without Direct Supervision), 3 (Requires Minimal Supervision), 2 (Requires Close Supervision), 1 (Unable to Perform). As the

students complete more rotations, the expectation is for their average rating for each rotation will increase according to the guide below:

Rotations	Average Rating Target	Professionalism Items
<u>1-4</u>	<u>> 2.0</u>	<u>(pass all)</u>
<u>5-8</u>	<u>> 2.5</u>	<u>(pass all)</u>
<u>9-12</u>	<u>> 3.0</u>	<u>(pass all)</u>

Preceptors should consider performing brief end-of-rotation evaluations privately with colleagues and staff to get additional insight into the student's professionalism and effectiveness as a team player with all members of the health care team. These comments are helpful contributions to student evaluations. Additionally, staff feedback may enhance the student experience from one rotation to another and can help to improve efficiency and flow while also maximizing educational opportunities.

New this year, is the addition of an Essential Skills Checklist. This is a list of skills determined by the program to be a short list of skills that all entry level physician assistants should be adept in performing. The students are asked to practice these skills during rotations and once they feel prepared, to ask the preceptor to check them off if performance meets the expectation of entry level adeptness. The students are also checked off by faculty during skills checks throughout the clinical year at the end of rotation call back days.

Feedback to Students

While students may have two formal evaluations during the clinical rotation, it is imperative that they receive regular positive and constructive feedback on a daily basis from their preceptors to help improve their clinical performance. Please contact the clinical coordinator for specific policies regarding student evaluation.

Student Responsibilities

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

- Provide list of objectives to the preceptor at the beginning of the rotation
- Obtain detailed histories and conduct physical exams, develop a differential diagnosis, formulate an assessment and plan through discussion with the preceptor, give oral presentations, and document findings
- Perform and/or interpret common lab results and diagnostics
- Educate and counsel patients across the lifespan regarding health-related issues
- Attend clinical rotations as scheduled in addition to grand rounds, lectures, and conferences, if available to them

- Demonstrate emotional resilience and stability, adaptability. And flexibility during the clinical year
- Student Case Logging: To ensure students are receiving adequate and appropriate exposure to patients and meeting program expectations, they will log patient encounters throughout their clinical year into EMedley software
- At the conclusion of each rotation, the student is required to complete an evaluation of the preceptor/clinical site

Standards of Professional Conduct

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

- Respect
- Flexibility
- 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 physician assistant program.

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

Specific Program Policies

<https://www.uky.edu/chs/current-students/compliance-background-checks-and-drug-screens>

- Workers' Compensation
- Drugs and alcohol
- Timeliness and lateness
- **Needle stick procedure** (see below)
- HIPAA training
- Blood-borne pathogens training
- Immunization requirements
- Background check

- Drug testing
- Sexual harassment and assault resources

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>

NEEDLE STICK PROCEDURE

If a student experiences a need stick while on a clinical rotation, they should first notify University Health Service (UHS) at 859-323-2778. If UHS is not open, they should contact the on-call UHS physician immediately by calling 859-323-5321 and ask the operator to page the University Health Service on-call physician immediately. If possible, the student should know risk factors of the source patient for HIV or Hepatitis. Immediately after contacting UHS, the student should also contact Dr. Somu Chatterjee (somu.chatterjee@uky.edu) and Dr. Randa Remer (randa.remer-eskridge@uky.edu) by email.

The following is an excerpt from the UK Policy on Educational Exposure to Blood Borne Pathogens.

Protocol for Managing Educational Exposure to Blood Borne Pathogens

A. GENERAL

Effective management of educational exposure to blood borne pathogens requires coordination among multiple units of the Medical Center. It requires training in prevention in injury and in the management of injuries when they occur.

B. EDUCATIONAL EXPOSURE TO BLOOD BORNE PATHOGENS – STUDENTS IN EDUCATIONAL EXPERIENCES WITHIN THE COMMONWEALTH OF KENTUCKY

1. All students with an exposure will be directed to perform basic first aid immediately. These first aid directives will be the same as those provided to employees with occupational injuries and will be developed by University Health Service. All students should have a "baseline" laboratory test done as soon as they can get an appointment but no later than the next business day.
2. All students on an educational rotation in the Commonwealth of Kentucky will be directed to contact immediately the University Health Service in the event of an educational exposure. (Students on educational rotation outside the Commonwealth will be handled as delineated below in Section C.) Students will be directed to contact the on-call University Health Service physician if the University Health Service is closed. The reason that students will be expected to contact University Health Service immediately is because of the need for rapid assessment about prophylactic medications, the completion of a baseline laboratory test, the rapid prescribing of medications if indicated, and the limited capacity of a student to assess his/her own injury.

Students will cooperate with the University Health Service in obtaining lab results from the "source patient" including, but not limited to, executing appropriate consents and

authorizations. The University Health Service shall request the facility providing the educational experience to assist obtaining the status of the source patient pursuant to KRS 214.625.

Students shall provide, to University Health Service personnel, the following information, if available, concerning the exposure:

- Approximate time of exposure
- Location of exposure (e.g., hospital, office, etc.)
- Source of the exposure (e.g., blood, contaminated instrument, etc.)
- Type of exposure (e.g., skin, mucous membrane percutaneous)
- Length of exposure (e.g., seconds/minutes/hours)
- Status of the source patient: Negative, Positive or Unknown HIV Status

Whether or not patient is at risk for HIV infection because of:

- Multiple blood transfusions 1978-1985
- IV drug user
- Multiple sex partners, homosexual activity
- Known HIV positive and/or have symptoms of AIDS
- Significant blood or bodily fluid exposure has occurred

3. If the University Health Service physician believes that prophylactic medication is indicated, the physician will prescribe it. The physician will prescribe by telephone a three-day supply of the medication to the appropriate dispensing pharmacy. The dispensing pharmacy will vary depending upon the location of the student. University Health Service will make a list of pharmacies available to personnel who may prescribe the medications. The University Health Service will prescribe the same prophylactic medications for students as those prescribed for employees with exposure to blood borne pathogens.

For students on educational rotations at Chandler Medical Center for within 50 miles of the Chandler Medical Center, the baseline laboratory test will be completed at the University Health Service, and the prescribing pharmacy will be either the UK Hospital or Kentucky Clinic pharmacy.

For students on educational rotations in the Commonwealth of Kentucky more than 50 miles from the Chandler Medical Center, alternate laboratory test sites and pharmacy sites will be identified. This identification will be by county, will be furnished to University Health Service personnel, and will be told to the student at their orientation to the educational activity.

4. Students must contact the University Health Service at the time of injury and must follow up with University Health Service as soon as practical or as directed by the University Health Service physician/staff. All students will report the injury to the supervising clinician/preceptor. Students on educational rotations in Kentucky, but out of Fayette County, will also report the injury to the course director.

5. In all situations of educational exposure to blood borne pathogens (whether or not the exposure is considered high-risk), all students will report to University Health Service for follow-up testing (as determined by the University Health Service), counseling, and continued prescription of medication (if appropriate). Students on rotation in Kentucky will have blood testing done at the University Health Service.

6. All students will complete a University of Kentucky Chandler Medical Center Reportable Occurrence Form and Occupational Exposure Form and bring these completed forms to University Health Service for their scheduled appointment. These forms will be available on the patient care units in the University Hospital, the Chandler Medical Center AHEC Office, the AHEC regional offices, and the Education Offices of the various colleges of the Medical Center.

7. All source patients should have blood work as designated by the protocol current at the present time (presently HCV antibody, HIV antibody, and Hepatitis B surface antigen.)

The University Health Service Blood Borne Pathogen Program Nurse Coordinator will coordinate obtaining blood samples/reports from source patients at the Chandler Medical Center and in the Lexington-Fayette County area. In other locales, the University Health Service and the course director will work with the community preceptor to complete the necessary blood work on the source patient.

Invoices are to be sent to David Watt, Associate Provost for Academic Affairs, Room 150 Medical Sciences Building, Lexington, KY 40536-0298.

C. EDUCATIONAL EXPOSURE TO BLOOD BORNE PATHOGENS – STUDENTS IN EDUCATIONAL EXPERIENCES OUTSIDE THE COMMONWEALTH OF KENTUCKY, BUT INSIDE THE UNITED STATES

1. All students with an exposure will be directed to perform basic first aid immediately. These first aid directives will be the same as those provided to employees with occupational injuries and will be developed by University Health Service. All students should have a "baseline" laboratory test done as soon as they can get an appointment but no later than the next business day. All students on educational rotation outside the Commonwealth of Kentucky will be directed to contact the appropriate health service at that institution in the event of an educational exposure. Students will be counseled to identify this location as part of their orientation to the facility. The reason that students must contact the appropriate health service immediately is because of the need for rapid assessment about prophylactic medication, the completion of a baseline laboratory test, the rapid prescribing of this medication if indicated, and the limited capacity of a student to assess his or her own injury.

2. Students will be directed to have source patient information available for their discussion with the appropriate personnel at the outside facility, if available, concerning the exposure:

- Approximate time of exposure
- Location of exposure (e.g., hospital, office, etc.)
- Source of the exposure (e.g., blood, contaminated instrument, etc.)
- Type of exposure (e.g., skin, mucous membrane percutaneous)
- Length of exposure (e.g., seconds/minutes/hours)
- Status of the source patient: Negative, Positive or Unknown HIV Status

Whether or not patient is at risk for HIV infection because of:

- Multiple blood transfusions 1978-1985
- IV drug user
- Multiple sex partners, homosexual activity
- Known HIV positive and/or have symptoms of AIDS

- Significant blood or bodily fluid exposure has occurred
3. If health personnel at the outside facility believe that prophylactic medication is indicated, the physician will prescribe it. The student may ask that the physician prescribe a three-day supply of the medication. This will allow the student to begin medication and consult with University Health Service personnel as well. The student will be responsible for obtaining the medication and paying for it.
 4. In all situations of educational exposure to blood borne pathogens (whether or not the exposure is considered high-risk), students will contact University Health Service for follow-up testing, counseling, and continued prescription of medication (if appropriate). If it is possible for the student to return to UK immediately, all of these activities will occur in University Health Service at no cost to the student. If the student is unable to immediately return to UK, blood testing and medication may have to be obtained off campus.
 5. All students will complete a University of Kentucky Chandler Medical Center Reportable Occurrence Form and Occupational Exposure Form, and bring these completed forms to the University Health Service for their scheduled appointment. These forms will be available on the patient care units of University Hospital, in the Chandler Medical Center AHEC Office, at the AHEC regional offices, and in the Education Offices of the various colleges of the Medical Center.
 6. All source patients should have blood work, including HCV antibody, HIV antibody, and Hepatitis B surface antigen. The student should coordinate these test results being sent to the University Health Service.

D. EDUCATIONAL EXPOSURE TO BLOOD BORNE PATHOGENS – STUDENTS IN INTERNATIONAL ROTATIONS

1. Students/residents who elect to do international rotations will be required to contact the University of Kentucky Office of International Affairs and sign appropriate forms, including a waiver of these procedures, prior to leaving for that rotation.

Site Visits

Once a clinical site and preceptor are established, a site visit will be made either in person, via phone, or via skype every two years. Each student requires a minimum of 1 site visit per year, and additional site visits may be made. The preceptor may also request site visits from the Program at any time

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 coordinator. 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.

Liability Insurance

All students, while enrolled at the University of Kentucky, are covered by medical liability insurance in the excess of \$1,000,000. Preceptors are not required to increase their own personal coverage while precepting students.

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.

A PA student is not permitted to assume the role of a PA student while on duty as a paid employee. Even in a shadowing capacity, it is not appropriate for a student to represent themselves or participate in the care of any patient outside of the role for which they are being paid. Liability insurance will not cover any student assuming the “PA student” role outside of an assigned clinical rotation.

UNIVERSITY OF KENTUCKY PA PROGRAM

The University of Kentucky Physician Assistant Program was created in 1973 as one of the first PA programs in the country. The Program became a Masters level program in 2001 and is designed to produce competent and compassionate physician assistants for the 21st century. It is a 29-month program with primary care being the focus of the curriculum while placing emphasis on interdisciplinary education. The student has the opportunity to become acquainted with the roles of other health science disciplines, thereby gaining a better appreciation for the team concept of health care delivery. The program continues to set high priorities on educating PAs who have interest in practicing in underserved areas. Consistent with this mission, the curriculum has been designed to develop well-educated and highly skilled primary care physician assistants who will extend the physician’s effectiveness and improve access to health care.

Prior to admission, students must have successfully completed a minimum of a bachelor’s degree from an accredited university. Program graduates will have enhanced clinical competencies in evidence-based medicine, geriatrics, health services management, clinical nutrition, pharmacology and applied research.

The UK PA Program is accredited by the Accreditation Review Commission on Education for the Physician Assistant.

Graduates of the UK PA Program receive the Masters of Science in Physician Assistant Studies (MSPAS) degree and are eligible to take the Physician Assistant National Certifying Examination.

CLINICAL ROTATIONS

PAS 660 Family Medicine – Two 4-week rotations designed to give the student clinical experience in the evaluation and general healthcare of adults and children, primarily in ambulatory settings.

PAS 661 Pediatrics – A 4-week rotation designed to give the student experience in well child care, childhood growth and development, community encountered childhood infectious disease, accidents, poisoning, and other common childhood problems.

PAS 663 General Surgery – A 4-week rotation where students are expected to gain experience in the evaluation of pre- and post-operative patients as well as assisting in surgery.

PAS 669 Internal Medicine – Two 4-weeks rotation designed to give the student experience in the ambulatory evaluation and management of acute and chronic illnesses of adults in community and hospital settings.

PAS 680 Seminar in Physician Assistant Studies – Meeting every 4 weeks during the clinical phase, this class includes lectures, presentations, and small group discussions on selected topics pertaining to clinical issues pertinent to practicing physician assistants.

PAS 862 Women's Health – A 4-week rotation designed to give the student experience in routine prenatal care, delivery procedures, post-partum care, ob/gyn surgery, and office gynecology.

PAS 864 Geriatrics – A 4-week clinical rotation designed to allow the student a comprehensive experience in the observation and treatment of elderly patients in a variety of settings.

PAS 870 Emergency Medicine – A 4-week rotation designed to give the student experience in the triage, diagnosis, evaluation, and management of problems typically seen in a busy emergency department.

PAS 871 Psychiatry – A 4-week rotation designed to give the student experience in the evaluation and management of common psychiatric and psychosocial problems.

PAS 665 Elective – Two 4-week rotations in which the student selects a clinical area of interest for additional study. Learning objectives are designed individually and are specific to the needs of the student and clinical area selected.

Benefits to being a UK PA PRECEPTOR:

As a UK PA preceptor, you can apply to be a community faculty member if you agree to take 2 students per year. This will give you an adjunct faculty title within the university. Please see the link

below for further information. You can also receive discounts for becoming an adjunct faculty member. (SEE BELOW)

ABOUT THE COMMUNITY FACULTY PROGRAM

(<http://ahec.med.uky.edu/about-community-faculty-program>)

Continuing Education Credit

Community-based faculty who are actively engaged in teaching students can receive continuing education credit in two ways. First, you are invited to attend the Annual Community-Based Faculty Conference held each Spring in Lexington. Second, you can receive a \$300 credit toward a CE offering provided by the UK Office of Continuing Education. Details for each follow.

Annual Conference: Every Spring, the Community-Based Faculty Program invites community faculty to participate in the annual conference – *Preparing Health Professionals for the 21st Century*. Participants are provided free continuing education credit in addition to overnight accommodations and an evening event to thank you for your support of UK’s health professions education mission.

Continuing Education Credit: Community-based faculty who teach at least one student in an academic year will receive a \$300 credit which can be used to cover part of the cost of a more expensive course or to pay for one or more less expensive courses. In order to comply with laws that govern relationships between health care providers, the Continuing Medical Education (CME) tuition credit available annually to our voluntary faculty who have taken a student during the preceding academic year is capped at three hundred dollars (\$300). We value your participation in our program and, to protect you, want to make every effort to assure that our programs remain compliant.

For further tools specific for preceptors, please access the electronic copy of this handbook, which can be accessed on the PAEA website at: www.PAEAonline.org, under Preceptors and also under Faculty Resources.

Thank you for being a preceptor for our students and being willing to share your knowledge and experience. Please contact the program at any time if you have questions or if any issues arise.

Acknowledgements

This handbook was developed by the Clinical Education Committee of the Physician Assistant Education Association and additions and editions made by the UK PA clinical team.

APPENDIX A

Definitions of Age Categories

Category	Age Range
Infant	Birth – 1 y/o
Children	> 1 – 11 y/o
Adolescent	> 11 – 21 y/o
Adult	> 21 – 65 y/o
Elderly	> 65 y/o

Definitions of Encounter Types

Emergent: A life threatening, time-sensitive patient encounter.

Acute: A non-life threatening but time-sensitive patient encounter for a new problem or acute exacerbation of an existing problem.

Chronic: A patient encounter for scheduled management of a long-term / previously-diagnosed problem.

Preventive: A patient encounter for preventive counseling, anticipatory guidance, screening, or risk factor reduction interventions.

Definitions of Specific Patient Exposure Types

Women's Health: A patient encounter in which the primary reason for the visit is either gynecologic care (screenings, contraception, routine pelvic and breast exams, and treatment of disorders of the female reproductive system and breasts) or prenatal care (defined as preconception counseling through delivery and includes immediate post-partum care).

Conditions Requiring Surgical Management: A patient encounter in which the primary reason for the visit is either preparation for surgery, performance of a surgical procedure, or follow-up treatment directly related to a recent surgical procedure.

Behavioral and Mental Health: A patient encounter in which the primary diagnosis consists of a disorder involving dysregulation of mood, thought, and/or behavior.

The following tables contain typical numbers of patient encounters in various categories. These serve as a guide for the student as they progress through the clinical year

Type of Encounter / Case	Suggested
Preventive Care	50
Acute Care	50
Chronic Care	625
Emergent Care	100

Infants	25
Children	90
Adolescents	125
Adults	725
Elderly	300

Prenatal care	25
Gynecological care	100
Surgical-pre op	15
Surgical-intra op	20
Surgical-post op	25
Surgical-complete	5
Behavioral / mental health	75

APPENDIX B

END OF SCPE (Supervised Clinical Practice Experience): PRECEPTOR EVALUATION OF STUDENT PERFORMANCE

Thank you for serving as a preceptor to UK Physician Assistant Studies students! Your feedback about this student's performance during this rotation is highly valuable. This survey is designed to obtain preceptor feedback regarding the student's clinical competency, patient care, and professionalism as observed during this rotation.

This survey will take less than 10 minutes to complete. Your response is voluntary but highly valuable for both student and program assessment. We sincerely appreciate your contribution to the education of UK Physician Assistant Studies Program students!

Preceptor Name (First M.I. Last): _____

Clinical Site/Practice Name: _____

STUDENT NAME: _____ Rotation Dates: _____

Please provide the names and credentials for any additional health care professionals who helped supervise the student during this rotation: _____

Student's number of UNEXCUSED absence days: _____

Student's number of EXCUSED absence days: _____

1. Please share your comments on the OVERALL PERFORMANCE of the student during the rotation:
2. Please share any FINAL RECOMMENDATIONS and/or AREA(S) TO IMPROVE for the student's continued growth and development as a health care provider:
3. CONFIDENTIAL COMMENTS (for faculty/staff review only, this will NOT be shared with the student) including academic and/or behavioral concerns, or other feedback pertinent for UK PA faculty and staff:

SECTION 1: CLINICAL COMPETENCY

For each of the following tasks or actions listed below, please indicate the student's level of performance based on your observations during this rotation:

	<u>UNABLE TO PERFORM</u> <u>(1)</u> <i>Attempts but unsuccessful in completing task even with preceptor support</i>	<u>REQUIRES CLOSE SUPERVISION</u> <u>(2)</u> <i>Requires guidance and/or the presence of preceptor to successfully complete</i>	<u>REQUIRES MINIMAL SUPERVISION</u> <u>(3)</u> <i>Successfully completes with little feedback and/or clarification by preceptor</i>	<u>CAN PERFORM WITHOUT DIRECT SUPERVISION</u> <u>(4)</u> <i>Performs at advanced level, rarely requiring feedback or clarification</i>	<u>NOT APPLICABLE OR OBSERVABLE</u> <i>Specific task was neither observed nor assessed during the rotation</i>
1. Provide accurate and concise documentation (electronic or on paper) of an office visit clinical encounter or a hospital admission					
2. Provide case specific preventive care (Counselling patients (or families) on patient safety and/or effective health promotion and/or disease prevention strategies)					
3. Provide care for acutely ill or injured patients in non-emergent situations.					
4. Provide care for acutely ill or injured patients in emergent situations (life-threatening, time sensitive).					
5. Provide care for patients with chronic conditions.					
6. Identify referral criteria for cases.					
7. Elicit a comprehensive/ focused medical history from patients					

8. Perform an appropriate comprehensive/focused physical examination on patients					
9. Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter					

UK PA Student Evaluation: Page 2 of 4

10. Develop a diagnostic plan for a common clinical presentation (including ordering and interpreting diagnostic tests).					
11. Develop a treatment plan using pharmacotherapeutic principles and knowledge of medications for commonly encountered ailments.					
12. Provide an oral presentation of a patient encounter in the ambulatory or inpatient settings.					

SECTION 2: PATIENT CARE

For each of the following tasks or actions listed below, please indicate the student's level of performance based on your observations during this rotation:

	<u>UNABLE TO PERFORM (1)</u> <i>Attempts but unsuccessful in completing task even with preceptor support</i>	<u>REQUIRES CLOSE SUPERVISION (2)</u> <i>Requires guidance and/or the presence of preceptor to successfully complete</i>	<u>REQUIRES MINIMAL SUPERVISION (3)</u> <i>Successfully completes with little feedback and/or clarification by preceptor</i>	<u>CAN PERFORM WITHOUT DIRECT SUPERVISION (4)</u> <i>Performs at advanced level, rarely requiring feedback or clarification</i>	<u>NOT APPLICABLE OR OBSERVABLE</u> <i>Specific task was neither observed nor assessed during the rotation</i>
13. Provide medical care to infants (birth-1 years).					
14. Provide medical care to children (>1 - 11 years).					
15. Provide medical care to adolescents (>11 - 21 years).					
16. Provide medical care to adults (>21 - 65 years).					
17. Provide medical care to the elderly (65+ years)					
18. Provide medical care relative to women's health					

Acknowledgements

19. Provide medical care relative to women's health specifically in the area of gynecologic care.					
20. Provide medical care for conditions requiring surgical management specifically in the area of pre-operative care, intra-operative, or post-operative care).					
21. Provide medical care for conditions requiring surgical management specifically in the area of intra-operative.					
22. Provide medical care for conditions requiring surgical management specifically in the area of post-operative care.					
23. Provide medical care for behavioral and mental health conditions.					

SECTION 3: PROFESSIONALISM

For each of the following activities, please indicate the degree to which you agree with each statement based on your experience working with this student. (Note: a grade of "Fail" for any Professionalism item below will result in failure of the course.)

	PASS	FAIL	NOT OBSERVED
24. Seeks out constructive feedback from colleagues and other health professionals.			
25. Demonstrates personal responsibility and accountability in all clinical and educational activities.			
26. Demonstrates sensitivity and respect toward patient individuality, including but not limited to age, sex, ethnicity, belief system, sexual orientation and abilities.			
27. Conducts oneself in a professional manner, consistent with the expectation for entry into clinical PA practice.			

28. Please select the appropriate confirmation below:

- I Certify that I was the student's primary preceptor for this rotation and completed this evaluation.
- I completed this evaluation on behalf of the student's primary preceptor. (Please provide your name and email address here): _____

UK PA Student Evaluation: Page 4 of 4

APPENDIX C

PAS 660: FAMILY MEDICINE 1 & 2
University of Kentucky
Department of Clinical Sciences
Division of Physician Assistant Studies
July 2018 – June 2019

Course Director

Somu Chatterjee, MD, MPH
205 Wethington Building, Room 201D
Ph: 859-218-3732
somu.chatterjee@uky.edu

Office Hours

By appointment only. Email is the best form of communication; office phone is also available. Dr. Chatterjee will attempt to return all communication within 72 hrs.

FOR EACH FAMILY MEDICINE ROTATION 1 (4 weeks) & 2 (4 weeks): To successfully complete Family Medicine 1 & 2, students are required to meet the criteria as described in the following table:

FM 1 & FM 2 separately	% of Final Grade	Due
Final Preceptor Evaluation	Pass/Fail (see above)	EOC day
EOC Family Medicine Exam (score > 60%)	60%	EOC day
SOAP Note	25%	EOC (upload to Canvas)
Adult Immunization Quiz	15%	EOC (on Canvas)
H&P Case	Complete/Incomplete (Part of Preceptor Eval)	EOC (signed & upload to Canvas)
Mid-Clerkship Evaluation	Complete/Incomplete	EOC (upload to Canvas)

eMedley Log	Complete/Incomplete	EOC (signed & upload to Canvas)
Professionalism	Pass/Fail – preceptor will evaluate	EOC

Text Required:

- CURRENT Practice Guidelines in Primary Care 2018 16th Edition, by Joseph S. Esherick, Evan D. Slater, Jacob David

Optional References:

- Sanford Guide to Antimicrobial Therapy 2018
- Tarascon Pocket Pharmacopoeia 2018
- Essentials of Family Medicine (Sloane, Essentials of Family Medicine), 6th ed., Copyright 2012
- Signs and Symptoms in Family Medicine: A Literature-Based Approach, by Paul Paulman, Jeffrey Harrison, Audrey Paulman, Laeth Nasir, Dean Collier, Copyright 2011

ARC - PA	PA Core Competencies	Learning Outcomes PAS 660	Course Objectives	Instruction Activity	Assessment
B3.0 1	PC, MK, COM, PR, SBP	At the end of the PAS 660 course, students will:	1. Evaluate patients across the lifespan with an effective history and physical examination for the specific reason for visit.	Obtain H&P of a patient and do an <i>oral presentation</i> of the case to the preceptor	1. Preceptor signing off on the written H&P with date. Student uploads to the canvas shell 2. Preceptor scores the student on end of clerkship evaluation tool on the task
B3.0 2		1. Apply medical knowledge of scientific concepts in the ambulatory setting to conduct history and physical examinations to arrive at a differential diagnosis and formulate a plan of management for the condition examined	2. Formulate a differential diagnosis and order diagnostics to rule out or confirm the working diagnosis given the level of acuity		
B3.0 3					
B3.0 4					
B3.0 5					
B3.0 6		a. Across the lifespan	3. Select a clinical intervention plan that is consistent with the working diagnosis and orally present the entire case to the preceptor.		
B3.0 7					

B3.0 1					
B3.0 2					
B3.0 3		At the end of the PAS 660 course, students will:	1. Propose an appropriate prevention strategy for the given condition, age and sex.		Preceptor scores the student on clerkship evaluation tool on the ability to provide case
B3.0 4	PC, MK, COM, PR, SBP	2. Be able to incorporate their medical knowledge into effective health promotion/ disease prevention	2. Educate and Counsel the patient and family on the chosen prevention modality.	Demonstrate counseling of patients/ family members of patients to the preceptor	specific preventive care including counseling
B3.0 5					adult immunization quiz
B3.0 6					
B3.0 7					
B3.0 1			3.1 Develop and Document a SOAP note for a chronic case with differential diagnosis, diagnostics to order and a clinical management plan for patient including referral criteria for primary diagnoses.		1. SOAP note assignment
B3.0 2		At the end of the PAS 660 course, students will:			
B3.0 3				Prepare a SOAP note on a chronic case patient including referral criteria and get feedback from the preceptor then upload to Canvas shell	Faculty scores the student on ability to document a SOAP note
B3.0 4	PC, MK, COM, PR, SBP, PBL	3. Conduct themselves professionally and effectively communicate colleagues and patients	3.2 Student is able to seek out constructive feedback from and provide constructive feedback to colleagues and other health professionals.		
B3.0 5					Preceptor scores the student on professionalism
B3.0 6			3.3 The student Demonstrates compliance with confidentiality requirements in the clinical setting		
B3.0 7					

Course Map for PAS 660 (Family Medicine 1 & 2)

PAS 661: PEDIATRICS
 University of Kentucky
 Department of Clinical Sciences
 Division of Physician Assistant Studies
July 2018 – June 2019

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 Morehead, KY 40351
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Shelley.irving@uky.edu

Office hours

By appointment only. Email or Slack are the best forms of communication; office phone is also available. Professor Irving will attempt to return all communication in a timely fashion.

Evaluation and Grading

Pediatrics	% of Final Grade	Due
Final Preceptor Evaluation	Pass/Fail (see below)	EOC
EOC Pediatric Exam (score \geq 60%)	60%	EOC
Differential write up	20%	EOC (upload to Canvas)
History and Physical	Part of preceptor eval	EOC (signed & upload to Canvas)
Quizzes and Assignment	20%	EOC (upload to Canvas)
Mid-Clerkship Evaluation	Complete/Incomplete	EOC (upload to Canvas)
eMedley Log	Pass/Fail	EOC (signed & upload to Canvas)
Professionalism	Pass/Fail – preceptor will evaluate	EOC

Text

Required:

1. Behrman, R. E., Kliegman, R. M. Nelson Essential of Pediatrics; [latest edition], WB Saunders Publishers
2. Gunn, V., Nechyba, C. The Harriet Lane handbook; The Johns Hopkins Hospital: [latest edition] Mosby Handbook

NOTE: Reading is a mandatory part of this program. This course requires additional reading. You are expected to read beyond the materials listed above. It is expected that you read/study an average of 2 hours each day in preparation for the clerkship and the PANCE. Below is a list of additional resources. These can be found as E-books on the UK MCL website.

- Harrison’s Principals of Internal Medicine, Lungo et al, 18th edition
- American Academy of Pediatrics position statement at www.aap.org - *Blueprints in Pediatrics*, Marino, et al
- Red Book, Pickering et al, American Academy of Pediatrics
- *Adolescent health care: A Practical Guide*, Neinstein, Lippincott Williams and Wilkin
- *Berman’s Pediatric Decision Making*, Bajaj et al., Mosby

Course Map for PAS 661 (Pediatrics)

ARC-PA	PA Core Competencies	Learning Outcomes PAS 661	Course Objectives	Instruction Activity	Assessment		
B3.01	PC, MK, COM, PR, SBP	At the end of the PAS 661 course, students will:	4. Evaluate patients in the pediatric age group with an effective history and physical examination for the specific reason for visit.	Obtain H&P of a patient and do an oral presentation of the case to the preceptor	1. Preceptor signing off on the written H&P with date. Student uploads to the canvas shell 2. Preceptor scores the student on end of clerkship evaluation tool 3. Complete reading assignment and quiz posted on Canvas on developmental milestones		
B3.02		7. Apply medical knowledge of scientific concepts in the ambulatory and/or inpatient settings to conduct history and physical examinations to arrive at a differential diagnosis and formulate a plan of management for the condition examined					
B3.03			5. Formulate a differential diagnosis and order diagnostics to rule out or confirm the working diagnosis given the level of acuity				
B3.04							
B3.05							
B3.06							
B3.07			a. In the pediatric age group			6. Select a clinical intervention plan that is consistent with the working diagnosis and	

			orally present the entire case to the preceptor.		
B3.01 B3.02 B3.03 B3.04 B3.05 B3.06 B3.07	PC, MK, COM, PR, SBP	At the end of the PAS 661 course, students will: 8. Be able to incorporate their medical knowledge into effective health promotion/ disease prevention	3. Propose an appropriate prevention strategy for the given condition, age and sex in the pediatric age group. 4. Educate and Counsel the patient and family on the chosen prevention modality.	Demonstrate counseling of patients/ family members of patients to the preceptor Demonstrate understanding of appropriate preventative measures	1. Preceptor scores the student on clerkship evaluation tool on the ability to provide case specific preventive care including counseling 2. Complete the assignment posted on Canvas on prevention of Abx resistance 3. Complete Quiz on Canvas on Peds Immunization schedule
B3.01 B3.02 B3.03 B3.04 B3.05 B3.06 B3.07	PC, MK, COM, PR, SBP, PBL	At the end of the PAS 661 course, students will: 9. Conduct themselves professionally and effectively communicate with colleagues and patients	3.1 Develop and Document a differential diagnosis for an acute complaint, diagnostics to order and a detailed clinical management plan for patient. 3.2 Student is able to seek out constructive feedback from and provide constructive feedback to colleagues and other health professionals. 3.3 The student Demonstrates compliance with confidentiality requirements in the clinical setting	Prepare an Assessment and Plan note on a patient including and get feedback from the preceptor then upload to Canvas shell	1. Preceptor scores the student on clerkship evaluation tool on developing differential dx and tx plan. 2. Faculty scores the student's written assignment per rubric. 3. Preceptor scores the student on professional

PAS 662: WOMEN'S HEALTH
University of Kentucky
Department of Clinical Sciences
Division of Physician Assistant Studies
July 2018 – June 2019

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P: 606-783-2636, F: 606-783-5063
Shelley.irving@uky.edu

Office hours

By appointment only. Email or Slack are the best forms of communication; office phone is also available. Professor Irving will attempt to return all communication in a timely fashion.

Evaluation and Grading

Women's Health	% of Final Grade	Due
Final Preceptor Evaluation	Pass/Fail (see below)	EOC
EOC Women's Health Exam (score \geq 60%)	60%	EOC
PAP Assignment	20%	EOC (upload to Canvas)
Gyn quiz	10%	EOC
Ob quiz	10%	EOC

H&P of a prenatal case	Part of preceptor eval	EOC (signed & upload to Canvas)
Mid-Clerkship Evaluation	Complete/Incomplete	EOC (upload to Canvas)
eMedley Log	Pass/Fail	EOC (signed & upload to Canvas)
Professionalism	Pass/Fail – preceptor eval	EOC

Text

- Hacker & Moore, Essentials of Obstetrics and Gynecology, 5th edition 9781416059400
- Optional RECCOMENDED TEXT:
 - Blueprints Obstetrics and Gynecology, 5th Ed., Callahan, Caughey, Heffner, 2008
 - Case Files: Obstetrics & Gynecology 3rd Edition, Eugene C. Toy et al. McGraw-Hill. 2009

NOTE: Reading is a mandatory part of this program. This course requires additional reading. You are expected to read beyond the materials listed above. It is expected that you read/study an average of 2 hours each day in preparation for the clerkship and the PANCE. Below is a list of additional resources. These can be found as E-books on the UK MCL website.

- Harrison’s Principals of Internal Medicine, Lungo et al, 18th edition

Course Map for PAS 662 (Women’s Health)

ARC-PA	PA Core Competencies	Learning Outcomes PAS 662	Course Objectives	Instruction Activity	Assessment		
B3.01	PC, MK, COM, PR, SBP	At the end of the PAS 662 course, students will:	7. Evaluate a new prenatal patient visit with an effective history and physical examination and appropriate counseling.	Obtain H&P of a prenatal patient and oral presentation of the case to the preceptor	1. Preceptor signing off on the written H&P with date. Student uploads to the canvas shell		
B3.02		10. Apply medical knowledge of scientific concepts in the ambulatory and/or inpatient settings to conduct history and physical examinations to arrive at a differential diagnosis and formulate a plan of management for the condition examined	8. Formulate a differential diagnosis and order diagnostics to rule out or confirm the working diagnosis given the level of acuity			Assignments on Canvas on prenatal and gynecology topics.	2. Preceptor scores the student on end of clerkship evaluation tool on the task
B3.03							
B3.04							
B3.05							
B3.06							
B3.07			a. To women throughout the lifespan (to include prenatal and	9. Select a clinical intervention plan that is consistent with the working diagnosis and orally present the entire case to the preceptor		3. Assignments on Canvas	

		Gynecology encounters)			
B3.01	PC, MK, COM, PR, SBP	At the end of the PAS 662 course, students will: 11. Be able to incorporate their medical knowledge into effective health promotion/ disease prevention strategies in obstetrics and gynecology	5. Propose an appropriate prevention strategy for a given condition, pertinent to the age in Obstetrics and/or Gynecology	Demonstrate counseling of patients/ family members of patients to the preceptor Assignments on Canvas	Preceptor scores the student on clerkship evaluation tool on the ability to provide preventive care and counseling Assignments on Canvas
B3.02					
B3.03					
B3.04					
B3.05					
B3.06					
B3.07					
B3.01	PC, MK, COM, PR, SBP, PBL	At the end of the PAS 662 course, students will: 12. Conduct themselves professionally and effectively communicate colleagues and patients	3.1 Develop and Document indications for PAP test.	Prepare a write up on a patient with indications for PAP per rubric and upload to Canvas shell	1. Write up of patient with indications for PAP 2. Preceptor scores the student on ability to seek constructive feedback 3. Preceptor scores the student on professionalism
B3.02					
B3.03					
B3.04					
B3.05					
B3.06					
B3.07					

PAS 663: SURGERY
University of Kentucky
Department of Clinical Sciences
Division of Physician Assistant Studies
July 2018 – June 2019

Course Director

Traci Ashcraft, PA-C
201 Wethington Building
s.traci.ashcraft10@uky.edu

Office hours

By appointment only. Email is the best form of communication; office phone is also available. Professor Powdrill will attempt to return all communication in a timely fashion.

Course Description

This is a **four-week** clinical course designed to provide physician assistant students with experience in evaluating and treating common problems encountered in Surgery. Experience is provided at the level of a primary care physician assistant, and emphasis is placed on performing a history and physical exam, selecting and interpreting laboratory exams, establishing a logical differential diagnosis, conducting research on clinical programs, performing selected studies, and establishing a tentative treatment plan.

SURGERY (4 weeks): To successfully complete Surgery, students are required to meet the criteria for 1. Passing the preceptor evaluation, 2. A passing grade on Written Assignment described below

as well as 3. A passing grade ($\geq 60\%$) on the Surgery End of Rotation Examination, also described below.

Text

- Required:
 - Surgical Recall, 7th ed; Blackbourne; 2011;
 - ISBN-13: 978-1451192919
 - ISBN-10: 1451192916

- Recommended:
 - Essentials of General Surgery 5th ed; Lawrence,
 - P.E.; 2012; ISBN-13: 978-0781784955
 - ISBN-10: 0781784956

Evaluation and Grading

Surgery	% of Final Grade	Due
Final Preceptor Evaluation	Pass/Fail (see below)	EOC
EOC Surgery Exam (score $\geq 60\%$)	60%	EOC
SOAP Note (Post-op patient)	40%	EOC (upload to Canvas)
H&P case pre-op/out ptn.	Part of preceptor eval	EOC (signed & upload to Canvas)
Mid-Clerkship Evaluation	Complete/Incomplete	EOC (upload to Canvas)
eMedley Log	Complete/Incomplete	EOC (signed & upload to Canvas)
Professionalism	Pass/Fail – preceptor will evaluate	EOC

- Obtain H&P of a **surgical pre-op patient/out ptn** and do an **oral presentation** of the case to the preceptor. Student uploads signed written H&P to the canvas shell. (Hint! Refer to the course map. **Select your case carefully** so that you can demonstrate all the skills that you will be evaluated on by the preceptor. Try to do it in the last week of the rotation). Performance graded on the evaluation rubric by the preceptor.

- EMedley Patient Log Pass/Fail EOC (sign by preceptor and upload to Canvas).
- Please ensure you see the following types of patients throughout the clinical year. ***It is the student's responsibility track of their own progress through Emedley.***
 - Acute, chronic and emergent cases in all clerkships.
 - Adult and elderly cases in all clerkships except Pediatrics.
 - Newborn, infant, children and adolescents in Pediatrics.
 - Prenatal (includes antenatal, peripartum and post-partum cases) and gynecology cases in OBGYN.
 - Pre-, Intra- and Post-op cases in surgery and OBGYN.

- Professionalism Pass/Fail EOC (preceptor evaluation)

Course Map for PAS 663 (Surgery)

ARC-PA	PA Core Competencies	Learning Outcomes PAS 663	Course Objectives	Instruction Activity	Assessment
B3.01 B3.02 B3.03 B3.04 B3.05 B3.06 B3.07	PC, MK, COM, PR, SBP	At the end of the PAS 663 course, students will: 13. Apply medical knowledge of scientific concepts in the ambulatory and/or inpatient settings to conduct history and physical examinations to arrive at a differential diagnosis and formulate a plan of management for the condition examined a. To patients across their lifespan	10. Evaluate patients across the lifespan with an effective complete history and physical examination for the specific reason for visit. 11. Formulate a differential diagnosis and order diagnostics to rule out or confirm the working diagnosis given the level of acuity 12. Select a clinical intervention plan that is consistent with the working diagnosis and orally present the entire case to the preceptor.	Obtain H&P of a patient and oral presentation of the case to the preceptor	1. Preceptor signing off on the written H&P with date. Student uploads to the canvas shell 2. Preceptor scores the student on end of clerkship evaluation tool on the task
B3.01 B3.02 B3.03 B3.04 B3.05 B3.06 B3.07	PC, MK, COM, PR, SBP	At the end of the PAS 663 course, students will: 14. Be able to incorporate their medical knowledge into: a. Effective health promotion and prevention strategies to avoid/delay surgery b. Counseling on peri-operative management options	7. Propose an appropriate prevention strategy for the given condition, age and sex. 8. Educate and Counsel the patient and family on the pre-op preparation, intraoperative options and/or post-op care.	Demonstrate counseling of patients/ family members of patients to the preceptor	Preceptor scores the student on clerkship evaluation tool on the ability to provide case specific preventive care including counseling
B3.01	PC, MK, COM, PR, SBP, PBL	At the end of the PAS 663 course, students will:	3.1 Develop and Document a SOAP note on a post – operative patient including clinical management plan and orders for	Prepare a SOAP note on a patient including referral criteria and get feedback from the	1. SOAP note assignment

B3.02	15. Conduct themselves professionally and effectively communicate colleagues and patients	the patient including referral criteria for primary diagnoses.	preceptor then upload to Canvas shell	2. Preceptor scores the student on ability to document a SOAP note
B3.03		3.2 Student is able to seek out constructive feedback from		
B3.04		and provide constructive feedback to colleagues and other health professionals.		
B3.05				
B3.06		3.3 The student Demonstrates compliance with confidentiality requirements in the clinical setting		
B3.07				

PAS 664: GERIATRICS
University of Kentucky
Department of Clinical Sciences
Division of Physician Assistant Studies
July 2018 – June 2019

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Office hours

By appointment only. Email or Slack are the best forms of communication; office phone is also available. Professor Irving will attempt to return all communication in a timely fashion.

Evaluation and Grading

Geriatrics Medicine	% of Final Grade	Due
Final Preceptor Evaluation	Pass/Fail (see below)	EOC
EOC Geriatrics Medicine Exam (score ≥ 60%)	60%	EOC
H&P case for management of chronic diseases	Part of preceptor eval	EOC (signed & upload to Canvas)
SOAP Note	10%	EOC
Geriatric Immunization Quiz	10%	EOC
Swiss Cheese Model	20%	EOC
Mid-Clerkship Evaluation	Complete/Incomplete	EOC (upload to Canvas)
eMedley Log	Pass/Fail	EOC (signed & upload to Canvas)
Professionalism	Pass/Fail – preceptor will evaluate	EOC

Text

- The required text for this course is: Kane, R.L., et al. Essentials of Clinical Geriatrics. New York: McGraw/Hill, 7th edition, 2013 (or latest edition). I will develop some questions from these chapters for the exam.
- Second text book is the one from Survey of Geriatric Medicine used in the summer session: Curch, Lisa; Cox, Gloria; Xohwn, HEEIWR, WR. L., IB. Gerontology; An Interactive Text, National Social Science Press, www.nsspress.com, 2010. ISBN 978-1-936306-14-5

Course Map for PAS 664 (GERIATRICS)					
ARC-PA	PA Core Competencies	Learning Outcomes PAS 664	Course Objectives	Instruction Activity	Assessment
B3.01	PC, MK, COM, PR, SBP	At the end of the PAS 664 course, students will:	1.1 Evaluate patients in the geriatric age group with an effective history and physical examination for the specific reason for visit.	Obtain H&P of a geriatric patient and do an oral presentation of the case to the preceptor	1. Preceptor signing off on the written H&P with date. Student uploads to the canvas shell 2. Preceptor scores the student on end of clerkship evaluation tool on the task 3. SWISS CHEESE assignment uploaded on Canvas to be graded by faculty per rubric
B3.02		16. Apply medical knowledge of scientific concepts in the ambulatory and/or inpatient settings to conduct history and physical examinations to arrive at a differential diagnosis and formulate a plan of management for the condition examined	1.2 Formulate a differential diagnosis and order diagnostics to rule out or confirm the working diagnosis given the level of acuity		
B3.03			1.3 Select a clinical intervention plan that is consistent with the working diagnosis and orally present the entire case to the preceptor.		
B3.04					
B3.05					
B3.06					
B3.07					

B3.01					1. Preceptor scores the student on clerkship evaluation tool on the ability to provide case specific preventive care including counseling
B3.02		At the end of the PAS 664 course, students will:		9. Propose an appropriate prevention strategy for the given condition, age and sex in the geriatric age group.	
B3.03		17. Be able to incorporate their medical knowledge into effective health promotion/ disease prevention			
B3.04	PC, MK, COM, PR, SBP				
B3.05				10. Educate and Counsel the patient and family on the chosen prevention modality.	
B3.06					2. SWISS CHEESE assignment to be graded by faculty per rubric
B3.07					
B3.01					1. SWISS CHEESE assignment to be graded by faculty per rubric
B3.02		At the end of the PAS 664 course, students will:		3.1 Develop and Document a complete SOAP note with differential diagnosis, diagnostics to order and a clinical management plan for patient including referral criteria for primary diagnoses.	
B3.03		18. Conduct themselves professionally and effectively communicate with colleagues and patients		3.2 Student is able to seek out constructive feedback from and provide constructive feedback to colleagues and other health professionals.	
B3.04	PC, MK, COM, PR, SBP, PBL				2. SOAP note assignment to be graded by faculty per the rubric
B3.05					3. Preceptor scores the student on clerkship evaluation
B3.06					
B3.07				3.3 The student Demonstrates compliance with confidentiality requirements in the clinical setting	4. Preceptor scores the student on professionalism
B3.01					
B3.02		At the end of the PAS 664 course, students will:		4.1 Demonstrates an understanding of BEERS criteria and applies it to patient care by applying it to the SWISS CHEESE assignment	
B3.03		19. Recognize the value of evidence based management in geriatric patient care			
B3.04	PC, MK, COM, PR, SBP, PBL				1. SWISS CHEESE assignment to be graded by faculty per rubric
B3.05					
B3.06				4.2 Demonstrates understanding of Geriatric immunization schedule	2. Complete geriatric immunization quiz on Canvas
B3.07					

PAS 665: ELECTIVES 1 & 2
University of Kentucky
Department of Clinical Sciences
Division of Physician Assistant Studies
July 2018 – June 2019

Course Directors

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Office hours

By appointment only. Email or Slack are the best forms of communication; office phone is also available. Professors Fahringer and Irving will attempt to return all communication in a timely fashion.

Course Description:

This is a 4-week clinical course repeated twice in the same or a different clinical field of interest, designed to provide the physician assistant student with experience in evaluating and treating common problems encountered in chosen ELECTIVE(s). Experience is provided at the level of a primary care physician assistant. The chosen ELECTIVE Clerkship has designed a curriculum to prepare the student to understand and manage common health problems affecting our society. This clerkship is designed to place emphasis on those problems that a primary care physician assistant would most likely encounter in practice. During the course of this clerkship, the students will understand the basic biology and psychological as well as social aspects of their patients' disorders and they will understand some of the medical management that can provide significant relief to patients. Depending upon the student's performance, the program reserves the right to change a student's elective rotation.

CHOSEN ELECTIVE (EACH 4 weeks): To successfully complete the chosen Elective rotation, students are required to meet the criteria for 1. Passing the preceptor evaluation, and 2. A passing grade on written assignments. Written assignments are described below.

Text: No Required Text. It is expected that the student allocate regular studying time to prepare for PANCE, as well as, devote time to whatever readings or study materials the preceptor requires or recommends.

Evaluation and Grading

Chosen Elective	% of Final Grade	Due
Final Preceptor Evaluation	Pass/Fail (see below)	EOC
History and Physical	Part of preceptor eval	EOC (signed and upload to Canvas)
SOAP Note	50%	EOC (upload to Canvas)
Objectives and reflection	50%	EOC (signed and upload to Canvas)
Mid-Clerkship Evaluation	Complete/Incomplete	EOC (upload to Canvas)
EMedley Log	Pass/Fail	EOC (signed and upload to Canvas)
Professionalism	Pass/Fail	EOC

- Obtain H&P of a **patient** and do an **oral presentation** of the case to the preceptor. Student obtains preceptors signature and uploads to the canvas shell. Ideally, history and physical should be done on a chronic or new patient visit. A rubric is posted to Canvas for your reference.
- Write a SOAP note for an acute visit. Rubric is posted to Canvas and course director will grade the note against the rubric. This is worth 50% of your course grade.

- Objectives and Reflection. Develop and write objectives for you rotation. Share these with your preceptor and upload to Canvas. At the end of the rotation, write a reflection on your elective experience with regard to meeting your objectives. This is worth 50% of your grade.
- EMedley Patient Log Pass/Fail (signed by preceptor and upload to Canvas).
- Professionalism Pass/Fail EOC (preceptor evaluation)

PAS 669: INTERNAL MEDICINE 1 & 2
 University of Kentucky
 Department of Clinical Sciences
 Division of Physician Assistant Studies
July 2018 – June 2019

Course Director

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Office Hours

By appointment only. Email is the best form of communication; office phone is also available. Dr. Chatterjee will attempt to return all communication within 72 hrs.

FOR EACH INTERNAL MEDICINE ROTATION 1 (4 weeks) & 2 (4 weeks): To successfully complete Family Medicine 1 & 2, students are required to meet the criteria as described in the following table:

IM 1 & IM 2 separately	% of Final Grade	Due
Final Preceptor Evaluation	Pass/Fail (see above)	EOC day
EOC Family Medicine Exam (score > 60%)	60%	EOC day
SOAP Note	25%	EOC (upload to Canvas)
Adult Immunization Quiz	15%	EOC (on Canvas)

H&P Case	Complete/Incomplete (Part of Preceptor Eval)	EOC (signed & upload to Canvas)
Mid-Clerkship Evaluation	Complete/Incomplete	EOC (upload to Canvas)
eMedley Log	Complete/Incomplete	EOC (signed & upload to Canvas)
Professionalism	Pass/Fail – preceptor will evaluate	EOC

Text Required:

- Washington Manual® General Internal Medicine Consult (The Washington Manual® Subspecialty Consult Series), Third Edition, by Thomas Ciesielski.

Optional References:

- Wilson, et. al, Harrison’s Principles of Internal Medicine, McGraw-Hill Publishers, Inc. 18th/19th edition
- Sanford Guide to Antimicrobial Therapy 2018
- Tarascon Pocket Pharmacopoeia 2018

Course Map for PAS 669 (Internal Medicine 1 & 2)

ARC-PA	PA Core Competencies	Learning Outcomes PAS 669	Course Objectives	Instruction Activity	Assessment
B3.01 B3.02 B3.03 B3.04 B3.05 B3.06 B3.07	PC, MK, COM, PR, SBP	At the end of the PAS 669 course, students will: 20. Apply medical knowledge of scientific concepts in the ambulatory and/or inpatient setting to conduct history and physical examinations in a patient with multisystem involvement to arrive at a differential diagnosis and formulate a plan of management for the condition examined a. In adults	4. Evaluate an adult patient with an effective history and physical examination for the specific reason for visit. 5. Formulate a differential diagnosis and order diagnostics to rule out or confirm the working diagnosis given the level of acuity 6. Select a clinical intervention plan that is consistent with the working diagnosis and orally present the entire case to the preceptor.	Obtain H&P of a patient and oral presentation of the case to the preceptor	1. Preceptor signing off on the written H&P with date. Student uploads to the canvas shell 2. Preceptor scores the student on end of clerkship evaluation tool on the task

B3.01					
B3.02		At the end of the PAS 669 course, students will:	3. Propose an appropriate prevention strategy for the given condition, age and sex.		Preceptor scores the student on clerkship evaluation tool
B3.03	PC, MK, COM, PR, SBP	21. Be able to incorporate their medical knowledge into effective health promotion/ disease prevention	4. Educate and Counsel the patient and family on the chosen prevention modality.	Demonstrate counseling of patients/ family members of patients to the preceptor	on the ability to provide case specific preventive care including counseling
B3.04					
B3.05					
B3.06					
B3.07					
B3.01	PC, MK, COM, PR, SBP, PBL	At the end of the PAS 669 course, students will:	3.1 Develop and Document a SOAP note on a complex case (with multisystem involvement) with differential diagnosis, diagnostics to order and a clinical management plan for the patient including referral criteria to subspecialists for each of the diagnoses.	Prepare a SOAP note on a chronic case patient including referral criteria and get feedback from the preceptor then upload to Canvas shell	1. SOAP note assignment
B3.02			3.2 Student is able to seek out constructive feedback from and provide constructive feedback to colleagues and other health professionals.		2. Preceptor scores the student on ability to document a SOAP note
B3.03			3.3 The student Demonstrates compliance with confidentiality requirements in the clinical setting		3. Preceptor scores the student on professionalism
B3.04					
B3.05					
B3.06					
B3.07					

PAS 670: EMERGENCY MEDICINE
University of Kentucky
Department of Clinical Sciences
Division of Physician Assistant Studies
July 2018 – June 2019

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Office hours

By appointment only. Email is the best form of communication; office phone is also available. Asst. Professor Coleman will attempt to return all communication in a timely fashion.

Course Description

This is a **four-week** clinical course designed to provide physician assistant students with experience in evaluating and treating common problems encountered in Emergency Medicine. Experience is provided at the level of a primary care physician assistant, and emphasis is placed on performing a history and physical exam, selecting and interpreting laboratory exams, establishing a logical differential diagnosis, conducting research on clinical programs, performing selected studies, and establishing a tentative treatment plan.

EMERGENCY MEDICINE (4 weeks): To successfully complete Emergency Medicine, students are required to meet the criteria for 1. Passing the preceptor evaluation, 2. A passing grade on Written Assignment described below as well as 3. A passing grade ($\geq 60\%$) on the Emergency Medicine End of Rotation Examination, also described below.

Text

- Required:

Tintinalli's Emergency Medicine- Just the Facts; Cline D, Ma J, Cydulka R, et al McGraw Hill, 2013

- Optional Readings:
 - Current Diagnosis & Treatment of Emergency Medicine;
 - First Exposure to Emergency Medicine Clerkship, Lance Hoffman et. al. McGraw Hill.
 - Essentials of Emergency Medicine, Second Edition, Rund, et al
 - First Aid for the Emergency Medicine Clerkship, Third Edition (First Aid Series)[Paperback]Latha Stead (Author), Matthew Kaufman
 - The Clinical Practice of Emergency Medicine, Second Edition, Harwood-Nuss, et al

Evaluation and Grading

Emergency Medicine	% of Final Grade	Due
Final Preceptor Evaluation	Pass/Fail (see below)	EOC
EOC Emergency Medicine Exam (score ≥ 60%)	60%	EOC
SOAP Note (acute, urgent or emergent case)	40%	EOC (upload to Canvas)
H&P case pre-op/out ptn.	Part of preceptor eval	EOC (signed & upload to Canvas)
Mid-Clerkship Evaluation	Complete/Incomplete	EOC (upload to Canvas)
eMedley Log	Complete/Incomplete	EOC (signed & upload to Canvas)
Professionalism	Pass/Fail – preceptor will evaluate	EOC

Course Map for PAS 670 (Emergency Medicine)

ARC-PA	PA Core Competencies	Learning Outcomes PAS 670	Course Objectives	Instruction Activity	Assessment
B3.01 B3.02 B3.03 B3.04 B3.05 B3.06 B3.07	PC, MK, COM, PR, SBP	At the end of the PAS 670 course, students will: 23. Apply medical knowledge of scientific concepts in the Emergency Room setting to conduct history and physical examinations to arrive at a differential diagnosis and formulate a plan of management for the condition examined	1. Evaluate patients across the lifespan with an effective focused history and physical examination for the specific reason for visit. 2. Formulate a differential diagnosis and order diagnostics to rule out or confirm the working diagnosis given the level of acuity 3. Select a clinical intervention plan that is consistent with the working diagnosis and orally present the entire case to the preceptor.	Obtain H&P of a patient and do an oral presentation of the case to the preceptor	1. Preceptor signing off on the written H&P with date. Student uploads to the canvas shell 2. Preceptor scores the student on end of clerkship evaluation tool on the task

		a. To patients across their lifespan			
B3.01	PC, MK, COM, PR, SBP	At the end of the PAS 670 course, students will:	1. Propose an appropriate prevention strategy to prevent future morbidity	<i>Demonstrate</i> counseling of patients/ family members of patients to the preceptor	Preceptor scores the student on clerkship evaluation tool on the ability to provide case specific preventive care including counseling
B3.02		24. Be able to incorporate their medical knowledge into:			
B3.03					
B3.04					
B3.05		c. Effective health promotion and prevention by counseling for urgent and emergent issues	2. Educate and Counsel the patient on behavioral modification pertinent to the presenting condition		
B3.06					
B3.07					
B3.01	PC, MK, COM, PR, SBP, PBL	At the end of the PAS 670 course, students will:	3.1 Develop and Document a SOAP note on an acute urgent or emergent clinical condition	Prepare a SOAP note on a patient including <i>referral criteria</i> and <i>get feedback from</i> the preceptor then upload to Canvas shell	1. SOAP note assignment
B3.02					2. Preceptor scores the student on ability to document a SOAP note
B3.03		25. Conduct themselves professionally and effectively communicate colleagues and patients	3.2 Student is able to seek out constructive feedback from and provide constructive feedback to colleagues and other health professionals.		
B3.04					
B3.05					
B3.06			3.3 The student Demonstrates compliance with confidentiality requirements in the clinical setting		3. Preceptor scores the student on professionalism
B3.07					

PAS 671: BEHAVIORAL AND MENTAL HEALTH

Department of Clinical Sciences
Division of Physician Assistant Studies

July 2018 – June 2019

Course Director

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Office hours

Appointments only. Email is the best source of communication for setting up appointments. Professor Fahringer will attempt to return all email communications within 48 hours. Please send all emails with subject title: Behavioral and Mental Health (or BMH) Rotation.

Course Description:

This is a 4-week clinical course designed to provide the physician assistant student with experience in evaluating and treating common problems encountered in BMH. Experience is provided at the level of a primary care physician assistant. The BMH Clerkship has designed a curriculum to prepare the student to understand and manage the common mental health problems affecting our society. This clerkship is designed to place emphasis on those problems that a primary care physician assistant would most likely encounter in a practice. Emphasis is placed on mental health disorders that afflict a population that is steadily aging. During the course of this clerkship, the students will understand the basic biology and psychological as well as social aspects of their patients' disorders and they will understand some of the medical management that can provide significant relief to patients with psychiatric disorders.

BEHAVIORAL AND MENTAL HEALTH MEDICINE (4 weeks): To successfully complete Behavioral and Mental Health Medicine, students are required to meet the criteria for 1. Passing score on the preceptor evaluation, 2. A passing grade on Written Assignment described below as well as 3. A passing grade ($\geq 60\%$) on the Behavioral and Mental Health Medicine End of Rotation Examination, also described below.

Text

Required:

- Kaplan, HI, Saddock BJ. Concise Textbook of Clinical Psychiatry, [latest edition], Lippincott, Williams & Wilkins
- Harrison's Principals of Internal Medicine, Lungo et al, 18th edition

NOTE: Reading is a mandatory part of this program. This course requires additional reading. You are expected to read beyond the materials listed above.

Optional Readings:

- Andreasen and Black INTRODUCTORY TEXTBOOK OF PSYCHIATRY 5th Edition, 2006 (American Psychiatric Press)
- CURRENT Diagnosis & Treatment Psychiatry", Second Edition (LANGE CURRENT Series) by Michael Ebert, Peter Loosen, Barry Nurcombe, and James Leckman (Paperback - Mar. 7, 2008). ISBN #978-0-07-142292-5
- First Aid for the Psychiatry Clerkship, A Student-to-Student Guide. Stead, Kaufman, Yanofski (2011, 3rd Edition). ISBN 978-0-07-173923-8
- Desk Reference to the Diagnostic Criteria from DSM-IV-TR. Arlington, VA: American Psychiatric Association, 2000.
- Manley, Myrl (Ed.) Psychiatry Clerkship Guide, 2nd Edition. Philadelphia, PA: Mosby Elsevier, 2007.
- Sadock, Benjamin J. Sadock's Pocket Handbook of Clinical Psychiatry, 5th Edition, Philadelphia, PA: Lippincott Williams & Wilkins, 2010.
- Sadock, Benjamin and Virginia Sadock. Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, Tenth10th Edition. Philadelphia, PA: Lippincott Williams & Wilkins, 2007.
- Zimmerman, Gretchen, Cynthia Olsen and Michael Bosworth. "A 'Stages of Change' Approach to Helping Patients Change Behavior." American Family Physician, 61 (5): 1409-16, 2000.

Evaluation and Grading

Behavioral and Mental Health Medicine	% of Final Grade	Due
Final Preceptor Evaluation	Pass/Fail	EOC
EOC Behavioral and Mental Health Medicine Exam (score \geq 60%)	60%	EOC
H&P case	Part of preceptor eval (Pass/Fail)	EOC (signed & upload to Canvas)
SOAP Note, Design counseling program, mental health resources in community (each of the 4 written assignments are worth 10% each)	40%	EOC (upload to Canvas)
Mid-Clerkship Evaluation	Pass/Fail	EOC (upload to Canvas)
eMedley Log	Pass/Fail	EOC (signed & upload to Canvas)
Professionalism	Pass/Fail	EOC

BMH Rotation Mini Orientation

In this rotation students will see a variety of mental health and psychiatric conditions. The students are expected to complete the following assignments by the end of the rotation.

1) Take an H&P with a thorough social history and orally present to the preceptor. Obtain the preceptor's signature on the final presentation and upload it to Canvas.

- 2) Demonstrate ability to counsel patient and/or family observed by the preceptor.
- 3) Based on the thorough social history, design a counseling program on preventing relapse in substance-abuse afflicted patients. Upload on Canvas.
- 4) Write a SOAP note and submit it on Canvas
- 5) Research the mental health resources available in the community of your rotation and complete the assignment. Upload on Canvas.

Course Map for PAS 671 (Behavioral and Mental Health)

ARC-PA	PA Core Competencies	Learning Outcomes PAS 671	Course Objectives	Instruction Activity	Assessment
B3.01 B3.02 B3.03 B3.04 B3.05 B3.06 B3.07	PC, MK, COM, PR, SBP	At the end of the PAS 671 course, students will: 1. Apply medical knowledge of scientific concepts in the ambulatory and/or inpatient settings to conduct history and physical examinations to arrive at a differential diagnosis and formulate a plan of management for the condition examined a. In the psychiatric patient	1. Evaluate psychiatric patients with an effective history and physical examination for the specific reason for visit. 2. Formulate a differential diagnosis and order diagnostics to rule out or confirm the working diagnosis given the level of acuity 3. Select a clinical intervention plan that is consistent with the working diagnosis and orally present the entire case to the preceptor.	Obtain H&P of a patient and do an <i>oral presentation</i> of the case to the preceptor	1. Preceptor signing off on the written H&P with date. Student uploads to the canvas shell 2. Preceptor scores the student on end of clerkship evaluation tool on the task
B3.01 B3.02 B3.03 B3.04 B3.05 B3.06 B3.07	PC, MK, COM, PR, SBP	At the end of the PAS 671 course, students will: 2. Be able to incorporate their medical knowledge into effective health promotion/ disease prevention	1. Propose an appropriate prevention strategy for the given condition, age and sex. 2. Educate and Counsel the patient and family on the chosen prevention modality.	<i>Demonstrate</i> counseling of patients/ family members of patients to the preceptor	1. Preceptor scores the student on clerkship evaluation tool on the ability to provide case specific preventive care including counseling 2. Take a patient's detailed social history and design a counseling program to prevent relapse in substance abuse and

					afflicted patients.	
B3.01	PC, MK, COM, PR, SBP, PBL	At the end of the PAS 671 course, students will: 3. Conduct themselves professionally and effectively communicate with colleagues and patients	3.1 Develop and Document a complete psychiatric SOAP note with differential diagnosis, diagnostics to order and a clinical management plan for patient including referral criteria to a psychiatric specialist.	Prepare a SOAP note on a chronic case patient including referral criteria and get feedback from the preceptor then upload to Canvas shell	1. Explore mental health resources in community of your rotation. (written assignment)	
B3.02					2. SOAP note assignment	
B3.03						
B3.04					3.2 Student is able to seek out constructive feedback from and provide constructive feedback to colleagues and other health professionals.	3. Preceptor scores the student on ability to document a SOAP note
B3.05						
B3.06						
B3.07					3.3 The student Demonstrates compliance with confidentiality requirements in the clinical setting	4. Preceptor scores the student on professionalism

PAS 680: SEMINAR IN PA STUDIES
University of Kentucky
Department of Clinical Sciences
Division of Physician Assistant Studies
July 2018 – June 2019

Course Director

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Office Hours

By appointment only. Email is the best form of communication; office phone is also available. Dr. Chatterjee will attempt to return all communication within 72 hrs.

Course Description

PAS 680 is conducted in a seminar style of presentation with various presenters who cover a variety of subjects pertinent to the clinical practice and professional life of the physician assistant. The class meets every four weeks. This clinical year physician assistant course may include faculty presentations, guest lecturers, and clinical and professional skills workshops.

Course Objectives:

PAS 680 will provide students with the opportunity to:

1. Learn from sharing their clinical experiences with colleagues
2. Learn about medical topics of importance
3. Develop their patient presentation skills
4. Advance their clinical skills through hands on workshops
5. Acquire career and professional development knowledge and skills
6. Discuss and address issues with faculty related to the clinical clerkships.
7. Gain insight into the community and patient needs
8. Recognize health and community issues
9. Learn to interact with community leaders
10. Prepare for PANCE
11. Prepare for job opportunities

Text:

There is no textbook, however there will be required readings lectures throughout the year. Please check Canvas updates monthly for changes in EOC. Some of the material may require discussions, critical thinking, and responses in forum format. Articles and videos may be used. You will be expected to discuss this material during EOC day as well.

Generic Schedule for EOC days 2018-2019:

- The class will receive updates every month on the schedule and the activities on the upcoming EOC days.
- Schedules will be changed by the clinical team only if absolutely necessary (room availability)
- **The format** that maybe followed on every EOC day will be as following (may be in any sequence):
 - Verification of all documents uploaded into canvas prior to EOC day. (15 min)
 - EOC day Exam (2 hr exam for 120 questions with optional 15 min break in between)
 - Please arrive **30 min prior to taking the exam** to sign the Honor code for the PAEA EOR Exam of the day and complete pending evaluation if any on E-Medley.
 - All evaluations must be completed online in E-Medley by the end of EOC day.
 - Tentative breakdown
 - Housekeeping – Announcements etc. (30 min)
 - Meeting with Clerkship directors and Q &A / mini orientation for each clerkship - as available (30 min)
 - Team based learning activities (if it occurs, hrs. will vary)
 - Presentation on a topic (External Presenters) (2 - 3 hrs.)

Evaluation and Grading

Tasks/Assignments	% of Final Grade	Due
Rural Health Report	45% (100 points)	March 31, 2018
2 Case reports	25% each (50 points each)	June 31, 2019
Professionalism	Pass/Fail	Easy picking provided no disciplinary issues noted.
Attendance	5% (10 points)	All EOC day attendance is necessary unless approved prior.

Written Assignments (45%)

Rural Health Report: (Addresses PA Competencies: MK, PC, PBLI)

Rural Health Report is due end of March 2018. Upload all the rural health report onto Canvas shell PAS 680 Assignment folder. Failure of technology is not an excuse.

- Choose a patient from a rural area in Kentucky that you have seen in the clinics.
- Research the public health department in the county of residence **of the patient**
- Write a paper detailing the following: (2- 3 pages excluding the flowchart, Times New Roman, font 12, single spacing) – Format adherence **(5 points)**
 - Graphical representation/flowchart showing the organization of the health department (call them or visit or speak with them if you have to) **(10 points)**

- What are the services offered by the health department? Please describe briefly (10 points)
 - Funding sources of the health department **(10 points)**
 - Graphical representation/flowchart showing the flow of information of notifiable disease from the health department to the state (call them and speak with them if you have to) **(5 points)**
 - Provide at least 3 ways that Physician Assistant and the health department collaborate for healthier patient outcomes (one mandatory reference on this point) **(15 points)**
 - Your impression of the public health department before the exercise compared to after the assignment. **(15 points)**
- *You can ask questions pertaining to the following topics and more:*
 - *Types of services offered*
 - *Major funding sources/support for the programs*
 - *How many patients are catered to*
 - *Vaccination offerings*
 - *Immunization reimbursement procedures*
 - *Environmental health functions*
 - *Reporting of infectious diseases*
 - *Flow of information/chain of reporting for outbreaks*
 - *Emergency preparedness activities*

Case Report: (50%)

2 Case reports are to be submitted at the end of PAS 680. The rubric of assessment for case report will be posted on Canvas.

Attendance: (5%)

No absence for any part of EOC days will be allowed unless permission taken prior.

Bibliography

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