

JAMES MADISON UNIVERSITY

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College of Health & Behavioral Studies – Department of Health Professions



# CLINICAL PHASE HANDBOOK

(Last revision, July 2025)

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## Introduction & Purpose

Congratulations! By successfully completing a rigorous 16-months of study during the didactic phase, you are now ready to embark on the next step in your training. The next year will be both extraordinarily challenging and profoundly rewarding. Your medical knowledge and clinical skills will be tested daily. Personal inconveniences and sacrifices are going to be unavoidable. But there will also be times of great accomplishment and satisfaction. In the end, you will have experienced substantial personal and professional growth and will have finally realized the goal you have worked so hard to achieve. Learning experiences can and do exist under **all circumstances!** Take full advantage of them.

The purpose of this handbook is to explain how the clinical phase of the program differs from the didactic phase. It is in addition to, not a replacement of, the Program Policy Manual. All program policies remain in effect. This handbook also does not replace the university or department level policies or the university catalog. In addition, the course syllabi for all clinical rotation courses are found in this manual.

Prior to beginning your first supervised clinical practice experience (SCPE), you must have:

- a) successfully completed all didactic course work
- b) successfully completed all clinical skills workshops
- c) BLS and ACLS certification
- d) submitted the Health History form to the University Health Center along with an update of all required immunizations and testing (MMR, Td, varicella, Hepatitis B, COVID)
- e) TB testing\* within past 6-12 months. (\*TB testing must be repeated every 12 months by PA program policy. Some sites may require more frequent testing.)
- f) completed all required drug screens with negative results
- g) completed all required criminal and sexual offender checks in accord with program policy
- h) reviewed all clinical orientation materials/policies and completed any additional required clinical tests (i.e., respirator fit testing)

Some rotation sites may want documentation of the above for their own files. The immunization documents you provided are kept at the University Health Center. We can release this information to clinical sites provided you have signed a written 'Release of Information' form giving us permission to do so. However, neither the University Health Center nor the PA Program is responsible for keeping your medical records up-to-date. If at any time your compliance with the above cannot be verified, you will be removed from your SCPE until you can prove compliance.

## Communication & Contact Information

The PA Program offices can be reached by telephone Monday - Friday from 8:00am - 3:00pm. Issues related to educational content or student concerns should be referred to the Director of Clinical Education or the faculty member associated with that specific clinical course. All other matters can be referred to the Office Manager. Whenever possible, please communicate with the program during regular business hours.

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If you encounter an immediate need to speak with someone, you may reach the Director of Clinical Education or the Program Director on their mobile phones **(DO NOT ABUSE THIS)**.

All program related communications between students and the program MUST be carried out through email. Therefore, all students are required to use their assigned JMU e-mail account for the duration of the Program. All PA Program related correspondence will be sent to this account. Throughout the clinical phase, it is the student's responsibility to *check this email account at least once per day*.

**NOTE:** if you need something urgent within a few hours then text Kristy – if not then please email Kristy as communication is supposed to go through email.

You must keep your permanent address up to date within MyMadison. The PA program cannot do this for you. Preceptor's office or hospital addresses are not to be used as temporary addresses.

## General Information

### Clinical Paperwork

- Prior to the beginning of each rotation you will have access to reporting instructions and evaluation forms in eMedley. Every effort has been made to verify the reporting instructions with the site and the preceptor. Nevertheless, you may still run into minor problems. Be flexible! Try first to resolve any discrepancies on your own. If this is not possible, call the Director of Clinical Education or the program offices for assistance. Please also let the program know of any errors in the reporting instructions so that they may be corrected. Information on clinical sites and preceptors are found in eMedley, eKeeper, Reports, Student Clinical Sites and Preceptors. You may also be asked by Marissa to fill out additional paperwork for individual sites. Please do this and return it ASAP.

### Site Visits

- The Director of Clinical Education or other faculty members will be visiting rotation sites from time to time. These site visits may be announced or unannounced. If you are informed by the program or by the clinical site that a faculty member from the program has scheduled a visit, you are required to be on site at the time of the visit.
- The purpose of a site visit is to assess student progress and/or to address other specific clinical site issues. It may also be to evaluate a preceptor. Site visits may be in-person, by telephone, or via video conferencing (FaceTime, Skype). During a site visit the preceptor, the student, and any other key personnel may be interviewed. In addition, a student may be asked to present a case to the visiting faculty member, provide examples of clinical documentation for review, and/or perform a monitored history and physical exam of a patient.

### Housing

- Securing adequate housing during clinical rotations is ***the student's responsibility***. To assist students, the program maintains information on relevant housing options at many sites. Whenever the program gets new information on housing opportunities near clinical sites, it will share the information with students. However, the program does not evaluate the condition or the safety of these housing options, nor does it endorse them. If students find these housing options inappropriate or unsuitable in any way, they should find suitable alternatives. ***Students may need to pay for housing***. The student may select from housing options provided or secure other options on his/her own. Students should secure housing at least one-month prior to the start of each clinical rotation.
- Travel to and secondary housing at clinical sites beyond commuting range is the largest program expense besides tuition. It varies widely (range \$0 – \$10,000; average \$4,000), depending on the location of clinical sites, the assignments of individual students and the housing needs of individual students.

## Clinical Rotation (SCPE) Assignments

- Supervised clinical practice experiences (SCPEs) begin in January and last until graduation in December. For each SCPE a student is assigned to a clinical preceptor(s) within local and regional communities. Rotations are intensive, hands-on learning experiences.
- The PA Program faculty determines the sites and the sequence of clinical rotations for each student. The Director of Clinical Education gathers input on site availability and on students' educational and personal interests to assist and inform the decision-making process. Ultimately though, ***students are assigned to clinical rotation sites – students do not directly choose clinical rotation sites.*** The Program is under no obligation to meet any individual or personal needs of students or student requests. The Program's priority is to provide all students with optimal learning opportunities.
- Students are not required to find their own clinical sites for any of their clinical rotations.
- ***Students are responsible to find their own housing*** during SCPEs. The Program provides a list of housing options at sites. Students are free to make housing arrangements using the provided options or to find alternative housing on their own. All students will have to travel to multiple sites during the year and will incur the costs of travel and of additional housing.
- There are times when a student may suggest a potential preceptor. To do so, first contact the Director of Clinical Education. Having obtained their permission, the student may then contact the potential preceptor ***for the purpose of ascertaining initial preceptor interest. Do not pursue rotation arrangements or present yourself as representing the PA Program.*** Once a clinician indicates interest in exploring the possibility of becoming a preceptor, inform the Director of Clinical Education. The PA program will provide the prospective preceptor with additional information. Our goal is to establish ongoing relationships with clinical instructors who have a ***long-term interest*** in precepting PA students. Affiliations for one-time, one-student only SCPEs are discouraged but may be facilitated as program need requires. ***The suggestion of a potential preceptor or an indication of preceptor interest does not ensure that a rotation with that provider will occur.***
- Students may not contact other PA program clinical coordinators/faculty to inquire about possible clinical rotations. All contact with other PA programs is done by the JMU PA faculty.
- Change of assignment will not be considered once SCPE assignments have been confirmed with preceptors. However, unforeseen circumstances may arise with the preceptor, the student, or with the program. Students should immediately inform the Director of Clinical Education of any ***serious problem*** with an assignment. Students should also be understanding of an unforeseen circumstance that may require the program to make an unexpected change in the student's schedule.
- Two of the four-week rotation periods in the second year is an elective. Students must follow the procedure for requesting and gaining approval of elective choice. However, the program may assume control of the choice of elective for educational purposes.

## Clinical Education Overview

### Goals

The didactic phase of the program was a more passive learning experience. The clinical phase of the program is ***much different*** in that it is a predominantly an active learning environment. This will prepare you for your future role as a physician assistant. With this in mind, the goals of the clinical year are:

1. To apply knowledge learned in the didactic phase to supervised clinical practice
2. To develop and sharpen your clinical problem-solving skills
3. To add to your fund of medical knowledge
4. To perfect the art of history taking and physical examination skills
5. To sharpen and refine case presentation skills
6. To further develop your understanding of the PA role in medicine
7. To prepare for the Physician Assistants National Certifying Examination. It is the student's responsibility to keep track of and pursue opportunities to meet learning objectives not yet achieved
8. To develop an area of interest for employment after graduation
9. To develop a resumé and to gain self-confidence in the professional role

### Expectations

Supervised clinical practice experiences are facilitated via a preceptor model. Each student is assigned to an experienced clinician who serves as your preceptor. The PA Program determines the knowledge, skills, and attitudes necessary for education of PA students and formulates these as learning outcomes for each clinical 'course'. The preceptor selects opportunities within his/her practice to assist the student in meeting the learning outcomes. The preceptor supervises the student during the learning opportunities. It is during SCPEs that students must learn to refine and apply the knowledge and complex skills that make a good clinician.

As you move from the classroom into clinics, hospitals, and surgery centers, it will quickly become apparent that your role as a learner will have to change. Below is a list of some characteristics that make the clinical learning environment different from the didactic learning environment. Understanding the differences between the two will help you formulate appropriate expectations and adjust your learning style to the less structured clinical situation:

1. The preceptor's primary responsibilities are to his/her patients and practice
2. The student bears the burden of organizing his/her learning within the opportunities made available by the preceptor
3. Times, dates, and places of clinical learning opportunities are seldom known in advance
4. Information is presented and objectives achieved spontaneously. The student must seek knowledge as prompted by patients' conditions and preceptor demands
5. There is more direct contact time with your instructor, but the instruction is more dilute
6. Successful clinical learning requires ***active, assertive students who politely probe*** preceptors, patients, and themselves for knowledge



## Clinical Phase Schedule

Each SCPE is 4-weeks long. You will typically complete two consecutive 4-week SCPEs, followed by an “end-of-rotation” (EOR) time which takes place in-person (on campus) or virtually (via Zoom). EOR times consist of:

- End-of-rotation exams (Monday morning)
- Ongoing courses:
  - PA 625: Health Promotion & Disease Prevention
  - PA 643: Values and Ethics in Medicine
  - PA 642: Transition to Practice
- Student elective presentations
- Possible guest speakers
- Possible additional workshops

Plan to be busy for ***all of Monday & Tuesday*** during EOR times.

Medical appointments, hair appointments, car service appointments, etc. all need to be scheduled on Wednesday, Thursday, or Friday of EOR times. All SCPE related assignments including case study write-ups, preceptor evaluations, etc. must be submitted during the EOR time.

**Clinical Year 2025 Schedule**

	START	END	
Orientation	January 3	January 3	Virtual
<b>Rotation 1</b>	<b>January 6</b>	<b>January 31</b>	
<b>Rotation 2</b>	<b>February 3</b>	<b>February 28</b>	
EOR	March 3	March 4	In Person – Capstone posters
Vacation	March 5	March 9	
<b>Rotation 3</b>	<b>March 10</b>	<b>April 4</b>	EOR exam Sat Apr 5- 9am
<b>Rotation 4</b>	<b>April 7</b>	<b>May 2</b>	
<b>Rotation 5</b>	<b>May 5</b>	<b>May 30</b>	
EOR	June 2	June 3	Virtual – PACKRAT
Vacation	June 4	June 8	
<b>Rotation 6</b>	<b>June 9</b>	<b>July 4</b>	
<b>Rotation 7</b>	<b>July 7</b>	<b>August 1</b>	
EOR	August 2		Virtual Saturday EOR - all day
Vacation	August 3	August 10	Full week
<b>Rotation 8</b>	<b>August 11</b>	<b>September 5</b>	
<b>Rotation 9</b>	<b>September 8</b>	<b>October 3</b>	
EOR	October 6	October 7	In Person – COMP Exam
Vacation	October 8	October 12	
<b>Rotation 10</b>	<b>October 13</b>	<b>November 7</b>	
<b>Rotation 11</b>	<b>November 10</b>	<b>December 5</b>	
EOR	December 11		In Person
	December 12 – White Coat Ceremony	December 13 - Commencement	In Person

## Clinical Phase Courses

Spring Semester	Credit Hours
PA 625 Health Promotion & Disease Prevention	1
PA 654 Capstone Project	2
Rotation Period 1	2
Rotation Period 2	2
Rotation Period 3	2
Rotation Period 4	2
<b>Semester Total</b>	<b>11</b>
Summer Semester	
PA 643 Values and Ethics in Medicine	3
Rotation Period 5	2
Rotation Period 6	2
Rotation Period 7	2
<b>Semester Total</b>	<b>9</b>
Fall Semester	
PA 642 Transition to Practice	1
Rotation Period 8	2
Rotation Period 9	2
Rotation Period 10	2
Rotation Period 11	2
<b>Semester Total</b>	<b>9</b>

**These courses rotate during the ten rotation periods. The sequencing of these courses will vary with each student.**

PA 670 Elective Rotation I	4 weeks
PA 671 Family Medicine Clinical Rotation	4 weeks
PA 672 Primary Care Clinical Rotation	4 weeks
PA 673 Internal Medicine Clinical Rotation I	4 weeks
PA 674 Internal Medicine Clinical Rotation II	4 weeks
PA 675 Pediatrics Clinical Rotation	4 weeks
PA 676 Obstetrics and Gynecology Clinical Rotation	4 weeks
PA 677 General Surgery Clinical Rotation	4 weeks
PA 678 Emergency Medicine Clinical Rotation	4 weeks
PA 679 Behavioral Medicine Clinical Rotation	4 weeks
PA 680 Elective Rotation II	4 weeks

## SCPE (Course) Attendance Policy

- Specific work hours for each SCPE are determined by the preceptor. Students should expect to work some nights, weekends, and holidays, as well as be 'on-call' at times. In general, expect to be involved for a minimum of 40 – 50 hours per week. Preceptors are ***not obligated*** to give days off on weekdays, weekends, or holidays nor will they honor an outside work schedule. The student is expected to follow the schedule of the preceptor that they are assigned to, ***not the typical JMU schedule at the time.***
- Follow provided instructions for reporting on the first day of a SCPE. Please notify the program of any errors or changes.
- Habitual tardiness will be referred to the faculty member in charge of the SCPE and will affect a student's final course rotation grade. It may also factor in to the decision on whether a student has successfully completed a SCPE or not.
- Absenteeism
  - Adherence to scheduled clinical rotation hours and attendance at end-of-rotation courses and activities is mandatory. Failure to fulfill this requirement will be considered in the course evaluation. This may negatively affect academic performance, including the potential for course failure and dismissal from the program.
  - If a student has a compelling reason to be absent from a SCPE, both the clinical preceptor ***and*** the Director of Clinical Education MUST be notified as soon as possible, but never later than 9:00 am on the day of the absence. If the appropriate party cannot be reached, leave a number where you can be reached.
  - Valid reasons for ***excused absences*** include: incapacitating illness, injury requiring bed rest, and unexpected family emergencies. Business appointments, job interviews, weddings, graduations, and other social events are NOT valid reasons for an excused absence. These will be considered unexcused absences. Absences for unapproved reasons must be discussed and approved by the clinical preceptor and the Director of Clinical Education. Requests for planned absences must be made at least 7 days in advance, and such requests will be considered on a case-by-case basis.
  - Absences of up to one day per two full weeks of rotation (e.g., 2 days for a 4-week rotation, 4 days for an 8-week rotation) due to an excused absence must be made-up within the affected clinical rotation period. Failure to make-up time missed due to an excused absence will be reflected in the course grade or can result in a repeat of the rotation.
- Immunization Update Policy – periodically you will be informed by Marissa Zane that you need to update your immunizations (usually your flu shot and/or PPD) or other clinical paperwork. Marissa will send you an email with due date for the updates. They need to be updated in your JMU student health record and then this updated health record must be sent back to Marissa. She ***DOES NOT*** have access to each students' health record. Because updated immunizations and clinical paperwork are a part of our agreements with sites, any student failing to update their immunizations or paperwork in a timely manner, ***WILL BE PULLED FROM THEIR CLINICAL SITE*** until the update is completed.

## Course Requirements

At the conclusion of each SCPE, students MUST submit all of the following to the program:

1. **Evaluation of the Student by the Preceptor** - each clinical site has a preceptor who is responsible for providing the student with regular feedback on clinical progress and for completing a formal evaluation at the conclusion of the rotation. The preceptor may also involve other personnel who have worked closely with the student. ***Clinical competency*** will be assessed in various areas (see “preceptor evaluation of student” forms at the end of this manual). The preceptor has instructions to discuss the evaluation with each student in-person, and then must submit the form to the program electronically via eMedley. ***The student is responsible for ensuring that the evaluation meeting takes place.*** If the preceptor seems to have forgotten, gently remind him/her. Actions by students aimed at falsifying or inflating evaluations will be treated as academic dishonesty. If the preceptor does not complete the evaluation by the end of the rotation, obtaining it becomes the responsibility of the program.
2. **Evaluation of the SCPE Site and Preceptor by the Student** – the student will evaluate each SCPE at the end of the rotation. The evaluations cover different aspects of the preceptor and the site itself. Evaluations are completed electronically. Candid and thoughtful input is an essential part of the program’s ongoing assessment and improvement of clinical learning opportunities for students.
3. **Clinical Logs (Patients & Procedures)** - students are responsible for logging the patients they see during each clinical rotation via the eMedley software. As much as possible, the electronic logs should be updated daily as they will be reviewed by program faculty on a regular basis. This allows for program faculty to monitor the SCPE for the level of student participation and to compare site equivalency. ***The minimum number that must be logged for each SCPE is 40 patients.*** It is not recommended that you log over 100 patients. The electronic log includes:
  - date of encounter
  - SCPE site/preceptor
  - encounter setting (hospital, office, etc.)
  - chief complaint
  - diagnosis (ICD-10 billing code)
  - treatment (CPT code)
  - student/preceptor level of participation in the encounter
  - procedure performed
  - reason for the visit

## Course Instructors of Record

A PA program faculty member is designated as the “instructor of record” for each clinical rotation course. As such, he or she is responsible for:

- developing suggested topical reading lists
- monitoring patient logs
- developing and maintaining end-of-rotation exams specific to the clinical rotation
- grading the end-of-rotation exams
- investigating student performance deficiencies, identifying the causes, & implementing solutions
- supervising any remediation processes
- monitoring the progress of students on the clinical rotation (often via information from the Director of Clinical Education)
- acting as educational advisors for students as they transition to clinical practice

Official instructors of record are as follows:	
PA 670 Elective Rotation I	Kristy Liskey
PA 671 Family Medicine Clinical Rotation	Laura Tice
PA 672 Primary Care Clinical Rotation	Whitney Simmons
PA 673 Internal Medicine Clinical Rotation I	Sharon Maiewski
PA 674 Internal Medicine Clinical Rotation II	Sharon Maiewski
PA 675 Pediatrics Clinical Rotation	Ashley Skelly
PA 676 Obstetrics and Gynecology Clinical Rotation	Ashley Skelly
PA 677 General Surgery Clinical Rotation	Jerry Weniger
PA 678 Emergency Medicine Clinical Rotation	Jerry Weniger
PA 679 Behavioral Medicine Clinical Rotation	Kristy Liskey
PA 680 Elective II Rotation	Abby Massey/Ashley Skelly

These faculty members assign the final grades for these clinical rotation courses. Preceptors *do not* assign grades. Preceptors submit evaluations of students. Therefore, if a student wishes to question or challenge a grade, the inquiry must be directed to the faculty member, not the preceptor.

The syllabi for all clinical rotation courses will be posted to Canvas each semester.

## Clinical Course Grading

### Preceptor Evaluation of the Student (40% of course grade)

- The preceptor ratings from each section are converted to an overall numeric grade
- The form includes both an assessment of *clinical competency* and *professionalism*:
  - Clinical competency and professionalism is evaluated on a 0-4 scale. A "0" score for a *single item* may be cause for activation of the Student Progress Committee

### Clinical Logs - Patients & Procedures (10% of course grade)

- Clinical logs must be completed by the *Friday of the end-of-rotation week*. Otherwise, the student risks losing points in this area.
- ***The minimum number that must be logged for each SCPE is 40 patients.***

### Program Faculty Evaluation (10% of course grade)

- This evaluation is based on information gathered from preceptors, clinical site staff, and/or personal observations of the student by the faculty member or the Director of Clinical Education. It also encompasses student attendance for the clinical rotation.

### End-of-Rotation (EOR) Examination (40% of course grade)

- These examinations are based on the competencies for the PA profession, the learning outcomes for the clinical course, and the instructional objectives specific to that course. These are listed in the next section of this handbook, as part of each SCPE preceptor evaluation form.
- Each exam will assess knowledge of clinical subject matter and procedures that are typically encountered in each specific clinical rotation.
- Although a specific clinical rotation course may not provide exposure to every listed instructional objective, the student is nevertheless responsible for the material. It is the responsibility of the student to *seek out learning opportunities each day* of the clinical rotation and to *study the material listed in the instructional objectives* regardless of whether those diseases/illnesses are actually encountered. The PA program does its best to maintain relative equivalency among clinical sites, but it cannot ensure that every clinical site will provide the exact same experience.
- Each EOR exam is 50 questions, multiple-choice. The exams are similar to, but not exactly like the PANCE.
- EOR exams must be completed when scheduled. This is typically the first order of business on the Monday morning of an EOR week.
- Any EOR exam score <70% triggers the "EOR Exam Policy" (*see page 17*).
- **\*\*Behavioral Medicine Clinical Rotation** – the EOR exam is only worth 30% and MAT training will make up the other 10%

## Elective Course Grading

Note, there is **not** an EOR exam for Elective Clinical Rotations. Instead, the student must develop the following four items:

1. Instructional Objectives: write your own instructional objectives for the elective rotation and present them to the instructor of record (faculty member). These objectives should be what you hope to learn on your elective clinical rotation (why did you choose this elective, what knowledge do you hope to gain). The student should work with the preceptor to develop these learning objectives.
2. Case Presentation: develop and present a case presentation to the rest of the class during an EOR time. This case presentation should follow the grand rounds format and should be 15 minutes in length. It should include the following:
  - a. Introduction of the patient presentation with signs/symptoms and history
  - b. Class discussion of possible differential diagnosis and suggested testing
  - c. Evidence based presentation of the topic
  - d. Resolution of the case (management of the patient)
3. Illness Script: develop an illness script for a specific disease or disorder encountered on the rotation (more info below).
4. Case Report: write a Case Report about an interesting or pertinent disease/disorder encountered on the rotation (more info below).

### Illness Script:

An illness script is an organized mental summary of a provider's knowledge of a disease. It represents a clinician's knowledge about a particular disease, and may be as short as a 3x5 pocket card description. Illness scripts include a disease pathophysiology, epidemiology, time course, salient symptoms and signs, diagnostics and treatment.

### Case Report:

A medical case report is a detailed description of a clinical encounter with a patient. Usually, you write a case report because that case is sufficiently unique, rare or interesting in that other medical professionals will learn something from. While you can certainly do this for your elective – a case report about a common disease that will likely be tested on the PANCE is also acceptable.

Components of a case report according to the **CARE checklist**:

- a. **Title** – diagnosis or intervention of primary focus followed by the words “case report”
- b. **Key Words** – 2-5 key words that identify diagnosis or intervention in this case report (including “case report”)
- c. **Abstract**
  - a. Introduction – what is unique about this case and what does it add to the scientific literature?
  - b. The patient's main concerns and important clinical findings
  - c. The primary diagnosis, interventions and outcomes
  - d. Conclusion – what are a few “take-away” lessons from this case report?
- d. **Introduction** – briefly summarizes why this case is unique and may include medical literature references
- e. **Patient Information**
  - a. De-identifies patient specific information
  - b. Primary concerns and symptoms of the patient

- c. Medical, family and psychosocial history including relevant genetic information
  - d. Relevant past interventions and their outcomes
- f. **Clinical Findings** – describe significant physician examination and important clinical findings
- g. **Timeline** – historical and current information from this episode of care organized as a timeline (figure or table)
- h. **Diagnostic Assessment**
  - a. Diagnostic methods (PE, laboratory testing, imaging, surveys)
  - b. Diagnostic challenges
  - c. Diagnosis (including other diagnoses considered)
  - d. Prognostic characteristics when applicable
- i. **Therapeutic Intervention**
  - a. Types of therapeutic intervention (pharmacologic, surgical, preventive)
  - b. Administration of therapeutic intervention (dosage, strength, duration)
  - c. Changes in therapeutic interventions with explanations
- j. **Follow up and Outcomes**
  - a. Clinician and patient assessed outcomes if available
  - b. Important follow up diagnostic and other test results
  - c. Intervention adherence and tolerability (How was this assessed?)
  - d. Adverse and unanticipated events
- k. **Discussion**
  - a. Strengths and limitation sin your approach to this case
  - b. Discussion of the relevant medical literature
  - c. The rationale for your conclusions
  - d. The primary “take – away” lessons from this case report (without references) in one paragraph conclusion
- l. **Patient perspective** – the patient should share their perspective on the treatment(s) they received
- m. **Informed Consent** – the patient should give informed consent (provide if requested)



### EOR Exam Procedure

- A student must earn a 70% or above to pass an EOR exam.
- If a student earns <70%, they must meet with the course instructor for feedback, and then re-take a similar EOR exam. ***This must be completed prior to the start of the next clinical rotation.***
- If the student earns  $\geq 70\%$  on the re-take exam, they will be allowed to progress in the Program. However, the final, recorded EOR exam grade will remain 70%.
- If the student earns <70% on the re-take exam, they **MUST** meet with the Student Progress Committee to determine a course of action (see program policy titled, “Student Progress Committee” on pages 38-39 of the Program Policy Manual).
  - Often, but not always, the Student Progress Committee will recommend REPEATING THE CLINICAL ROTATION. In this case, the Director of Clinical Education will assign the student to an appropriate clinical rotation. This may necessitate having to register for additional credit hours and/or semester(s). It may also delay the student’s ability to graduate. All expenses including tuition, travel, housing, and other costs associated with any additional clinical rotation(s) will be the sole responsibility of the student.

### Reviewing the Exams

- When a student passes an EOR exam, for confidentiality reasons, they will not be allowed to review the exam itself. This is also because the sequence of clinical rotations is different for each student. Meeting with the course instructor for feedback is encouraged, however.
- Once ALL NINE EOR exams have been completed by the ENTIRE COHORT, then they will be made available for review. This will be done on an individual basis with the instructional faculty member and by request only.
- Any discussion about EOR exam content among students is **STRICTLY FORBIDDEN**. This is an issue for academic integrity. Suspected violations will be referred to the Student Progress Committee and/or the JMU Honor Council.

### Incomplete Grades – these may occur for two reasons:

- An incomplete (“I”) may be temporarily assigned to a student who **fails to meet a course requirement**. The student is responsible for completing the necessary requirements in order to have the “incomplete” removed. Otherwise, it may become a failing grade in accordance with university policy
- An incomplete may be temporarily assigned because clinical rotation courses **often do not align with the university calendar**. Therefore, faculty may need to submit an “incomplete” for a clinical rotation course that overlaps with a semester conclusion, or for which a preceptor’s evaluation has not yet been received. In the case of such administrative “incompletes” the faculty members are responsible to have the incomplete removed at the appropriate time.

- In summary, **final grades** for all clinical rotation courses except for the Elective Clinical Rotations, will be calculated as follows:
  - Preceptor Evaluation of the Student: 40%
  - Clinical Logs - Patients & Procedures: 10%
  - Program Faculty Evaluation: 10%
  - End-of-Rotation (EOR) Examination: 40% (BM: EOR exam 30%, MAT 10%)
  - TOTAL: 100%
  
- The final grade for the **Elective Clinical Rotation I** will be calculated as follows:
  - Preceptor Evaluation of the Student: 40%
  - Case Presentation 15%
  - Illness Script 15%
  - Development of Learning Objectives: 10%
  - Clinical Logs - Patients & Procedures: 10%
  - Program Faculty Evaluation: 10%
  - TOTAL: 100%
  
- The final grade for the **Elective Clinical Rotation II** will be calculated as follows:
  - Preceptor Evaluation of the Student: 40%
  - Case Report 15%
  - Illness Script 15%
  - Development of Learning Objectives: 10%
  - Clinical Logs - Patients & Procedures: 10%
  - Program Faculty Evaluation: 10%
  - TOTAL: 100%
  
- Final course grades all utilize the same grading scale:
  - 95-100%: A
  - 92-94%: A-
  - 86-91%: B+
  - 81-85%: B
  - 76-80%: B-
  - 70-75%: C
  - 0-69%: F



## Affiliation Agreements (with preceptors and hospitals)

To support students involved in clinical education activities, the University enters into legal agreements with preceptors and hospitals. These affiliation agreements list the duties and responsibilities of preceptors, hospitals, students and the university. Some agreement **highlights** of which you should be aware are summarized below.

PA students on clinical rotation:

- 1) must perform in a professional manner at all times, observe the dress code requirement set forth by the Program, and identify themselves as physician assistant students.
- 2) will abide by all policies, regulations, and procedures of the Preceptor and the hospital or other agency that relate to the behavior of students, including procedures governing hazardous materials and universal precautions and confidentiality policies to comply with HIPAA.
- 3) will not see patients, make a diagnosis, or carry out any procedure or treatment plan without the explicit prior approval of the preceptor or his/her designee.
- 4) will attend activities regularly and punctually and report absences to the Preceptor and to the PA Program.
- 5) will be responsible for all arrangements and expenses related to transportation for clinical experiences.
- 6) are required to carry professional liability insurance coverage. Such coverage is limited to activities required by the curriculum.
- 7) must have personal health insurance or assume financial responsibility for health care and understand that expenses incurred are the responsibility of the student, NOT the responsibility of the Preceptor, the University, or the clinical site.
- 8) know that the entire length of the clinical affiliation is a non-wage paying experience that they enters into and will therefore not expect monetary recompense.
- 9) will never work without a clearly identified on-site supervisor. If the preceptor is absent, s/he will identify an alternate preceptor for the student. The student will notify the program of any unexpected preceptor change.
- 10) will sign chart entries clearly followed by the designation "PA-Student" unless told otherwise by the preceptor. Other professional titles (e.g. RN, EMT) will never be used.
- 11) will not consent to assess any patient or perform any procedure that is beyond their ability.
- 12) will observe the highest level of patient confidentiality at all times.
- 13) Will set cell phones to vibrate and will not make or receive personal calls or texts during the time spent with the preceptor.

Preceptors shall provide all appropriate supervision, monitoring, and control over the activities of the PA Program student(s). The students shall observe all applicable rules and regulations of the medical staff and the hospital. "Privileges" of students while within an affiliated hospital or other healthcare agency are restricted to the following:

- 1) performing complete and partial histories and physical examinations of patients designated by the preceptor(s)
- 2) dictating histories and physical examinations and discharge summaries. Such information shall not be considered official until the preceptor has signed it.

- 3) make rounds with the preceptor to observe and record the progress of patients and note those in the official record. No orders of the student shall be carried out unless and until the preceptor has reviewed and approved the orders according to usual hospital protocol.
- 4) accessing records of patients to which they are assigned.
- 5) accessing the hospital library and any and all educational presentations sponsored by the hospital or its medical staff.
- 6) performing diagnostic and therapeutic procedures under the supervision of a preceptor that are delineated in the "Guidelines for Clinical Year" and are pertinent to the student's rotation.

Since all hospitals have some method to restrict / provide access to patient files and laboratory reports, students must take appropriate precautions that prevent the information going to anyone other than the preceptor.

Confidentiality of Patient information: Preceptors and sites will provide you with access to the information of patients you work with. Sites, especially hospitals, have automated methods for restricting and providing such information. You may be asked to complete a form identifying you and linking your work to your preceptor. When you complete it, if it asks for a fax number or a computer address, ***leave that portion blank***. The site should not fax or email patient information to you. They will send it to your preceptor who will give you access to it as needed. Written information should flow only between the hospital and the preceptor's practice, not to you personally.

Agreements with individual hospitals may impose further restrictions. Either the hospital or the program will inform the student, if this is the case.

## Professionalism

Although you will not become a member of the physician assistant profession for another year, as a clinical year student, you will be identified as a physician assistant by many people and therefore represent the profession. You are expected to behave with integrity, honesty and competence. At the same time, you must understand and develop confidence in your own professional abilities, be accurately aware of your limitations, and prudent in your reliance on your preceptor. ***The best way to demonstrate your capability and character is to actively look for work to be done, ask questions, engage in outside reading, report early, stay late, and volunteer for call. In short, be a professional.***

**Courtesy.** Mind your manners. While it may seem like an unnecessary statement, we all need to be reminded of this from time to time. Be sure that your interactions are courteous and respectful at all times especially with the clinic and hospital staff. Smile, say please and thank you, and offer to help with even the most menial task when you can. As we all know, genuine acts of kindness go much farther than complaints and demands. It is helpful to keep in mind that you are an invited guest of each rotation site, and then act accordingly.

**Look Like a Professional.** The way in which you present yourself to the patient sets the tone for the entire interaction.

- **Appearance:** Professional business attire, white jacket, and a name tag identifying you as a PA student ***must be worn at all times***. If the preceptor specifies that you not wear the white coat, don't wear the coat, but do retain the name tag.
- **Grooming:** Common sense should rule your personal hygiene and grooming habits including jewelry, makeup, hair and clothing styles. Lipstick and nail polish are often not allowed on surgery rotations due to O.R. policy and OSHA guidelines. Many patients are allergic to perfumes and colognes.

**Sound Like a Professional.**

- **Preparation:** be prepared to discuss the PA profession, how PAs function within the medical community, and your role as a PA student. Despite your best efforts, you may from time to time encounter individuals who are not supportive of you or the PA profession. Handle such problems in a mature manner.
- **Language:** your use of language is also important. Not only must you use the correct medical terminology, you must also be careful of the language used for informational or descriptive purposes. Derogatory comments and racial or sexual comments or innuendoes may be grounds for dismissal from the program.

**Act Like a Professional.**

- **Behavior:** it is imperative that you remain calm, respectful, and non-judgmental in all situations. Your performance in the clinical year is based partially on these criteria, as well as the other criteria found in the clinical guidelines.
- **Identification:** although you may have other health care training and experience, at no time is it acceptable for you to represent yourself as anything other than a ***PA student***. Always identify yourself as a *"physician assistant student"*. To avoid unintentional misrepresentation, you must add "PA-Student" after your name when you sign a medical document.

- *OSHA Guidelines:* you are responsible for following OSHA Guidelines for universal precautions at the clinical rotation site, including the use of gloves, care of sharp objects, use of eyewear, protective clothing, and other precautionary measures.
- *Socializing with Preceptors (i.e. after clinic/hospital hours, “happy hour” drinks, etc.)* is unacceptable
- *Cell Phones:* All cell phones must be turned to vibrate or silent during clinical rotations. Personal phone calls are not permitted while on rotation with the preceptor.
- *Laptops:* If laptop use is desired, the student must secure permission from the preceptor before using a laptop during class or clinic time. If permission is granted, the laptop must be used for education-related activities ONLY.

#### **Respect Confidentiality.**

- *Documents:* Do NOT lose papers on which you have recorded information about a patient. These are considered confidential and it is your responsibility to keep them safe.
- *Speech:* Be careful what you say about patients in front of other patients. Remember that the patient-clinician/PA relationship is a confidential one. Medical ethics and federal criminal law forbid violation of patient confidentiality. Both you and the preceptor should be sensitive to this issue. Any discussion regarding a patient’s diagnosis, care, and condition should be conducted with discretion and in private areas – not in hallways, elevators, cafeterias, etc.

#### **Take Responsibility for Yourself.**

- *Instruments:* bring your own medical diagnostic instruments (stethoscope, ophthalmoscope, otoscope, reflex hammer, etc.) to all rotations.
- *Know your limits:* If you are asked to do something that you think is beyond your knowledge or skill level, it is your obligation to inform the preceptor that you are not qualified to do the task and would appreciate additional instruction.
- *Moral Obligations:* If you are asked to participate in an activity or procedure that you are morally opposed to, inform the preceptor or his/her designee. You are allowed to decline. Just as preceptors will not impose their moral views on you, you should not try to convert them, their staff or their patients to your view. It is not the focus of the clinical learning experience.

## Clinical Learning

Learning Outcomes are the knowledge, skills, and attitudes that you must demonstrate upon completion of each clinical rotation. They are defined by the PA Program and are listed later in this manual. They have also been distributed to all preceptors. The preceptor selects opportunities within his/her practice to assist you in meeting these Learning Outcomes, but, fulfillment of them is ***your responsibility***. A few recommendations:

- 1) On the first day of the rotation...
  - a. become oriented to the facility, the staff, applicable policies, and procedures
  - b. ask to ***meet with your preceptor*** to determine their ***expectations of you*** as they relate to the Learning Outcomes
  - c. discuss the means by which these expectations can be accomplished. Some are best met through reading. Others can be best achieved by examining patients, attending grand rounds, seminars, professional conferences, or other educational experiences
  - d. review the evaluation form with your preceptor
  - e. discuss your background, previous clinical experience, and previous clinical rotations
  - f. discuss your learning style and the preceptor's teaching style
  - g. ask the preceptor, a staff member, or a nurse to orient you to the office/facility
- 2) Be flexible and open-minded. Whenever possible, your preceptor will arrange the day-to-day clinical experiences with the Learning Outcomes in mind. However, ***you will not encounter all of the disease entities you are expected to know about.***
- 3) From time to time ask your preceptor, "How am I doing?" and "How can I improve?" He or she will be providing you with a formal written evaluation at the end of the rotation; nevertheless, sometimes less formal discussions can be more frank and useful.
- 4) If any situation arises which might adversely affect the satisfactory completion of rotation objectives, notify the PA program ***immediately***. Do not wait until you are near the end of the rotation.



## **The Role of the Preceptor**

The clinical preceptor is an experienced clinician who serves as a role model, mentor, and resource for you. Your preceptor will select and supervise your clinical activities, observe your clinical skills, review your chart entries, and monitor the overall educational process.

Be sure to spend time observing your preceptor's practice style, interactions with patients and colleagues, and their approach to problem solving.

The preceptor should become familiar with the individual abilities of the PA student. Some students may be more clinically prepared than others due to a student's background, previous clinical rotations, previous work experiences, etc.

## **Safety**

Preceptors and clinical sites should apply the same personal safety measures to students as they do for employees. If a student finds themselves in a situation that they deem to be unsafe, he or she should remove themselves from the situation and report it to the appropriate person at the clinical site and/or to the Director of Clinical Education so that the situation can be rectified.

## **Malpractice Insurance**

James Madison University maintains professional liability insurance that covers all students while at assigned to clinical rotations. It is expected that all incidents involving students and patients will be reported immediately by phone and in writing to the Physician Assistant Program. If a student, with program permission, chooses to utilize a rotation site that requires additional professional liability insurance, obtaining the additional insurance is the student's responsibility.

## Accidents/Injuries

If a student is injured as a part of participating in a clinical rotation, the student must inform the preceptor or the hospital, whichever is appropriate. The on-site personnel will assure that the student receives appropriate treatment. The student is responsible for any costs associated with the treatment. This includes accidents and injuries such as blood exposures, needle sticks, etc. The student is also responsible to inform the PA Program. Please follow the OSHA rules and regulations regarding self-protection from transmissible diseases.

## Library Use

By agreement with hospitals and clinical agencies, students are allowed to use hospital libraries in accordance with the appropriate hours, access, and facility policies.

## Passports

Passport cards are to help the student focus on what to see, learn, and perform during each clinical rotation. Each passport lists the different types of H&Ps, skills, and procedures that each student ***should try to see/do during each clinical rotation***. Students ***will not be graded*** on these passports.

- Bolded items on the passports represent the things that should absolutely be seen.
- Italicized items on the passports represent things that are optional but that would significantly enhance the learning experience.

## **Program Graduation Requirements**

1. Successfully complete (pass) the Capstone Project.
2. Basic Life Support (BLS) certified.
3. Advanced Cardiac Life Support (ACLS) certified.
4. Pass ( $\geq 70\%$ ) the summative/comprehensive exam.
5. Maintain appropriate professionalism/behavior (as assessed by advisor and/or Student Progress Committee).
6. Successfully complete (pass) all assigned Supervised Clinical Practice Experiences (this demonstrates proficiency in the six program defined competencies).
7. Have no more than two "C" (3.0) grades in any courses.
8. Have an overall grade point average  $\geq 3.0$ .

## Learning Outcomes & Preceptor Evaluations of Students for each SCPE

The rest of this manual is comprised of the learning outcomes and the “preceptor evaluation of student” forms for each individual clinical rotation (supervised clinical practice experience).

Specific ones can be found by page number:

	<b>Learning Outcomes</b>	<b>“Preceptor Evaluation of Student” Form</b>
<b>Behavioral Medicine</b>	30 – 32	33 – 35
<b>Elective Rotation</b>	36 – 38	39 – 41
<b>Emergency Medicine</b>	42 – 51	52 – 54
<b>Family Medicine/Primary Care</b>	55 – 63	64 – 66
<b>General Surgery</b>	67 – 80	81 – 83
<b>Internal Medicine</b>	84 – 93	94 – 96
<b>OB/Gynecology</b>	97 – 101	102 – 104
<b>Pediatrics</b>	105 - 118	119 - 121

## Behavioral Medicine Clinical Rotation

<b>COMPETENCY: Medical Knowledge</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Common Psychiatric Disorders	Demonstrate an ability understanding of common psychiatric disorders	Describe and list signs and symptoms and diagnostic criteria for <b><i>Personality Disorders</i></b>
		Describe and list signs and symptoms and diagnostic criteria for <b><i>Anxiety Disorders</i></b>
		Describe and list signs and symptoms and diagnostic criteria for <b><i>Mood Disorders</i></b>
		Describe and list signs and symptoms and diagnostic criteria for <b><i>Cognitive and geriatric disorders</i></b>
		Describe and list signs and symptoms and diagnostic criteria for <b><i>Psychosomatic Disorders</i></b>
		Describe and list signs and symptoms and diagnostic criteria for <b><i>Schizophrenia</i></b>
		Describe and list signs and symptoms and diagnostic criteria for <b><i>Addiction Disorders</i></b>
		Describe and list signs and symptoms and diagnostic criteria for <b><i>Eating Disorders</i></b>
		Describe and list signs and symptoms and diagnostic criteria for <b><i>Psychosis</i></b>
Differential Diagnosis	Demonstrate an ability to develop a differential diagnosis for common psychiatric disorders	
Pharmacologic Agents	Demonstrate knowledge of pharmacologic treatment options for common psychiatric disorders	List the different classes of psychiatric medication
		Know the side effects and uses of different psychiatric medications
Non-Pharmacologic Agents	Demonstrate knowledge of non-pharmacologic treatment options for common psychiatric disorders	List any non-pharmacologic treatment options for psychiatric disorders and when and how they are used
Development	Demonstrate knowledge of normal psychological Development	
<b>COMPETENCY: Interpersonal &amp; Communication Skills</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>

Oral Communication	Demonstrate ability of oral communication	Be able to present a patient to a preceptor in a case presentation fashion
		Be able to discuss the patient with preceptor
Rapport	Demonstrate ability to establish rapport with patients/families	
Rapport	Demonstrate ability to establish rapport with medical staff	
Working Collaboratively	Demonstrate ability to work collaboratively in an interprofessional patient-centered team	
Written Communication	Demonstrate ability to document pertinent information	List the appropriate components of <i>an HPI</i>
		List the appropriate components of <i>FSMH</i>
		List the appropriate components of <i>a physical exam</i>
		Be able to appropriately list the <i>diagnosis</i> in order
		Be able to write an appropriate <i>assessment and plan</i>
COMPETENCY: Patient Care		
TOPIC	Learning Outcome	Instructional Objective
History and Mental Status Exam	Demonstrate ability to perform a history and mental status examination	Outline the categories and components of a psychiatric history
		List the elements of each category
		Outline the format for a psychiatric exam
		List the elements of the exam
		Discuss the place of neurological examination in the psychiatric exam
Physical Examination	Demonstrate ability to perform an appropriate physical examination	List components of the physical examination pertinent to a psychiatric patient
Diagnostic Labs and Imaging	Demonstrate ability to order and interpret diagnostic labs and imaging	List appropriate imaging studies and when they would be used in a psychiatric patient
		List appropriate labs and when they would be used in a psychiatric patient
Differential Diagnosis	Demonstrate ability to develop a differential diagnosis	
Management	Demonstrate ability to develop a management plan	
Education		

	Demonstrate ability to counsel patients in their management plan	
	Demonstrate ability to counsel patients in health promotion and disease prevention	List any health promotion opportunities for psychiatric patients
		List nay preventative measures to screen or prevent psychiatric disorders
COMPETENCY: Professionalism		
TOPIC	Learning Outcome	Instructional Objective
Ethical Behavior	Demonstrate professional and ethical behavior at all times	Compare & contrast ethics, morality, & legality
		Discuss principles of medical ethics
Reliability	Demonstrate reliability to complete all assigned duties	Demonstrate punctuality in daily duties
		Demonstrate reliability in daily duties
Constructive Criticism	Demonstrate ability to accept constructive criticism	
Compassion and Respect	Demonstrate compassion and respect for patients	Demonstrate culturally competent care
		Demonstrate compassionate care to patients of economically diverse backgrounds
COMPETENCY: Practice Based Learning & Improvement		
TOPIC	Learning Outcome	Instructional Objective
Limitations	Ability to demonstrate awareness of limitations	Demonstrate an understanding of professional limitations in behavioral medicine, as well as personal limitations due to knowledge level or comfort
Clinical Literature	Ability to demonstrate use of clinical literature	Demonstrate a knowledge of evidence-based practice in behavioral medicine
COMPETENCY: Systems Based Practice		
TOPIC	Learning Outcome	Instructional Objective
Cost and Quality	Demonstrate ability to balance cost and quality care	
Health Disparities	Demonstrate awareness of health disparities	



## Preceptor Evaluation of Students

### Behavioral Medicine

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

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

Dates of Rotation: \_\_\_\_\_

#### Evaluation Instructions

Please evaluate the student within each **Program Competency**

**Inadequate** Students whose performance demonstrates significant deficiencies in any given are

**Competence** Students whose performance is expected for their current level of training with **direct supervision**, average student

**Proficiency** Students whose performance is expected for their current level of training with **indirect supervision**

**Mastery** Students whose performance is at the ability to **teach others**

**N/A – Not Applicable** Students did not perform or were not observed often enough to permit an accurate evaluation

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to demonstrate an understanding of common psychiatric disorders					N/A
Development of a differential diagnosis					N/A
Pharmacologic knowledge of treatment options and use					N/A
Non-Pharmacological knowledge of treatment options					N/A
Ability to synthesize knowledge gained					N/A

#### Interpersonal & Communication Skills

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Oral communication (case presentations/discussions)					N/A
Ability to establish appropriate rapport with Patients/Families					N/A
Ability to establish appropriate rapport with medical staff					N/A
Ability to document pertinent information (H&P, Assessment and Plan)					N/A
Ability to work collaboratively in an interprofessional patient-centered team					N/A

**Patient Care**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to perform a history and mental status examination					N/A
Ability to perform an appropriate physical examination					N/A
Ability to order and interpret diagnostic labs and imaging					N/A
Ability to develop a management plan					N/A
Ability to counsel patients on mental illness and resources					N/A
Ability to counsel patients in health promotion and disease prevention					N/A
Ability to recognize emergent problems					N/A
Ability to manage patients with acute problems					N/A
Ability to manage patients with chronic problems					N/A

**Professionalism**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Demonstration of professional and ethical behavior at all times					N/A
Reliable and completes performance of all assigned duties					N/A
Ability to accept constructive criticism					N/A
Demonstration of compassion and respect for patients					N/A
Improvement during the rotation					N/A

**Practice Based Learning & Improvement and Systems Based Practice**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Awareness of limitations					N/A
Ability to demonstrate use of clinical literature					N/A
Ability to balance cost and quality care					N/A
Awareness of health disparities					N/A

**Clinical Skills unique to the rotation**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to perform a mental health assessment					N/A

Comments:

Program Suggestions for improvement:

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

Date: \_\_\_\_\_

## Elective Clinical Rotation

<b>COMPETENCY: Medical Knowledge</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Common Problems/Disorders	Demonstrated an understanding of common problems/disorders encountered in chosen field of elective rotation	Describe and list signs and symptoms and diagnostic criteria for
		Describe and list signs and symptoms and diagnostic criteria for
		Describe and list signs and symptoms and diagnostic criteria for
		Describe and list signs and symptoms and diagnostic criteria for
		Describe and list signs and symptoms and diagnostic criteria for
		Describe and list signs and symptoms and diagnostic criteria for
		Describe and list signs and symptoms and diagnostic criteria for
		Describe and list signs and symptoms and diagnostic criteria for
		Describe and list signs and symptoms and diagnostic criteria for
Differential Diagnosis	Demonstrate an ability to develop a differential diagnosis	
Pharmacologic Agents	Demonstrate knowledge of pharmacologic treatment options	List the different classes of medications within selected field of elective
		Know the side effects and uses of different medications
Non-Pharmacologic Agents	Demonstrate knowledge of non-pharmacologic treatment options	List any non-pharmacologic treatment options for
Development	Demonstrate knowledge of normal Development	
<b>COMPETENCY: Interpersonal &amp; Communication Skills</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Oral Communication	Demonstrate ability of oral communication	Be able to present a patient to a preceptor in a case presentation fashion

		Be able to discuss the patient with preceptor
Rapport	Demonstrate ability to establish rapport with patients/families	
Working Collaboratively	Demonstrate ability to work collaboratively in an interprofessional patient-centered team	
Rapport	Demonstrate ability to establish rapport with medical staff	
Written Communication	Demonstrate ability to document pertinent information	List the appropriate components of <i>an HPI</i>
		List the appropriate components of <i>FSMH</i>
		List the appropriate components of <i>a physical exam</i>
		Be able to appropriately list the <i>diagnosis</i> in order
		Be able to write an appropriate <i>assessment and plan</i>
COMPETENCY: Patient Care		
TOPIC	Learning Outcome	Instructional Objective
History	Demonstrate ability to perform a history of present illness	Outline the categories and components of a history
		List the elements of each category
Physical Examination	Demonstrate ability to perform an appropriate physical examination	List components of the physical examination
Diagnostic Labs and Imaging	Demonstrate ability to order and interpret diagnostic labs and imaging	List appropriate imaging studies
		List appropriate labs and when they would be used
Differential Diagnosis	Demonstrate ability to develop a differential diagnosis	
Management	Demonstrate ability to develop a management plan	
Education	Demonstrate ability to counsel patients in their management plan	
	Demonstrate ability to counsel patients in health promotion and disease prevention	List any health promotion opportunities
		List any preventative measures to screen or prevent
COMPETENCY: Professionalism		

TOPIC	Learning Outcome	Instructional Objective
Ethical Behavior	Demonstrate professional and ethical behavior at all times	Compare & contrast ethics, morality, & legality
		Discuss principles of medical ethics
Reliability	Demonstrate reliability to complete all assigned duties	Demonstrate punctuality in daily duties
		Demonstrate reliability in daily duties
Constructive Criticism	Demonstrate ability to accept constructive criticism	
Compassion and Respect	Demonstrate compassion and respect for patients	Demonstrate culturally competent care
		Demonstrate compassionate care to patients of economically diverse backgrounds
COMPETENCY: Practice Based Learning & Improvement		
TOPIC	Learning Outcome	Instructional Objective
Limitations	Ability to demonstrate awareness of limitations	Demonstrate an understanding of professional limitations in chosen elective field as well as personal limitations due to knowledge or comfort
Clinical Literature	Ability to demonstrate use of clinical literature	Demonstrate a knowledge of evidence – based practice
COMPETENCY: Systems Based Practice		
TOPIC	Learning Outcome	Instructional Objective
Cost and Quality	Demonstrate ability to balance cost and quality care	
Health Disparities	Demonstrate awareness of health disparities	

## Preceptor Evaluation of Students

Elective

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

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

Dates of Rotation: \_\_\_\_\_

### Evaluation Instructions

Please evaluate the student within each **Program Competency**

**Inadequate** Students whose performance demonstrates significant deficiencies in any given are

**Competence** Students whose performance is expected for their current level of training with **direct supervision**, average student

**Proficiency** Students whose performance is expected for their current level of training with **indirect supervision**

**Mastery** Students whose performance is at the ability to **teach others**

**N/A – Not Applicable** Students did not perform or were not observed often enough to permit an accurate evaluation

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to demonstrate an understanding of common problems in chosen elective field of medicine					N/A
Development of a differential diagnosis					N/A
Pharmacologic knowledge of treatment options and use					N/A
Non-Pharmacological knowledge of treatment options					N/A
Ability to synthesize knowledge gained					N/A

### Interpersonal & Communication Skills

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Oral communication (case presentations/discussions)					N/A
Ability to establish appropriate rapport with Patients/Families					N/A
Ability to establish appropriate rapport with medical staff					N/A
Ability to document pertinent information (H&P, Assessment and Plan)					N/A
Ability to work collaboratively in an interprofessional patient-centered team					N/A

**Patient Care**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to perform a history of present illness					N/A
Ability to perform an appropriate physical examination					N/A
Ability to order and interpret diagnostic labs and imaging					N/A
Ability to develop a management plan					N/A
Ability to counsel patients on their management plan					N/A
Ability to counsel patients in health promotion and disease prevention					N/A
Ability to recognize emergent problems					N/A
Ability to manage patients with acute problems					N/A
Ability to manage patients with chronic problems					N/A

**Professionalism**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Demonstration of professional and ethical behavior at all times					N/A
Reliable and completes performance of all assigned duties					N/A
Ability to accept constructive criticism					N/A
Demonstration of compassion and respect for patients					N/A
Improvement during the rotation					N/A

**Practice Based Learning & Improvement and Systems Based Practice**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Awareness of limitations					N/A
Ability to demonstrate use of clinical literature					N/A
Ability to balance cost and quality care					N/A
Awareness of health disparities					N/A

Comments:



Program Suggestions for improvement:

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

Date: \_\_\_\_\_

## Emergency Medicine Clinical Rotation

<b>COMPETENCY: Medical Knowledge</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Common Problems/Disorders <b>Trauma/Burns/Shock</b>	Demonstrate an understanding of common problems/disorders encountered in Emergency Medicine	Define and describe the Glasgow Coma scale
		Identify and describe life-threatening thoracic injuries and their pathophysiology
		Outline management of the unconscious patient who has traumatic injury
		Discuss the complications that can develop after head injury
		Describe the therapeutic interventions that reverse or delay the consequences of increased intracranial pressure
		Outline the management of a patient with a suspected spine or spinal cord injury, including proper immobilization techniques
		List the types of extremity injuries and prioritize their assessment and management
		Describe the issues involved in the transportation or transfer of injured patients
		List the classification of burns by depth of injury and indicate the anatomic and pathophysiologic differences between these injuries.
		List the initial steps in the acute care of the patient with a burn injury
		List three types of inhalation injury and describe their pathophysiology
		Define fluid resuscitation. Describe additional therapies for supportive care in burns
		List the general indications for referral of a patient to a burn center
		Define thermal shock and outline its treatment

		Define shock, discuss its pathophysiology, and list two primary mechanisms that may cause cellular malfunction consistent with shock
		List the diagnostic criteria for each of the two mechanisms of shock
		Describe the pathophysiologic process that leads to cellular injury in shock
		Describe the general principles of managing shock and diminishing cellular injury
Common Problems/Disorders <b>Emergencies in Ophthalmology, Dental, and Otolaryngology</b>	Demonstrate an understanding of common problems/disorders encountered in Emergency Medicine	Describe the evaluation, and emergency management of <i>Acute angle-closure glaucoma</i>
		Describe the evaluation, and emergency management of <i>Acute visual loss</i>
		Describe the evaluation, and emergency management of the <i>Acute red eye</i>
		Describe the evaluation, and emergency management of <i>Acute eye infections including use of common eye medications</i>
		Describe the evaluation, and emergency management of <i>Orbital and periorbital infections</i>
		Describe the evaluation, and emergency management of <i>Toothache and common periodontal problems</i>
		Describe the evaluation, and emergency management of <i>Dental, oral and salivary gland infections</i>
		Describe the evaluation, and emergency management of <i>Acute epiglottitis</i>
		Describe the evaluation, and emergency management of <i>Laryngitis, peritonsillar abscess and retroperitonsillar abscess</i>
		Describe the evaluation, and emergency management of <i>Acute epistaxis</i>
Common Problems/Disorders		Discuss the etiology, presentation, evaluation and approaches to management of <i>Cardiogenic shock</i>

<b>Emergencies: Cardiovascular, Respiratory</b>	Demonstrate an understanding of common problems/disorders encountered in Emergency Medicine	Discuss the etiology, presentation, evaluation and approaches to management of <i>Ischemic Disease</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Congestive Heart Failure</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Dysrhythmias</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Pericarditis and endocarditis</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Hypertensive emergencies</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Acute respiratory insufficiency</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Pneumonia</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Mycobacterial Disease</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Asthma</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>COPD</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Pulmonary Embolism</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Pleural Effusion</i>
<b>Common Problems/Disorders Acute Abdomen, Gastrointestinal Emergencies</b>	Demonstrate an understanding of common problems/disorders encountered in Emergency Medicine	Describe be able to perform a physical examination of the abdomen. Identify an acute abdomen
		List and define the differential diagnosis of the conditions that commonly cause acute abdomen
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Upper gastrointestinal bleeding</i>

		Discuss the etiology, presentation, evaluation and approaches to management of <i>Gastrointestinal foreign bodies</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Acute pancreatitis</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Acute hepatitis</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Acute diarrhea</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Lower intestinal bleeding</i>
		Differentiate between epigastric, suprapubic, LUQ, LLQ, RUQ, and RLQ tenderness and how their workups differ
Common Problems/Disorders <b>Orthopedic Emergencies</b>	Demonstrate an understanding of common problems/disorders encountered in Emergency Medicine	Define open and closed fractures. Describe their radiologic features and treatment
		Define joint dislocations and subluxations. Describe their radiologic features and treatment
		Be able to perform common extremity splinting techniques
		List the complications of cast immobilization in acute extremity injuries
		List vascular, neurological, and musculoskeletal complications commonly associated with fractures
		Differentiate between sprains and strains. Explain their three gradations
		Describe the symptoms and signs of inflammatory (noninfectious) joint disease
		List common causes of low back pain and describe the proper evaluation and workup plan, including radiculopathies
		List common causes of neck pain and describe the proper evaluation and workup plan, including radiculopathies

		Describe the etiology, presentation, diagnostic tests and criteria and principles of treatment for <i>Disorders of the Shoulder (fractures/dislocations, rotator cuff disorders, separations, sprain/strains, DJD)</i>
		Describe the etiology, presentation, diagnostic tests and criteria and principles of treatment for <i>Disorders of the Forearm/Wrist/Hand (Boxer's fracture, Colles' fracture, Gamekeeper's thumb, humeral fracture, Nursemaid's elbow, scaphoid fracture) (tenosynovitis, sprains, strains, carpal Tunnel, deQuervian's, elbow tendonitis, epicondylitis, DJD)</i>
		Describe the etiology, presentation, diagnostic tests and criteria and principles of treatment for <i>Disorders of the back/spine (ankylosing spondylitis, cauda equine, herniated nucleus pulposus, kyphosis, scoliosis, low back pain, spinal stenosis, back strain/sprain, DJD)</i>
		Describe the etiology, presentation, diagnostic tests and criteria and principles of treatment for <i>Disorders of the Hip (aseptic necrosis, fractures/dislocations, slipped capital femoral epiphysis, labral tears, DJD)</i>
		Describe the etiology, presentation, diagnostic tests and criteria and principles of treatment for <i>Disorders of the Knee (bursitis, fractures/dislocations, meniscal injuries, Osgood-Schlatter disease, ligament tears, sprains/strains, DJD)</i>
		Describe the etiology, presentation, diagnostic tests and criteria and principles of treatment for <i>Disorders of the Ankle/Foot (fractures/dislocations, sprains/strains, Morton's neuroma, DJD)</i>
		Describe the etiology, presentation, diagnostic tests and criteria and principles of treatment for <i>Infectious Diseases (acute/chronic osteomyelitis, septic arthritis)</i>

Common Problems/Disorders <b>Urologic, Obstetrical, Gynecological emergencies</b>	Demonstrate an understanding of common problems/disorders encountered in Emergency Medicine	Discuss the etiologies, evaluation and management of obstructive uropathies
		Discuss the etiologies, evaluation, and management of flank pain
		Discuss the etiologies, evaluation, and management of hematuria
		Discuss the etiologies, clinical presentations, evaluation and management of penile trauma
		Discuss the etiologies, clinical presentation, evaluation and management of sexually transmitted diseases in both males and females
		Discuss the etiologies, presentation, evaluation and management of patients presenting with testicular pain
		Discuss the etiologies, presentation, evaluation and management of <i>Hemorrhage in early and late pregnancy</i>
		Discuss the etiologies, presentation, evaluation and management of <i>Hypertensive disorders of pregnancy</i>
		Discuss the etiologies, presentation, evaluation and management of <i>Ectopic pregnancy</i>
		Discuss the etiologies, presentation, evaluation and management of <i>Emergency delivery</i>
		Discuss the etiologies, presentation, evaluation and management of <i>Pelvic inflammatory disease</i>
		Discuss the etiologies, presentation, evaluation and management of <i>Sexual assault</i>
Common Problems/Disorders <b>Toxicological, Metabolic, Infectious disease Emergencies</b>	Demonstrate an understanding of common problems/disorders encountered in Emergency Medicine	Discuss the general evaluation and management of poisonings, ingestions, and other toxicologies
		Discuss the process for identifying the toxicologic agents including the use of poison control centers
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Diabetes Mellitus</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Diabetic Ketoacidosis</i>

		Discuss the etiology, presentation, evaluation and approaches to management of <i>skin and soft tissue infections (skin abscess, cellulitis, erysipelas)</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>meningitis (bacterial &amp; viral)</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>bacteremia and septicemia</i>
Common Problems/Disorders <b>Neurologic Emergencies, Bleeding and Resuscitation</b>	Demonstrate an understanding of common problems/disorders encountered in Emergency Medicine	Discuss the etiology, presentation, evaluation and approaches to management of <i>Altered Mental Status with or without coma</i>
		Discuss the etiology, presentation, evaluation and approaches to management of <i>Acute Headache</i>
		List and discuss the symptoms and signs of bleeding disorders
		Describe the relevant laboratory tests for coagulation and bleeding assessment and how they apply to the etiology of bleeding disorders
		Describe the indications and contraindications for reversal of anticoagulants. List the common ways to accomplish this
		Identify the indications and contraindications for blood transfusion
		Define DIC and describe the type of conditions that can lead to it
		Describe the characteristics of transfusion reactions and the treatment
		Describe and demonstrate cardiopulmonary resuscitation (CPR)
		Describe and demonstrate acute cardiac life support (ACLS)



COMPETENCY: Interpersonal & Communication Skills		
TOPIC	Learning Outcome	Instructional Objective
Oral Communication	Demonstrate ability of oral communication	Be able to present a patient to a preceptor in a case presentation fashion
		Be able to discuss the patient with preceptor
Rapport	Demonstrate ability to establish rapport with patients/families	
Rapport	Demonstrate ability to establish rapport with medical staff	
Working Collaboratively	Demonstrate ability to work collaboratively in an interprofessional patient-centered team	
Written Communication	Demonstrate ability to document pertinent information	List the appropriate components of <i>an HPI</i>
		List the appropriate components of <i>FSMH</i>
		List the appropriate components of <i>a physical exam</i>
		Be able to appropriately list the <i>diagnosis</i> in order
		Be able to write an appropriate <i>assessment and plan</i>
COMPETENCY: Patient Care		
TOPIC	Learning Outcome	Instructional Objective
History	Demonstrate ability to perform a history of present illness	Outline the categories and components of a history
		List the elements of each category
		Outline the steps to follow to assess a patient who has multiple injuries
		Recognize conditions that require immediate support and/or life-saving interventions
Physical Examination	Demonstrate ability to perform an appropriate physical examination	List components of the physical examination
		Prioritize the examination of an emergent problem
Diagnostic Labs and Imaging	Demonstrate ability to order and interpret diagnostic labs and imaging	Identify & describe the indications & contraindications of common imaging studies ( <i>ex. X-ray, CT, MRI, U/S, EKG, stress tests, EGD, colonoscopy</i> )
		Identify & describe the indications & contraindications of common laboratory studies ( <i>CBC, U/A, glucose, Hgb</i> )

		<i>A1c, BUN/Cr, electrolytes, LFTs, lipid panel, thyroid function tests, iron studies, blood gases)</i>
Differential Diagnosis	Demonstrate ability to develop a differential diagnosis	Define a proper differential diagnosis for emergent conditions
Management	Demonstrate ability to develop a management plan	Describes principles and methods used in initial resuscitation and definitive care phase of trauma
	Demonstrate knowledge of pharmacologic agents as treatment options	List the different classes of medications used for emergencies and how they are used
		Identify the side effects, contraindications, monitoring, drug interactions and uses of different medications within emergency medicine
	Demonstrate knowledge of non-pharmacologic agents as treatment options	List any non-pharmacologic treatment options for emergency medicine encounters
Skills	Demonstrate common urgent and emergent procedural skills and minor surgeries	Blood sample collection (phlebotomy)
		Initiating IV therapy (venipuncture)
		Suturing minor lacerations
		Wound cleansing and dressing
		Urethral catheterization
		Basic EKG interpretation
		Nasogastric intubation
		Stool for occult blood
		Joint/limb immobilization
		Resuscitation
		Incision & drainage
		Joint aspiration
Education	Demonstrate ability to counsel patients in their management plan	Provide patient education on expected outcomes
		Provide patient education on follow-up precautions
	Demonstrate ability to counsel patients in health promotion and disease prevention	List and define common health promotion education for patients
		List and define common preventative measures to screen or prevent trauma or further emergency visits
<b>COMPETENCY: Professionalism</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>

Ethical Behavior	Demonstrate professional and ethical behavior at all times	Compare & contrast ethics, morality, & legality
		Discuss principles of medical ethics
		Describe the components of informed consent and explain how it's use in urgent and emergent procedures
Reliability	Demonstrate reliability in completing all assigned responsibilities	Demonstrate punctuality in daily duties
		Demonstrate reliability in daily duties
Constructive Criticism	Demonstrate ability to accept constructive criticism	
Compassion and Respect	Demonstrate compassion and respect for patients	Demonstrate culturally competent care
		Demonstrate compassionate care to patients of economically diverse backgrounds
COMPETENCY: Practice Based Learning & Improvement		
TOPIC	Learning Outcome	Instructional Objective
Limitations	Ability to demonstrate awareness of limitations	Demonstrate an understanding of professional limitations in urgent and emergent situations, as well as personal limitations due to knowledge level or comfort
Clinical Literature	Ability to demonstrate use of clinical literature	Demonstrate a knowledge of evidence-based practice in the management in urgent and emergent conditions
COMPETENCY: Systems Based Practice		
TOPIC	Learning Outcome	Instructional Objective
Cost and Quality	Demonstrate ability to balance cost and quality care	
Health Disparities	Demonstrate awareness of health disparities	

## Preceptor Evaluation of Students

### Emergency Medicine

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

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

Dates of Rotation: \_\_\_\_\_

#### Evaluation Instructions

Please evaluate the student within each **Program Competency**

**Inadequate** Students whose performance demonstrates significant deficiencies in any given area

**Competence** Students whose performance is expected for their current level of training with **direct supervision**, average student

**Proficiency** Students whose performance is expected for their current level of training with **indirect supervision**

**Mastery** Students whose performance is at the ability to **teach others**

**N/A – Not Applicable** Students did not perform or were not observed often enough to permit an accurate evaluation

	<b>Inadequate</b>	<b>Competence</b>	<b>Proficiency</b>	<b>Mastery</b>	
	<b>Deficient</b>	<b>With direct supervision</b>	<b>With indirect supervision</b>	<b>Could teach others</b>	
Ability to demonstrate an understanding of common problems/disorders encountered in emergency medicine <small>*(see learning outcomes for details of problems/disorders)</small>					<b>N/A</b>
Development of a differential diagnosis					<b>N/A</b>
Pharmacologic knowledge of treatment options and use					<b>N/A</b>
Non-Pharmacological knowledge of treatment options					<b>N/A</b>
Ability to synthesize knowledge gained					<b>N/A</b>

#### Interpersonal & Communication Skills

	<b>Inadequate</b>	<b>Competence</b>	<b>Proficiency</b>	<b>Mastery</b>	
	<b>Deficient</b>	<b>With direct supervision</b>	<b>With indirect supervision</b>	<b>Could teach others</b>	
Oral communication (case presentations/discussions)					<b>N/A</b>
Ability to establish appropriate rapport with Patients/Families					<b>N/A</b>
Ability to establish appropriate rapport with medical staff					<b>N/A</b>
Ability to document pertinent information (H&P, Assessment and Plan)					<b>N/A</b>

Ability to work collaboratively in an interprofessional patient-centered team					N/A
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**Patient Care**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to perform a history of present illness					N/A
Ability to perform an appropriate physical examination					N/A
Ability to order and interpret diagnostic labs and imaging					N/A
Ability to develop a management plan					N/A
Ability to counsel patients on their management plan					N/A
Ability to counsel patients in health promotion and disease prevention					N/A
Ability to recognize emergent problems					N/A
Ability to manage patients with acute problems					N/A
Ability to manage patients with chronic problems					N/A

**Professionalism**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Demonstration of professional and ethical behavior at all times					N/A
Reliable and completes performance of all assigned duties					N/A
Ability to accept constructive criticism					N/A
Demonstration of compassion and respect for patients					N/A
Improvement during the rotation					N/A

**Practice Based Learning & Improvement and Systems Based Practice**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Awareness of limitations					N/A
Ability to demonstrate use of clinical literature					N/A
Ability to balance cost and quality care					N/A
Awareness of health disparities					N/A

**Clinical Skills unique to the rotation**

	Inadequate	Competence	Proficiency	Mastery	
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	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability with culture collection (throat, wound, blood, etc.)					N/A
Initiating IV therapy					N/A
Suturing minor lacerations					N/A
Wound cleansing and dressing					N/A
Blood sample collection					N/A
Basic EKG interpretation					N/A
Nasogastric intubation					N/A
Stool for occult blood					N/A
Joint/limb immobilization					N/A
Resuscitation					N/A
Incision and drainage					N/A
Joint aspiration					N/A
Technical Skills Overall (performance of procedures)					N/A

Comments:

Program Suggestions for improvement:

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

Date: \_\_\_\_\_

## Family Medicine/Primary Care Clinical Rotation

<b>COMPETENCY: Medical Knowledge</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Common Problems/Disorders <b>HEENT</b>	Demonstrate an understanding of common problems/disorders encountered in Family Medicine	Outline a rational approach to common problems of the ear including foreign body, trauma, hearing impairment, tinnitus, vertigo and infection
		Outline a rational approach to the diagnosis and treatment of URI, epistaxis, sinusitis, nasal polyps, pharyngitis, tonsillitis, laryngitis, and rhinorrhea.
		Describe the appropriate evaluation of a neck mass
		List the risk factors for cancer of the head and neck
		List the ocular manifestations of common systemic diseases
		Formulate a differential diagnosis and treatment plan for a patient presenting with a 'red eye'
		List the risk factors and clinical findings for glaucoma
Common Problems/Disorders <b>Cardiovascular and Pulmonary</b>	Demonstrate an understanding of common problems/disorders encountered in Family Medicine	Identify risk factors for cardiovascular disease and strategies for prevention
		Discuss the pathophysiology of hypertension, its effects on target organs, and its management based on current ACC/AHA guidelines
		Select appropriate management for hyperlipidemia based on current ACC/AHA guidelines
		Outline a rational initial diagnostic approach to syncope, arrhythmias, chest pain, and lower extremity pain and edema
		List the clinical features of ischemic heart disease, CHF, valvular heart disease and endocarditis
		Recognize and initiate management for phlebitis, varicose veins and DVT
		Outline a rational approach to the patient who presents cough, dyspnea, chest pain, hemoptysis or a solitary pulmonary nodule

		Recognize the clinical presentation of influenza, pneumonia, pleurisy, restrictive lung disease and obstructive lung disease and initiate a management plan for each
		Identify risk factors and presenting signs and symptoms associated with development of pulmonary embolism and lung malignancies
Common Problems/Disorders <b>Gastrointestinal and Genitourinary</b>	Demonstrate an understanding of common problems/disorders encountered in Family Medicine	Outline a rational approach to the patient who presents with nausea, vomiting, diarrhea, constipation, hematemesis, rectal bleeding, jaundice, or abdominal pain
		Recognize the signs and symptoms of GERD, gastritis, PUD, IBD, pancreatitis, hepatitis, and cholecystitis, hernia and initiate a management plan for each
		List the risk factors for and manifestations of hepatitis and liver cirrhosis
		Describe presentation, diagnosis and management of common gastrointestinal neoplasms (esophagus, stomach, liver, pancreas, small intestines/colon, rectum)
		Describe the presentation, diagnosis and management of nutritional deficiencies
		Outline a rational approach to hematuria, dysuria, polyuria, flank pain, or signs and symptoms of uremia
		Recognize the clinical presentation of hypo/hyponatremia, hypo/hyperkalemia and acid/base disorders
		Recognize the clinical presentation of acute and chronic renal failure, glomerular disease, obstructive uropathy, nephrolithiasis and urinary tract infection and initiate a management plan for each
		Outline a rational diagnostic approach to male infertility, impotence, penile discharge and scrotal mass



		Identify the clinical manifestations and complications of prostate disorders and initiate appropriate treatment
Common Problems/Disorders <b>Musculoskeletal and Neurology</b>	Demonstrate an understanding of common problems/disorders encountered in Family Medicine	Recognize the clinical manifestations of rheumatologic conditions including fibromyalgia, SLE, PMR, myositis, spondyloarthropathies and arteritis
		Outline a rational diagnostic approach and management plan for articular and extraarticular regional joint pain including spine, shoulder, wrist, hand, hip, knee, ankle and foot
		Compare and contrast rheumatoid arthritis, osteoarthritis, septic arthritis, reactive arthritis and crystalline arthropathies
		Outline a rational approach to the patient who presents with headache, seizure, syncope, dizziness, loss of consciousness, peripheral neuropathy, weakness, tremor or memory loss
		Recognize the clinical signs and symptoms of multiple sclerosis, myasthenia gravis, Guillain-Barre, and concussion/post-concussion syndrome
		Recognize the clinical signs and symptoms of dementing illnesses and initiate a management plan for each
		Differentiate between causes of meningitis based on CSF findings and outline a management plan for each
		List the various causes and presentations of acute and chronic neuropathies
		Recognize the signs and symptoms of transient ischemic attack, cerebral infarction, and intracranial hemorrhage and initiate a management plan for each
Common Problems/Disorders <b>Dermatology and Endocrine</b>	Demonstrate an understanding of common problems/disorders encountered in Family Medicine	Discuss the principles of dermatologic diagnosis and treatment
		Recognize the presentation and initiate treatment for common eczematous eruptions, psoriasis, acne,

		urticaria, drug eruptions, alopecia and infectious dermatologic diseases
		Compare and contrast basal cell carcinoma, squamous cell carcinoma, and melanoma
		Describe the appropriate management of wounds, lipomas and cysts
		List the risk factors for and clinical consequences of diabetes mellitus
		Identify the clinical manifestations of diabetes
		Compare and contrast Type I diabetes, Type II diabetes, glucose intolerance, gestational diabetes and diabetes insipidus
		Formulate a management plan and treatment goals for each type of diabetes
		Outline a rational approach to the patient who presents with weight change, fatigue, heat intolerance, polyuria, polydipsia, polyphagia, and other symptoms suggestive of an endocrine disorder
Common Problems/Disorders <b>Hematology and Infectious Disease</b>	Demonstrate an understanding of common problems/disorders encountered in Family Medicine	Outline a rational approach to lymphadenopathy, splenomegaly, or easy bruising/bleeding
		Recognize the signs and symptoms of anemia, leukemia, neutropenia and lymphoma
		Outline the differential diagnosis, evaluation and treatment of anemia
		Identify patients who are predisposed to hypercoagulability and thrombosis
		Outline a rational diagnostic approach to fever of unknown origin
		Discuss the general principles for antimicrobial therapy and prophylaxis
		List the parasitic diseases common to the United States and the treatment of each

		List the risk factors and preventive measures for HIV
		Recognize clinical manifestations of immunosuppression and initiate appropriate treatment and prophylaxis
		Describe the etiology, signs and symptoms of infections in each of the major organ systems and initiate appropriate treatment
Common Problems/Disorders <b>Psychiatry</b>	Demonstrate an understanding of common problems/disorders encountered in Family Medicine	Select appropriate management for patients who display emotional or mental instability
		Discuss therapeutic approaches to common family problems
		Outline options for encouraging behavior change in high risk patients
		Discuss issues of death and dying and identify resources for support
		Identify the clinical manifestations of mood disorders and select appropriate initial treatment
Common Problems/Disorders <b>The Reproductive System</b>	Demonstrate an understanding of common problems/disorders encountered in Family Medicine	Discuss the clinical management of abnormal menstruation
		Outline a rational diagnostic approach to hirsutism, chronic pelvic pain, female infertility, breast mass and gynecologic neoplasms
		List the available contraceptive choices, their effectiveness and their risks and benefits
		Outline the management of an abnormal PAP smear
		Identify and manage the clinical manifestations of menopause
		Formulate a differential diagnosis and management plan for vaginitis, urethritis, genital lesions, and PID
Differential Diagnosis	Demonstrate an ability to develop a differential diagnosis	

Pharmacologic Agents	Demonstrate knowledge of pharmacologic treatment options	List the different classes of medications used for family medicine and how they are used Know the side effects, contraindications, monitoring, drug interactions and uses of different medications within the following categories: ( <i>analgesics, antacids, anxiolytics, antimicrobials, anti-inflammatory drugs, antihypertensive, antidepressants, antiarrhythmic, bronchodilators, hypoglycemic, hypoallergenic</i> )
Non-Pharmacologic Agents	Demonstrate knowledge of non-pharmacologic treatment options	List any non-pharmacologic treatment options
Development	Demonstrate knowledge of normal Development	
Immunizations	Demonstrate knowledge of appropriate immunizations	Select the appropriate immunizations for a given patient based on age and other risk factors
COMPETENCY: Interpersonal & Communication Skills		
TOPIC	Learning Outcome	Instructional Objective
Oral Communication	Demonstrate ability of oral communication	Ability to present a patient to a preceptor in a succinct case presentation format
		Ability to discuss the patient with preceptor
Rapport	Demonstrate ability to establish rapport with patients/families	
Rapport	Demonstrate ability to establish rapport with medical staff	
Working Collaboratively	Demonstrate ability to work collaboratively in an interprofessional patient-centered team	
Written Communication	Demonstrate ability to document pertinent information	List the appropriate components of <i>an HPI</i>
		List the appropriate components of <i>PMH, Social, Family History</i>
		List the appropriate components of <i>a physical exam</i>
		Be able to appropriately document <i>diagnoses</i> addressed in encounter
		Be able to write an appropriate <i>assessment and plan</i>
COMPETENCY: Patient Care		
TOPIC	Learning Outcome	Instructional Objective
History	Demonstrate ability to perform a history of present illness	Outline the categories and components of a history
		List the elements of each category

		List the objectives of the periodic health assessment
		List the components of a complete geriatric assessment
		Identify risk factors that contribute to falls in the elderly
		Recognize conditions that require immediate support and/or lifesaving interventions
Physical Examination	Demonstrate ability to perform an appropriate physical examination	List components of the physical examination
		Prioritize the examination of an emergent problem
Diagnostic Labs and Imaging	Demonstrate ability to order and interpret diagnostic labs and imaging	List appropriate imaging studies and when they would be used ( <i>ex. X-rays, IVPs, CTs, MRIs, Echocardiogram, EKGs, Cardiac Cath, stress tests, pulmonary function tests, EGDs, colonoscopy</i> )
		List appropriate labs and when they would be ordered ( <i>CBC, UA, Glucose, Hgb A1c, BUN/Cr, Electrolytes, LFTs, Lipid Panel, Thyroid function tests, PFTs</i> )
Differential Diagnosis	Demonstrate ability to develop a differential diagnosis	
Management	Demonstrate ability to develop a management plan	
Skills	Demonstrate the following clinical skills	Blood sample collection
		Initiating IV therapy
		Suturing minor lacerations
		Wound cleansing and dressing
		Urethral catheterization
		Basic EKG interpretation
		Injections – IM, IV, SQ
		Urinalysis collection
		PAP smears
		Stool for occult blood
		Joint/limb immobilization
		Vaginal KOH and wet mount
		Joint aspiration
		Foreign body removal

		Wound management
		Allergy testing
Education	Demonstrate ability to counsel patients in their management plan	
		List any prevention measures and screening tests/tools to prevent common diseases/disorders in family medicine ( <i>routine immunizations, routine screening exams, injury prevention, tobacco and substance abuse cessation, STIs, Stress, exercise, lifestyle, hypertension, cancer, oral hygiene</i> )
		Outline a rational approach to a patient with a history of falling, urinary incontinence, and suspected abuse
		Compare and contrast primary, secondary, and tertiary prevention
		Discuss the principles of anticipatory guidance.
<b>COMPETENCY: Professionalism</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Ethical Behavior	Demonstrate professional and ethical behavior at all times	Define “ethics” as it relates to clinical provider
		Discuss principles of ethics
Reliability	Demonstrate reliability to complete all assigned duties	
Constructive Criticism	Demonstrate ability to accept constructive criticism	
Compassion and Respect	Demonstrate compassion and respect for patients	
<b>COMPETENCY: Practice Based Learning &amp; Improvement</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Limitations	Ability to demonstrate awareness of limitations	Know limitation of the profession in family medicine as well as personal limitations due to knowledge or comfort
Clinical Literature	Ability to demonstrate use of clinical literature	Knowledge of recent changes in the management in family medicine
<b>COMPETENCY: Systems Based Practice</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>

Cost and Quality	Demonstrate ability to balance cost and quality care	
Health Disparities	Demonstrate awareness of health disparities	

## Preceptor Evaluation of Students

Family Medicine/Primary Care

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

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

Dates of Rotation: \_\_\_\_\_

### Evaluation Instructions

Please evaluate the student within each **Program Competency**

**Inadequate** Students whose performance demonstrates significant deficiencies in any given area

**Competence** Students whose performance is expected for their current level of training with **direct supervision**, average student

**Proficiency** Students whose performance is expected for their current level of training with **indirect supervision**

**Mastery** Students whose performance is at the ability to **teach others**

**N/A – Not Applicable** Students did not perform or were not observed often enough to permit an accurate evaluation

	<b>Inadequate</b>	<b>Competence</b>	<b>Proficiency</b>	<b>Mastery</b>	
	<b>Deficient</b>	<b>With direct supervision</b>	<b>With indirect supervision</b>	<b>Could teach others</b>	
Ability to demonstrate an understanding of common problems/disorders encountered in primary care <small>*(see learning outcomes for details of problems/disorders)</small>					<b>N/A</b>
Development of a differential diagnosis					<b>N/A</b>
Pharmacologic knowledge of treatment options and use					<b>N/A</b>
Non-Pharmacological knowledge of treatment options					<b>N/A</b>
Knowledge of normal development					<b>N/A</b>
Knowledge of appropriate immunizations					<b>N/A</b>
Ability to synthesize knowledge gained					<b>N/A</b>

### Interpersonal & Communication Skills

	<b>Inadequate</b>	<b>Competence</b>	<b>Proficiency</b>	<b>Mastery</b>	
	<b>Deficient</b>	<b>With direct supervision</b>	<b>With indirect supervision</b>	<b>Could teach others</b>	
Oral communication (case presentations/discussions)					<b>N/A</b>
Ability to establish appropriate rapport with Patients/Families					<b>N/A</b>
Ability to establish appropriate rapport with medical staff					<b>N/A</b>



Ability to document pertinent information (H&P, Assessment and Plan)					N/A
Ability to work collaboratively in an interprofessional patient-centered team					N/A

### Patient Care

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to perform a history of present illness					N/A
Ability to perform an appropriate physical examination					N/A
Ability to order and interpret diagnostic labs and imaging					N/A
Ability to develop a management plan					N/A
Ability to counsel patients on their management plan					N/A
Ability to counsel patients in health promotion and disease prevention					N/A
Ability to recognize emergent problems					N/A
Ability to manage patients with acute problems					N/A
Ability to manage patients with chronic problems					N/A

### Professionalism

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Demonstration of professional and ethical behavior at all times					N/A
Reliable and completes performance of all assigned duties					N/A
Ability to accept constructive criticism					N/A
Demonstration of compassion and respect for patients					N/A
Improvement during the rotation					N/A

### Practice Based Learning & Improvement and Systems Based Practice

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Awareness of limitations					N/A
Ability to demonstrate use of clinical literature					N/A
Ability to balance cost and quality care					N/A
Awareness of health disparities					N/A

### Clinical Skills

	<b>Inadequate</b>	<b>Competence</b>	<b>Proficiency</b>	<b>Mastery</b>	
	<b>Deficient</b>	<b>With direct supervision</b>	<b>With indirect supervision</b>	<b>Could teach others</b>	
Ability with culture collection (throat, wound, blood, etc.)					<b>N/A</b>
Ability to perform a pelvic exam (with or without PAP smear)					<b>N/A</b>
Technical Skills Overall (performance of procedures)					<b>N/A</b>

Comments:

Program Suggestions for improvement:

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

Date: \_\_\_\_\_

## General Surgery Clinical Rotation

<b>COMPETENCY: Medical Knowledge</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Common Problems/Disorders <b>Pre-Operative Patient/Nutrition</b>	Demonstrate an understanding of common problems/disorders encountered in General Surgery	Describe the value of the pre-operative history, physical examination, and selected diagnostic and screening tests
		Describe the important aspects of communication skills between the clinician/patient and among clinicians
		Define the essentials in the preoperative evaluation of surgical emergencies
		Describe the medical history of a patient undergoing an elective procedure
		Discuss the assessment of pulmonary and cardiac risk
		Describe the assessment of coagulation status
		Discuss the effect of diabetes, hepatic dysfunction, adrenal insufficiency, and malnutrition on pre-operative preparation and post-operative management
		Define the scenarios where pre-operative screening tests are indicated and contraindicated
		Be able to complete daily progress notes on post-operative patients
		List common symptoms of malnutrition
		Define and describe objective assessments of nutritional status: anthropometric measurements, biochemical blood tests, the urine urea nitrogen test, and indirect calorimetry
		Interpret laboratory values to assess protein and caloric requirements
		Define and list water-soluble vitamins, fat-soluble vitamins and trace elements that are important in long-term parenteral nutrition
		Describe the metabolic changes that occur in short and long term starvation

		Discuss the effect of injury or infection on a patient's metabolism, and describe how nutritional support must be altered
		List indications for enteral and parenteral nutritional support
		Discuss the factors involved in choosing a route of nutritional support
		Describe the risks and benefits of enteral and parenteral nutritional support
		Describe gastrointestinal, mechanical and metabolic complications of enteral therapy
		List complications of TPN
<b>Common Problems/Disorders Bleeding/Healing/Infection</b>	Demonstrate an understanding of common problems/disorders encountered in General Surgery	Identify & describe the symptoms and signs of bleeding disorders
		Identify the etiology of bleeding disorders
		Describe common laboratory tests to assess coagulation status and define how these apply to the etiology of bleeding disorders
		Identify the acute factors responsible for extensive bleeding in a patient who has received a blood transfusion
		Define DIC and describe conditions that can lead to it
		Define a wound and describe the sequence and timing of wound healing
		Describe the three types of wound healing and the elements of each
		Describe the phases of healing that are distinct to each type of wound
		Explain the significance of granulation tissue
		Describe the clinical factors that decrease collagen synthesis and slow wound healing
		Describe the rationale for the uses of absorbable and nonabsorbable sutures
		Discuss the functions of a dressing
		Define clean, contaminated, and infected wounds, and describe the management of each type

		List the factors that contribute to infection after a surgical procedure
		List the four classes of surgical wounds and the frequency with which each type becomes infected
		Describe the principles of prophylactic antibiotic use
		List the clinical variables that affect antibiotic sensitivity when compared with in-vitro tests
		Describe the events that lead to antibiotic resistance in a surgical patient who has an infection
		Identify & describe common hand infections, and define the treatment of each
		List the clinical variables that contribute to foot infections in patients with diabetes mellitus
		Identify the most likely bacterial types initially encountered in the following infections – dog bite, acute cholecystitis, acute perforated appendicitis, and perforated duodenal ulcer
		List three viruses that pose an occupational hazard for surgeons, and discuss methods to protect against infection
		List the causes of postoperative fever, and discuss the diagnostic steps for evaluation
Common Problems/Disorders <b>Fluids/Electrolytes/Shock</b>	Demonstrate an understanding of common problems/disorders encountered in General Surgery	Know the range of normal values of electrolytes in blood
		Demonstrate understanding of the contributions that extracellular, intracellular, and intravascular volume make to body weight
		List four hormones or substrates that affect renal absorption and excretion of sodium and water
		Compare the physical findings or symptoms of dehydration in the young and the elderly
		Understand the methods of determining fluid balance
		Describe the typical 24-hour fluid and electrolyte needs in the post-operative patient who has no complications
		Explain the composition of electrolytes in normal saline, lactated ringer's solution, and 5% dextrose in water

		Demonstrate understanding of how electrolyte balances change in the following conditions – excessive gastric losses, pancreatic fistula, biliary fistula, diarrhea, and closed head injury
		Differentiate between serum and urine electrolyte values in patients with the following conditions – ATN, dehydration, inappropriate ADH secretion, diabetes insipidus, CHF
		List a differential diagnosis for each of the following conditions – hypernatremia, hyponatremia, hyperkalemia, hypokalemia, hyperchloremia, hypocholesterolemia, hypercalcemia, hypocalcemia
		Identify & describe arterial blood gas values for respiratory acidosis and alkalosis, metabolic acidosis and alkalosis
		Define shock and list the two primary mechanisms that may cause cellular malfunction consistent with shock
		List the etiologies of these primary mechanisms that are responsible for shock
		List the diagnostic criteria for each of the two mechanisms of shock
		Describe the pathophysiologic process that leads to cellular injury in shock
		Describe the general principles of managing shock and diminishing cellular injury
Common Problems/Disorders <b>Abdominal Wall/Esophagus</b>	Demonstrate an understanding of common problems/disorders encountered in General Surgery	Identify & describe the relations of the layers of the abdominal wall and their pertinent reflections into the groin
		Define indirect inguinal hernia, direct inguinal hernia, and femoral hernia
		List the factors that predispose to the development of inguinal hernias
		Define and discuss the relative frequency of indirect, direct, and femoral hernias by age and gender
		Define reducible hernia, incarcerated hernia, strangulated hernia, and sliding hernia

		Outline the principles of management for patients with groin hernias, including the surgical indications and treatments
		Describe the anatomic and physiologic factors that predispose people to reflux esophagitis
		Describe the symptoms of reflux esophagitis and discuss the diagnostic procedures used to confirm the diagnosis
		Describe the pathophysiology and clinical symptoms associated with achalasia of the esophagus. Describe management options
		List the common esophageal diverticula in terms of their location, symptoms, and pathogenesis
		List the common types of benign esophageal neoplasms, and briefly describe how they are differentiated from malignant lesions
		Outline a plan for the diagnostic evaluation of a patient with a suspected esophageal tumor
<b>Common Problems/Disorders</b> <b>Stomach/Duodenum/Colon/</b> <b>Rectum</b>	Demonstrate an understanding of common problems/disorders encountered in General Surgery	Compare and contrast the common symptoms and pathogenesis of gastric and duodenal ulcer disease, including patterns of acid secretion
		Discuss the significance of the anatomic location of gastric and duodenal ulcers
		Discuss the diagnostic value of upper gastrointestinal X-rays, endoscopy with biopsy, gastric analysis, and the secretin stimulation test in patients with suspected peptic ulcer disease
		Discuss the signs, symptoms, and differential diagnosis of acute appendicitis, and describe how diseases that mimic it may be differentiated
		Outline the diagnostic workup of a patient with suspected appendicitis and describe the laboratory findings that would confirm the diagnosis
		List and discuss the common complications of appendicitis and subsequent appendectomy and explain how each can be prevented or managed

		Discuss the location, frequency, size, various clinical presentations and treatment of Meckel's diverticulum
		Describe the various clinical presentations of a patient with Crohn's disease, and explain how they can differ from the presentations of a patient with ulcerative colitis
		Outline a diagnostic approach to a patient with Crohn's disease
		Describe the common etiologies, signs, and symptoms of small intestinal mechanical obstruction, and contrast them with those of paralytic ileus
		Describe the clinical findings of diverticular disease of the colon
		List the differential diagnosis, initial management, diagnostic studies, and indications for medical versus surgical treatment in a patient with left lower quadrant pain
		Identify the common symptoms and signs of carcinoma of the colon, rectum and anus
		Discuss the diagnostic studies for the diagnosis of carcinoma of the colon, rectum and anus
		List the signs, symptoms and diagnostic aids for evaluating presumed large bowel obstruction
		Outline a plan for diagnostic studies, preoperative management and treatment of volvulus, intussusception, impaction and obstructing colon cancer
		Identify & describe internal and external hemorrhoids, including signs & symptoms, and operative vs. nonoperative management
		Outline the symptoms and physical findings of patients with perianal infections
		Outline the principles of management of patients with perianal infections, including the role of antibiotics, incision and drainage and primary fistulectomy
		Describe the symptoms and physical findings of patients with anal fissures, and describe the proper management



		Name the two most common cancers of the anal canal and describe their clinical presentation
Common Problems/Disorders <b>Liver/Biliary Tract/Pancreas</b>	Demonstrate an understanding of common problems/disorders encountered in General Surgery	List common benign tumors of the liver, describe diagnostic steps, and describe their appropriate treatment
		Identify & describe the two most common primary hepatobiliary malignancies and their relative frequency
		List the three major complications of portal hypertension
		List common causes of portal hypertension in addition to cirrhosis
		List complications associated with ascites formation in the patient with portal hypertension
		Identify & describe the factors that contribute to the formation of gallstones
		Discuss the most useful laboratory tests and radiologic studies to evaluate patients with diseases of the biliary tract
		Describe the management of asymptomatic gallstones found incidentally on radiologic studies
		Compare and contrast the presentation, diagnostic study findings and management of a patient with chronic cholecystitis and a patient with acute cholecystitis
		List the differences in the presentation and evaluation of a jaundiced patient with choledocholithiasis and one with biliary obstruction secondary to malignancy
		Describe the clinical presentation, evaluation and management of a patient with acute cholangitis and one with acute suppurative cholangitis
		Discuss the clinical presentation, evaluation and management of a patient with acute biliary pancreatitis
		Discuss the various options available to treat stones in the gallbladder and the extrahepatic biliary ducts
		Classify pancreatitis on the basis of the severity of injury to the organ
		List four etiologies of pancreatitis

		Describe the clinical presentation of a patient with acute pancreatitis. Including indications for surgical intervention
		List five potential early complications of acute pancreatitis
		Discuss the criteria that are used to predict the prognosis for acute pancreatitis
Common Problems/Disorders <b>Breast</b>	Demonstrate an understanding of common problems/disorders encountered in General Surgery	Categorize the risk factors for breast cancer into major and minor factors
		Provide the guidelines for routine screening mammography
		Describe the diagnostic workup and management for common benign breast conditions, including breast pain, cysts, fibroadenoma, nipple discharge, and breast abscess
		Describe the preoperative evaluation for a patient with breast cancer
		Describe how ductile cancer in situ differs from invasive breast cancer. Describe its role as a risk factor for invasive cancer
		Describe the rationale for adjuvant therapy, radiation therapy and hormonal therapy in the treatment of breast cancer
		Describe the expected survival and local recurrence rates after treatment for early breast cancer
Common Problems/Disorders <b>Urology</b>	Demonstrate an understanding of common problems/disorders encountered in General Surgery	Define the anatomy and physiology of the prostate gland
		Describe the clinical presentation, work-up, and management of a patient with acute and chronic prostatitis compared with a patient with non-bacterial prostatitis
		Define the clinical presentation, work-up, and management of a patient with benign prostatic hypertrophy
		Describe how one can distinguish between benign prostatic hypertrophy and prostate cancer by clinical evaluation and diagnostic studies
		Discuss the use of prostate specific antigen determinations in evaluating patients with carcinoma of the prostate and benign prostatic hypertrophy
		Outline the staging and management of prostate cancer, both localized and advanced

		Discuss the etiology and management of inflammatory renal disease
		Identify & describe the diagnosis and treatment of pyelonephritis
		Describe the work-up and treatment options in the management of patients with calculous disease of the urinary system
		Describe the etiology, clinical presentation, sequelae (if untreated), and management of ureteral obstruction
		Describe the pathophysiology, diagnosis, and treatment of bacterial cystitis and interstitial cystitis
		Discuss the etiology, presentation, evaluation, and management of urethral stricture disease
		Describe the clinical presentation, evaluation, and management of the two congenital disorders, posterior urethral valves and hypospadias
		Identify & describe three congenital anomalies involving the testes
		Describe the evaluation of a patient with a scrotal mass
Common Problems/Disorders <b>Vascular</b>	Demonstrate an understanding of common problems/disorders encountered in General Surgery	Describe five risk factors for the development of atherosclerosis
		Identify & describe the clinical sequelae of atherosclerosis and ways to retard the atherosclerotic process
		List the common sites and relative incidence of arterial aneurysms
		List the symptoms, signs, differential diagnosis, and diagnostic and management plans for a patient with a rupturing abdominal aortic aneurysm
		Compare the presentation, complications and treatment of thoracic, abdominal, femoral and popliteal aneurysms
		Describe the pathophysiology of intermittent claudication, and differentiate this symptom from leg pain from other causes
		Describe the diagnostic approach and medical management of arterial occlusive disease

		List the criteria to help differentiate among venous, arterial, diabetic and infectious leg ulcers
		Identify & describe the signs and symptoms of acute arterial occlusion and outline its management
		Outline the diagnostic methods and the medical and surgical management of a patient with symptomatic carotid artery disease
		List the differential diagnoses and outline a management and treatment plan for patients with transient ischemic attacks
		Identify the usual initial anatomic location of deep vein thrombosis and discuss the clinical factors that lead to an increased incidence of this problem
		Identify the invasive and noninvasive testing procedures used to diagnose venous valvular incompetence and deep vein thrombosis
		Outline the differential diagnosis of acute edema associated with leg pain
		Describe the clinical syndrome of pulmonary embolus, and identify the order of priorities in diagnosis and caring for an acutely ill patient with life-threatening pulmonary embolus
		Outline the diagnostic, operative, and nonoperative management of venous ulcers and varicose veins
		List the indications for arteriography in a patient with a possible arterial injury to the extremities
		Describe the indications and risks for arteriogram and venogram
		Define and discuss transluminal angioplasty, and cite the indications for this procedure
		Discuss the method, use and reliability of perfusion and ventilation scans
Common Problems/Disorders <b>Endocrine</b>	Demonstrate an understanding of common problems/disorders encountered in General Surgery	Describe the evaluation and differential diagnosis of a patient with a thyroid nodule
		Identify & describe the major risk factors for carcinoma of the thyroid gland and the prognostic variables that dictate therapy

		Describe the symptoms of a patient with hyperthyroidism; discuss the differential diagnosis and treatment options
		State the role of the parathyroid glands in the physiology of calcium homeostasis
		List the causes, symptoms, and signs of hypercalcemia
		Discuss the evaluation, differential diagnosis and management of hypercalcemia
		Describe the indications for surgery for hyperparathyroidism
		Describe the clinical features and management of Cushing's syndrome
		Discuss the evaluation and management of pheochromocytoma
		Discuss the management and evaluation of an incidentally discovered adrenal mass
		Discuss the workup and management of a patient with a splenic injury
		Discuss the role of splenectomy in hematological abnormalities
		Distinguish between splenomegaly and hypersplenism, and discuss their causes
Differential Diagnosis	Demonstrate an ability to develop a differential diagnosis	
Pharmacologic Agents	Demonstrate knowledge of pharmacologic treatment options	List the different classes of medications used for surgery and how they are used
		Know the side effects, contraindications, monitoring, drug interactions and uses of different medications within the classes above
Non-Pharmacologic Agents	Demonstrate knowledge of non-pharmacologic treatment options	List any non-pharmacologic treatment options
<b>COMPETENCY: Interpersonal &amp; Communication Skills</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Oral Communication	Demonstrate ability of oral communication	Be able to present a patient to a preceptor in a case presentation fashion

		Be able to discuss the patient with preceptor
Rapport	Demonstrate ability to establish rapport with patients/families	
Rapport	Demonstrate ability to establish rapport with medical staff	
Working Collaboratively	Demonstrate ability to work collaboratively in an interprofessional patient-centered team	
Written Communication	Demonstrate ability to document pertinent information	List the appropriate components of <i>an HPI</i>
		List the appropriate components of <i>FSMH</i>
		List the appropriate components of <i>a physical exam</i>
		Be able to appropriately list the <i>diagnosis</i> in order
		Be able to write an appropriate <i>assessment and plan</i>
COMPETENCY: Patient Care		
TOPIC	Learning Outcome	Instructional Objective
History	Demonstrate ability to perform a history of present illness	Outline the categories and components of a history
		List the elements of each category
		List the objectives of the periodic health assessment
		List the components of a complete geriatric assessment
		Identify risk factors that contribute to falls in the elderly
		Recognize conditions that require immediate support and/or life-saving interventions
Physical Examination	Demonstrate ability to perform an appropriate physical examination	List components of the physical examination
		Prioritize the examination of an emergent problem
Diagnostic Labs and Imaging	Demonstrate ability to order and interpret diagnostic labs and imaging	Identify & describe the indications & contraindications of common imaging studies ( <i>ex. X-ray, CT, MRI, U/S, EKG, stress tests, EGD, colonoscopy</i> )
		Identify & describe the indications & contraindications of common laboratory studies ( <i>CBC, U/A, glucose, Hgb A1c, BUN/Cr, electrolytes, LFTs, lipid panel, thyroid function tests, iron studies, blood gases</i> )
Differential Diagnosis	Demonstrate ability to develop a differential diagnosis	
Management	Demonstrate ability to develop a management plan	

Skills	Demonstrate the following clinical skills	Aseptic and Sterile Technique
		Gowning and gloving
		Surgical preparation of the patient
		Blood sample collection (phlebotomy)
		Initiating IV therapy (venipuncture)
		Suturing minor lacerations
		Wound cleansing and dressing
		Urethral catheterization
		Basic EKG interpretation
		Stool for occult blood
		Resuscitation
		Incision & drainage
Education	Demonstrate ability to counsel patients in their management plan	Provide patient education on expected outcomes
		Provide patient education on follow-up precautions
	Demonstrate ability to counsel patients in health promotion and disease prevention	List and define common health promotion education for patients
		List and define common preventative measures for infections and wound management post surgery
COMPETENCY: Professionalism		
TOPIC	Learning Outcome	Instructional Objective
Ethical Behavior	Demonstrate professional and ethical behavior at all times	Compare & contrast ethics, morality, & legality
		Discuss principles of medical ethics
		Describe the components of informed consent and explain how it is obtained from surgical patients
		List the types of advance directives used. Describe how clinicians should respond to advance directives and do-not-resuscitate orders
		Discuss the central goals of end-of-life care
Reliability	Demonstrate reliability to complete all assigned duties	Demonstrate punctuality in daily duties
		Demonstrate reliability in daily duties
Constructive Criticism	Demonstrate ability to accept constructive criticism	
Compassion and Respect	Demonstrate compassion and respect for patients	Demonstrate culturally competent care

		Demonstrate compassionate care to patients of economically diverse backgrounds
<b>COMPETENCY: Practice Based Learning &amp; Improvement</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Limitations	Ability to demonstrate awareness of limitations	Demonstrate an understanding of professional limitations in surgical settings, as well as personal limitations due to knowledge level or comfort
Clinical Literature	Ability to demonstrate use of clinical literature	Demonstrate a knowledge of evidence-based practice in surgical settings
<b>COMPETENCY: Systems Based Practice</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Cost and Quality	Demonstrate ability to balance cost and quality care	
Health Disparities	Demonstrate awareness of health disparities	



## Preceptor Evaluation of Students

### Surgery

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

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

Dates of Rotation: \_\_\_\_\_

#### Evaluation Instructions

Please evaluate the student within each **Program Competency**

**Inadequate** Students whose performance demonstrates significant deficiencies in any given area

**Competence** Students whose performance is expected for their current level of training with **direct supervision**, average student

**Proficiency** Students whose performance is expected for their current level of training with **indirect supervision**

**Mastery** Students whose performance is at the ability to **teach others**

**N/A – Not Applicable** Students did not perform or were not observed often enough to permit an accurate evaluation

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to demonstrate an understanding of common problems/disorders encountered in general surgery <small>*(see learning outcomes for details of problems/disorders)</small>					N/A
Development of a differential diagnosis					N/A
Pharmacologic knowledge of treatment options and use					N/A
Non-Pharmacological knowledge of treatment options					N/A
Ability to synthesize knowledge gained					N/A

#### Interpersonal & Communication Skills

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Oral communication (case presentations/discussions)					N/A
Ability to establish appropriate rapport with Patients/Families					N/A
Ability to establish appropriate rapport with medical staff					N/A
Ability to document pertinent information (H&P, Assessment and Plan)					N/A
Ability to work collaboratively in an interprofessional patient-centered team					N/A

**Patient Care**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to perform a history of present illness					N/A
Ability to perform an appropriate physical examination					N/A
Ability to order and interpret diagnostic labs and imaging					N/A
Ability to develop a management plan					N/A
Ability to counsel patients on their management plan					N/A
Ability to counsel patients in health promotion and disease prevention					N/A
Ability to recognize emergent problems					N/A
Ability to manage patients with acute problems					N/A
Ability to manage patients with chronic problems					N/A

**Professionalism**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Demonstration of professional and ethical behavior at all times					N/A
Reliable and completes performance of all assigned duties					N/A
Ability to accept constructive criticism					N/A
Demonstration of compassion and respect for patients					N/A
Improvement during the rotation					N/A

**Practice Based Learning & Improvement and Systems Based Practice**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Awareness of limitations					N/A
Ability to demonstrate use of clinical literature					N/A
Ability to balance cost and quality care					N/A
Awareness of health disparities					N/A

**Clinical Skills**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	

Ability to assist in surgical procedures					<b>N/A</b>
Ability in suturing					<b>N/A</b>
Ability to employ aseptic technique					<b>N/A</b>
Technical Skills Overall (performance of procedures)					<b>N/A</b>

Comments:

Program Suggestions for improvement:

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

Date: \_\_\_\_\_

## Internal Medicine Clinical Rotation

### COMPETENCY: Medical Knowledge

TOPIC	Learning Outcome	Instructional Objective
Common Problems/Disorders <b>Cardiology</b>	Demonstrate an understanding of common problems/disorders encountered in Internal Medicine	Formulate a differential diagnosis for chest pain, dyspnea, palpitations, and syncope. (DX)
		Describe the history and physical exam necessary to detect cardiovascular disease and the significance of abnormal findings
		Compare and contrast dilated, hypertrophic and restrictive cardiomyopathies based on pathology, risk factors, and signs and symptoms
		List the indications for pacemaker placement and cardioversion
		Recognize the clinical presentation of heart failure
		Select appropriate diagnostic studies for identification of heart failure
		Initiate correct therapeutic steps for management of heart failure
		Outline the classification of HTN and risk factors as per current JNC report
		Select appropriate treatment measures for hypertension based on risk factors and comorbid conditions
		Discuss the pathophysiology and list the complications and preventative measures for CHD
		Select appropriate treatment for angina and myocardial infarction
		Initiate referral for cardiac rehabilitation
		Recognize the clinical presentation of peripheral vascular disease including arterial and venous insufficiency, DVT, thrombophlebitis, and thromboangiitis obliterans
		Select appropriate studies to diagnose peripheral vascular disease
		Initiate correct therapeutic steps for management of peripheral vascular disease
		Recognize the clinical presentation of valvular disease, select appropriate studies for evaluation and correct referral
		Recognize the presentation of endocarditis and pericarditis and initiate treatment
Common Problems/Disorders <b>Endocrinology</b>	Demonstrate an understanding of common problems/disorders encountered in Internal Medicine	Outline a rational approach to the patient who presents with signs /symptoms of endocrine disease.
		Delineate the clinical consequences of insufficient and excessive pituitary hormone and the clinical management of each
		Describe the history and physical exam necessary to detect endocrine disease and the significance of abnormal findings

		Recognize the signs and symptoms of pheochromocytoma and Cushing's and Addison's diseases
		Formulate a differential diagnosis and management plan for suspected adrenal disease
		Recognize the signs and symptoms of thyroid and parathyroid excess and insufficient hormone
		Initiate the appropriate diagnostic work up in a patient with signs/symptoms of thyroid disease
		Outline a rational management plan for the treatment of thyroid disease
		Define impaired glucose tolerance, DKA, hyperosmotic nonketotic acidosis, IDDM and NIDDM
		Recognize the clinical manifestations of diabetes mellitus and discuss its clinical consequences
		Formulate a management plan and treatment goals for each type of diabetes mellitus
		Describe the clinical consequences of hyperlipidemia and hypertriglyceridemia
		Formulate a management plan and treatment goals for hyperlipidemia and hypertriglyceridemia
Common Problems/Disorders <b>Gastroenterology and Nutrition</b>	Demonstrate an understanding of common problems/disorders encountered in Internal Medicine	Formulate a differential diagnosis and diagnostic plan for nausea, vomiting, diarrhea, constipation, hematemesis, rectal bleeding, jaundice, and abdominal pain
		Describe the history and physical exam necessary to detect gastrointestinal disease and the significance of abnormal findings
		Recognize the signs and symptoms of GERD
		Initiate the appropriate diagnostic work up for suspected GERD
		Select the appropriate management for the treatment of GERD
		Recognize the signs and symptoms of gastritis and PUD
		Initiate the appropriate diagnostic work up for suspected gastritis and PUD
		Outline a rational management plan for the treatment of gastritis and PUD
		Recognize signs/symptoms of gall bladder disease including cholecystitis, cholangitis, & cholelithiasis
		Initiate the appropriate diagnostic work up for suspected gall bladder disease
		Outline a rational management plan for the treatment of gall bladder disease
		Recognize the signs and symptoms of infectious and noninfectious hepatitis

		Initiate the appropriate diagnostic work up and outline a rational management plan for suspected hepatitis and chronic liver disease
		Describe the prognosis and long term consequences of chronic liver disease
		Recognize the signs and symptoms of pancreatitis
		Initiate the appropriate diagnostic work up and outline a rational management plan in a patient who presents with signs and symptoms of pancreatitis
		Recognize the signs and symptoms of irritable bowel syndrome, inflammatory bowel disease, diverticular disease and malabsorption syndromes
		Recognize signs and symptoms of intestinal infections including cholera, e. coli, salmonella and shigella as well as helminthic infestation
		Initiate the appropriate diagnostic work up of suspected intestinal disease
		Outline a rational management plan in a patient with irritable bowel syndrome
		Recognize the signs and symptoms of gastric, hepatic, pancreatic, and intestinal neoplasms
		Initiate the appropriate diagnostic work up for GI neoplasm
		Outline the screening guidelines for GI cancer
		Describe the signs and symptoms of common nutritional deficiencies and their etiologies
		Outline a rational management plan in a patient with a nutritional deficiency
Common Problems/Disorders <b>Urology and Nephology</b>	Demonstrate an understanding of common problems/disorders encountered in Internal Medicine	Formulate a differential diagnosis for hematuria, dysuria, flank pain and uremic symptoms
		Describe the history and physical exam necessary to detect renal disease and the significance of abnormal findings
		Discuss the effects of obstructive uropathy on renal function
		Outline a rational diagnostic approach to the patient who presents with signs and symptoms of urinary tract obstruction
		Initiate correct therapeutic steps for management of urinary tract obstruction
		Recognize the signs and symptoms of urinary tract infection including urethritis, cystitis, epididymitis, orchitis, prostatitis and pyelonephritis
		Conduct the appropriate diagnostic work up for suspected urinary tract infection
		Select the correct treatment for urinary tract infection
		Recognize the signs and symptoms of bladder, prostatic, testicular and renal cell carcinoma

		Recognize the clinical presentation, identify associated risk factors, select appropriate studies and initiate correct therapeutic steps for management of acute and chronic renal failure
		List the indications for dialysis
		Recognize the clinical presentation of glomerular disorders including nephrotic syndrome and acute glomerulonephritis
		List the systemic conditions that may cause glomerular disease, select appropriate studies, and initiate correct treatment
		Delineate the possible causes of fluid and electrolyte abnormalities and their clinical consequences
		Recognize the clinical presentation of hyponatremia, hypernatremia, hypokalemia, and hyperkalemia and initiate appropriate treatment
		Differentiate between respiratory acidosis, respiratory alkalosis, metabolic acidosis, and metabolic alkalosis
		Formulate a differential diagnosis for each above
<b>Common Problems/Disorders Hematology, Infectious Disease</b>	Demonstrate an understanding of common problems/disorders encountered in Internal Medicine	Recognize the presenting signs and symptoms of anemia
		Formulate a differential diagnosis and outline a rational diagnostic plan for anemia
		Formulate a management plan for the treatment of various anemias
		Recognize the presenting signs and symptoms of thrombocytopenia, clotting factor disorders and hypercoagulable states
		Formulate a differential diagnosis and management plan for a patient presenting with signs and symptoms of a bleeding disorder
		Identify patients who are predisposed to hypercoagulability and thrombosis
		Recognize the presenting signs, symptoms and differentiating laboratory findings in leukemia, lymphoma and multiple myeloma
		Recognize presenting signs and symptoms of HIV and AIDS
		Perform the appropriate diagnostic work up for suspected HIV and AIDS
		Outline a rational management plan for the treatment of HIV and AIDS
		Discuss the most common microbial causes of infection of each organ system including parasites, fungi, bacteria and viruses
		Perform the appropriate diagnostic work up and initiate treatment for suspected infection

Common Problems/Disorders Musculoskeletal/Rheumatology	Demonstrate an understanding of common problems/disorders encountered in Family Medicine	Formulate a differential diagnosis for mono- and polyarticular inflammation, and acute and chronic arthropathies
		Describe the history and physical exam necessary to detect rheumatologic disease and the significance of abnormal findings
		Compare and contrast the etiology, signs, symptoms, diagnosis, treatment options and prognosis of OA, RA, gout, pseudogout, PMR, reactive arthritis, septic arthritis, fibromyalgia and SLE
		Recognize the signs and symptoms of the spondyloarthropathies, Reynaud's phenomenon, polyarthritis nodosa, polymyositis, Sjögren syndrome and scleroderma
Common Problems/Disorders <b>Neurology</b>	Demonstrate an understanding of common problems/disorders encountered in Family Medicine	Formulate a differential diagnosis for headache, seizure, dizziness, loss of consciousness, peripheral neuropathy, tremor, delirium and memory loss
		Describe the history and physical exam necessary to detect neurologic disease and the significance of abnormal findings
		List the causes of acute and chronic mononeuropathies and polyneuropathies
		Identify compression neuropathies, diabetic neuropathy, Guillain-Barre syndrome, toxic neuropathies and Bell's palsy based on presenting signs and symptoms
		Outline a management plan for a patient who presents with neuropathic pain
		Compare and contrast etiology, signs and symptoms, diagnosis, and treatment of primary headache disorders
		Recognize the signs and symptoms of CNS infection including meningitis and encephalitis
		Differentiate between causes of meningitis based on CSF findings and outline a management plan for each
		Delineate the etiology, signs and symptoms, diagnosis, treatment and prognosis of Parkinson disease
		Recognize the etiology and clinical findings of Huntington disease, tremor disorders and tardive dyskinesia
		Recognize the signs and symptoms of TIAs, cerebral infarction, and intracranial hemorrhage
		Formulate a diagnostic and management plan for suspected CVA
		Recognize the clinical signs and symptoms of dementing illnesses including Alzheimer, Parkinson, vascular, toxic, metabolic, infectious and psychiatric dementias
		Formulate a diagnostic and management plan for a patient presenting with dementia



		Recognize the signs and symptoms of partial and generalized seizure disorders
		Formulate a diagnostic and management plan for a patient presenting with a seizure
		Recognize the clinical signs and symptoms of multiple sclerosis and myasthenia graves.
		Select appropriate diagnostic and management plan for suspected MS or MG
Common Problems/Disorders <b>Pulmonary</b>	Demonstrate an understanding of common problems/disorders encountered in Internal Medicine	Formulate a differential diagnosis for cough, dyspnea, chest pain and hemoptysis
		Describe the history and physical exam necessary to detect pulmonary disease and the significance of abnormal findings
		Recognize the clinical presentation of pneumonia, acute bronchitis, influenza and TB
		Identify risk factors, select appropriate studies and initiate correct therapeutic steps
		Differentiate between benign and malignant pulmonary neoplasms
		Outline the clinical staging process for pulmonary neoplasms and understand the significance of each stage
		Recognize the clinical presentation of obstructive lung disease including asthma, bronchitis, emphysema and bronchiectasis
		<ul style="list-style-type: none"> <li>Identify risk factors, appropriate diagnostic studies and correct therapeutic steps.(HM,SC,L,Rx,CI)</li> </ul>
		Outline long term management plan and prognosis
		Describe the mechanisms that lead to accumulation of pleural fluid
		Formulate a differential diagnosis for pleural effusion in a given patient
		Recognize the clinical presentation of pleural effusion and pneumothorax
		Recognize the risk factors, clinical presentation, diagnostic steps and correct therapy for management of pulmonary embolism
		List the signs, symptoms and prognosis of cor pulmonale and pulmonary HTN
		Recognize the clinical presentation of restrictive lung disease including fibrosis, sarcoidosis, and fibrosis
		Identify risk factors, appropriate diagnostic studies and correct therapeutic steps
		Recognize the risk factors and clinical presentation of acute respiratory distress syndrome
		Recognize the risk factors and presentation of sleep apnea and initiate appropriate work up
Differential Diagnosis	Demonstrate an ability to develop a differential diagnosis	

Pharmacologic Agents	Demonstrate knowledge of pharmacologic treatment options	List the different classes of medications used for family medicine and how they are used
		Institute appropriate pharmacologic therapy for arrhythmias
		Know the side effects, contraindications, monitoring, drug interactions and uses of different medications within the following categories: ( <i>intravenous fluid therapy, total parental nutrition, analgesics, antacids, anxiolytics, antimicrobials, antiinflammatory drugs, antihypertensives, antidepressants, antiarrhythmics, bronchodilators, hypoglycemic</i> )
Non-Pharmacologic Agents	Demonstrate knowledge of non-pharmacologic treatment options	List any non-pharmacologic treatment options
Development	Demonstrate knowledge of normal Development	
Immunizations	Demonstrate knowledge of appropriate immunizations	Select the appropriate immunizations for a given patient based on age and other risk factors
<b>COMPETENCY: Interpersonal &amp; Communication Skills</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Oral Communication	Demonstrate ability of oral communication	Be able to present a patient to a preceptor in a case presentation fashion
		Be able to discuss the patient with preceptor
Rapport	Demonstrate ability to establish rapport with patients/families	
Rapport	Demonstrate ability to establish rapport with medical staff	
Working Collaboratively	Demonstrate ability to work collaboratively in an interprofessional patient-centered team	
Written Communication	Demonstrate ability to document pertinent information	List the appropriate components of <i>an HPI</i>
		List the appropriate components of <i>FSMH</i>
		List the appropriate components of <i>a physical exam</i>
		Be able to appropriately list the <i>diagnosis</i> in order

		Be able to write an appropriate <i>assessment and plan</i>
<b>COMPETENCY: Patient Care</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
History	Demonstrate ability to perform a history of present illness	Outline the categories and components of a history
		List the elements of each category
		List the objectives of the periodic health assessment
		List the components of a complete geriatric assessment
		Identify risk factors that contribute to falls in the elderly
		Recognize conditions that require immediate support and/or life-saving interventions
Physical Examination	Demonstrate ability to perform an appropriate physical examination	List components of the physical examination
		Prioritize the examination of an emergent problem
Diagnostic Labs and Imaging	Demonstrate ability to order and interpret diagnostic labs and imaging	List appropriate imaging studies and when they would be used ( <i>ex. X-rays, IVPs, CTs, MRIs, Echocardiogram, EKGs, Cardiac Cath, stress tests, pulmonary function tests, EGDs, colonoscopy</i> )
		Identify abnormal cardiac rhythms by EKG
		List appropriate labs and when they would be used ( <i>CBC, UA, Glucose, Hgb A1c, BUN/Cr, Electrolytes, LFTs, Lipid Panel, Thyroid function tests, PFTs, cardia enzymes, arterial blood gases</i> )
Differential Diagnosis	Demonstrate ability to develop a differential diagnosis	
Management	Demonstrate ability to develop a management plan	
Skills	Demonstrate the following clinical skills	Blood sample collection
		Central line insertion
		Lumbar puncture
		Paracentesis
		Gram Stain
		Initiating IV therapy
		Suturing minor lacerations

		Wound cleansing and dressing		
		Urethral catheterization		
		Basic EKG interpretation		
		Injections – IM, IV, SQ		
		Urinalysis collection		
		PAP smears		
		Stool for occult blood		
		Joint/limb immobilization		
		Vaginal KOH and wet mount		
		Joint aspiration		
		Foreign body removal		
		Wound management		
		Allergy testing		
		Education	Demonstrate ability to counsel patients in their management plan	
Demonstrate ability to counsel patients in health promotion and disease prevention	List any health promotion education for patients by identifying risk factors for: cardiac disease, pulmonary disease, psychosocial well being			
	List any preventative measures and screening tests/tools to prevent common diseases/disorders in family medicine ( <i>routine immunizations, routine screening exams, injury prevention, tobacco and substance abuse cessation, STIs, Stress, exercise, lifestyle, hypertension, cancer, oral hygiene</i> )			
	Provide education on normal changes with aging			
	Compare and contrast primary, secondary, and tertiary prevention			
	Discuss compliance with therapies			
COMPETENCY: Professionalism				
TOPIC	Learning Outcome	Instructional Objective		
Ethical Behavior	Demonstrate professional and ethical behavior at all times	Define “ethics” as it relates to clinical provider		
		Discuss principles of ethics		
Reliability	Demonstrate reliability to complete all assigned duties			

Constructive Criticism	Demonstrate ability to accept constructive criticism	
Compassion and Respect	Demonstrate compassion and respect for patients	
<b>COMPETENCY: Practice Based Learning &amp; Improvement</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Limitations	Ability to demonstrate awareness of limitations	Know limitation of the profession in family medicine as well as personal limitations due to knowledge or comfort
Clinical Literature	Ability to demonstrate use of clinical literature	Knowledge of recent changes in the management in internal medicine
<b>COMPETENCY: Systems Based Practice</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Cost and Quality	Demonstrate ability to balance cost and quality care	
Health Disparities	Demonstrate awareness of health disparities	

## Preceptor Evaluation of Students

Internal Medicine

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

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

Dates of Rotation: \_\_\_\_\_

### Evaluation Instructions

Please evaluate the student within each **Medical Competency**

**Inadequate** Students whose performance demonstrates significant deficiencies in any given area

**Competence** Students whose performance is expected for their current level of training with **direct supervision**, average student

**Proficiency** Students whose performance is expected for their current level of training with **indirect supervision** (similar to a practicing PA)

**Mastery** Students whose performance is at the ability to **teach others**

**N/A – Not Applicable** Students did not perform or were not observed often enough to permit an accurate evaluation

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to demonstrate an understanding of common problems/disorders encountered in internal medicine <small>*(see learning outcomes for details of problems/disorders)</small>					N/A
Development of a differential diagnosis					N/A
Pharmacologic knowledge of treatment options and use					N/A
Non-Pharmacological knowledge of treatment options					N/A
Ability to synthesize knowledge gained					N/A

### Interpersonal & Communication Skills

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Oral communication (case presentations/discussions)					N/A
Ability to establish appropriate rapport with Patients/Families					N/A
Ability to establish appropriate rapport with medical staff					N/A
Ability to document pertinent information (H&P, Assessment and Plan)					N/A
Ability to work collaboratively in an interprofessional patient-centered team					N/A

**Patient Care**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to perform a history of present illness					N/A
Ability to perform an appropriate physical examination					N/A
Ability to order and interpret diagnostic labs and imaging					N/A
Ability to develop a management plan					N/A
Ability to counsel patients on their management plan					N/A
Ability to counsel patients in health promotion and disease prevention					N/A
Ability to recognize emergent problems					N/A
Ability to manage patients with acute problems					N/A
Ability to manage patients with chronic problems					N/A

**Professionalism**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Demonstration of professional and ethical behavior at all times					N/A
Reliable and completes performance of all assigned duties					N/A
Ability to accept constructive criticism					N/A
Demonstration of compassion and respect for patients					N/A
Improvement during the rotation					N/A

**Practice Based Learning & Improvement and Systems Based Practice**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Awareness of limitations					N/A
Ability to demonstrate use of clinical literature					N/A
Ability to balance cost and quality care					N/A
Awareness of health disparities					N/A

**Clinical Skills**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	

Ability with culture collection (throat, wound, blood, etc.)					<b>N/A</b>
Ability to interpret EKGs					<b>N/A</b>
Technical Skills Overall (performance of procedures)					<b>N/A</b>

Comments:

Program Suggestions for improvement:

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

Date: \_\_\_\_\_



## Obstetrics and Gynecology Clinical Rotation

<b>COMPETENCY: Medical Knowledge</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Common Problems/Disorders	Demonstrate an understanding of common problems/disorders encountered in gynecology	Describe normal menstruation with hormonal changes and levels
		Describe abnormal levels of hormones and its effect on menstruation
		Describe and list signs and symptoms of Dysmenorrhea
		Describe and list signs and symptoms of Dysfunctional Uterine Bleeding
		Describe and list signs and symptoms of Amenorrhea
		Describe and list signs and symptoms of Pelvic Inflammatory Disease
		Describe and list signs and symptoms of common Sexually Transmitted Infections
		Describe and list signs and symptoms of Menopause
		Describe and list the signs and symptoms for incontinences and the different types of urinary incontinence as well as causes
		Describe and list signs and symptoms of bladder prolapse as well as causes
		Define osteoporosis
		Describe and list signs and symptoms of ovarian disorders including:
		Ovarian Cysts
		Polycystic Ovarian Syndrome
		Torsion
		Describe and list signs and symptoms of cervical disorders including:
		Cervicitis
		Cervical Dysplasia
		Describe and list signs and symptoms of uterine disorders including:
		Endometriosis
		Leiomyoma
		Prolapse
		Describe and list signs and symptoms of vaginal/vulvar disorders including:
		Cystocele

		Prolapse
		Rectocele
		Vaginitis
		Describe and list signs and symptoms of benign and malignant neoplasms of the reproductive tract:
		Vaginal Neoplasm
		Endometrial Neoplasm
		Cervical Neoplasm
		Ovarian Neoplasm
		Describe and list signs and symptoms of breast disorders including:
		Breast abscess
		Fibroadenoma
		Fibrocystic changes
		Galactorrhea
		Gynecomastia
		Mastitis
		Breast Neoplasm
		Identify indicators of physical assault and the next steps to take
		Identify indicators of sexual assault and the next steps to take
Common Problems/Disorders	Demonstrate an understanding of common problems/disorders encountered in obstetrics	Describe preconception/prenatal care
		Describe normal vaginal labor and delivery
		Define the different types of contraception, their estrogen and progesterone levels and indications for each use
		Describe postnatal/postpartum care
		Define infertility and different causes
		Define the different types of abortions
		Describe and list signs and symptoms of:
		Abruptio placentae
		Breech presentation
		Cesarean delivery
		Cord prolapse
		Dystocia
		Ectopic pregnancy

		Fetal distress
		Gestational diabetes
		Gestational trophoblastic disease
		Hypertension disorders (chronic hypertension, preeclampsia-eclampsia, preeclampsia superimposed on chronic hypertension, gestational hypertension, postpartum hypertension)
		Incompetent cervix
		Placenta previa
		Postpartum hemorrhage
		Premature rupture of membranes
		Rh incompatibility
		Shoulder dystocia
		Define trauma in pregnancy and the next steps to take
Differential Diagnosis	Demonstrate an ability to develop a differential diagnosis	
Pharmacologic Agents	Demonstrate knowledge of pharmacologic treatment options	List the different classes of medications within selected field of obstetrics/gynecology
		Know the side effects, contraindications, monitoring, drug interactions and uses of different medications within obstetrics/gynecology
Non-Pharmacologic Agents	Demonstrate knowledge of non-pharmacologic treatment options	List any non-pharmacologic treatment options used within obstetrics/gynecology
Development	Demonstrate knowledge of normal Development	
<b>COMPETENCY: Interpersonal &amp; Communication Skills</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Oral Communication	Demonstrate ability of oral communication	Be able to present a patient to a preceptor in a case presentation fashion
		Be able to discuss the patient with preceptor
Rapport	Demonstrate ability to establish rapport with patients/families	
Rapport	Demonstrate ability to establish rapport with medical staff	

Working Collaboratively	Demonstrate ability to work collaboratively in an interprofessional patient-centered team	
Written Communication	Demonstrate ability to document pertinent information	List the appropriate components of <i>an HPI</i>
		List the appropriate components of <i>FSMH</i>
		List the appropriate components of <i>a physical exam</i>
		Be able to appropriately list the <i>diagnosis</i> in order
		Be able to write an appropriate <i>assessment and plan</i>
COMPETENCY: Patient Care		
TOPIC	Learning Outcome	Instructional Objective
History	Demonstrate ability to perform a history of present illness	Outline the categories and components of a history
		List the elements of each category
Physical Examination	Demonstrate ability to perform an appropriate physical examination	List components of the physical examination
Diagnostic Labs and Imaging	Demonstrate ability to order and interpret diagnostic labs and imaging	List appropriate imaging studies
		List appropriate labs and when they would be used
Differential Diagnosis	Demonstrate ability to develop a differential diagnosis	
Management	Demonstrate ability to develop a management plan	
Skills	Demonstrate the following clinical skills	Blood sample collection
		Simple suturing
		Pap smear collection
		Pelvic examination
		Wound cleansing/dressing
		KOH and wet prep
		Urinalysis collection
		Assist with vaginal delivery
Education	Demonstrate ability to counsel patients in their management plan	
	Demonstrate ability to counsel patients in health promotion and disease prevention	List any health promotion education for prenatal care
		List any health promotion education for postnatal care
		List education for contraception use
		List education for reducing pregnancy risk factors

		List education regarding medication in pregnancy
		Discuss breast feeding
		List any preventative measures to screen or prevent
<b>COMPETENCY: Professionalism</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Ethical Behavior	Demonstrate professional and ethical behavior at all times	Compare and contrast ethics, morality and legality
		Discuss principles of medical ethics
Reliability	Demonstrate reliability to complete all assigned duties	Demonstrate punctuality in daily duties
		Demonstrate reliability in daily duties
Constructive Criticism	Demonstrate ability to accept constructive criticism	
Compassion and Respect	Demonstrate compassion and respect for patients	Demonstrate culturally competent care
		Demonstrate compassionate care to patients of economically diverse backgrounds
<b>COMPETENCY: Practice Based Learning &amp; Improvement</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Limitations	Ability to demonstrate awareness of limitations	Demonstrate an understanding of professional limitations in obstetrics/gynecology as well as personal limitations due to knowledge or comfort
Clinical Literature	Ability to demonstrate use of clinical literature	Demonstrate a knowledge of evidence – based practice in obstetrics/gynecology
<b>COMPETENCY: Systems Based Practice</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Cost and Quality	Demonstrate ability to balance cost and quality care	
Health Disparities	Demonstrate awareness of health disparities	

## Preceptor Evaluation of Students

Obstetrics and Gynecology

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

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

Dates of Rotation: \_\_\_\_\_

### Evaluation Instructions

Please evaluate the student within each **Program Competency**

**Inadequate** Students whose performance demonstrates significant deficiencies in any given area

**Competence** Students whose performance is expected for their current level of training with **direct supervision**, average student

**Proficiency** Students whose performance is expected for their current level of training with **indirect supervision**

**Mastery** Students whose performance is at the ability to **teach others**

**N/A – Not Applicable** Students did not perform or were not observed often enough to permit an accurate evaluation

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to demonstrate an understanding of common problems/disorders encountered in obstetrics and gynecology <small>*(see learning outcomes for details of problems/disorders)</small>					N/A
Development of a differential diagnosis					N/A
Pharmacologic knowledge of treatment options and use					N/A
Non-Pharmacological knowledge of treatment options					N/A
Knowledge of normal development					N/A
Ability to synthesize knowledge gained					N/A

### Interpersonal & Communication Skills

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Oral communication (case presentations/discussions)					N/A
Ability to establish appropriate rapport with Patients/Families					N/A
Ability to establish appropriate rapport with medical staff					N/A
Ability to document pertinent information (H&P, Assessment and Plan)					N/A

Ability to work collaboratively in an interprofessional patient-centered team					N/A
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**Patient Care**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to perform a history of present illness					N/A
Ability to perform an appropriate physical examination					N/A
Ability to order and interpret diagnostic labs and imaging					N/A
Ability to develop a management plan					N/A
Ability to counsel patients on their management plan					N/A
Ability to counsel patients in health promotion and disease prevention					N/A
Ability to recognize emergent problems					N/A
Ability to manage patients with acute problems					N/A
Ability to manage patients with chronic problems					N/A

**Professionalism**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Demonstration of professional and ethical behavior at all times					N/A
Reliable and completes performance of all assigned duties					N/A
Ability to accept constructive criticism					N/A
Demonstration of compassion and respect for patients					N/A
Improvement during the rotation					N/A

**Practice Based Learning & Improvement and Systems Based Practice**

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Awareness of limitations					N/A
Ability to demonstrate use of clinical literature					N/A
Ability to balance cost and quality care					N/A
Awareness of health disparities					N/A

**Clinical Skills**

	Inadequate	Competence	Proficiency	Mastery	
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	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to assist in surgical procedures					N/A
Ability in suturing					N/A
Ability to employ aseptic technique					N/A
Ability to perform a pelvic exam (with or without PAP smear)					N/A
Ability to provide care and counseling in all stages of prenatal and postnatal care					N/A
Ability to choose and counsel patients on best contraceptive use					N/A
Technical Skills Overall (performance of procedures)					N/A

Comments:

Program Suggestions for improvement:

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

Date: \_\_\_\_\_



## Pediatric Medicine Clinical Rotation

<b>COMPETENCY: Medical Knowledge</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Well Child Checks	Demonstrate an understanding of what is involved in each well child check	Describe normal development at each well child check and reasons for referral
		Identify and appropriately plot growth in height and weight, BMI, head circumference at each well child check
		Identify when patients fall below or above the curve and the necessary steps to take
		List the appropriate immunization schedule and catch up immunization schedule
		Identify appropriate screenings at each well child check and indications for referral
Growth and Development	Demonstrate an understanding of normal growth and development for newborn through adolescence	Identify the major effects of prenatal, genetic, postnatal, social and environmental factors on human growth and development
		Identify normal growth patterns from infancy to adult maturation and identify deviations from that period for each age group
		List those hereditary prenatal and postnatal factors that can result in deviations from normal growth and development
		Describe endocrine factors that affect growth and development
		List or describe nutritional requirements for growth and development and describe the consequences of malnutrition or overfeeding in the neonatal and infant periods
		List the effects of chronic illness on the normal growth potential
		List or describe bone development factors and describe variation in those patterns according to sex and age

		Identify normal, physical, motor, speech and language development for ages birth, 1 month, 2 mos, 4 mos, 6 mos, 12 months, 15 months and 18 months and for 2, 3, 4, 5, and 6 year olds
		Differentiate normal psychological interactions for infants, toddlers, pre-school and school-age children, from abnormal psychological and personality development in any of these age groups
		Differentiate normal psychological interactions for infants, toddlers, pre-school and school-age children, from abnormal psychological and personality development in any of these age groups
		Demonstrate a basic knowledge of learning disabilities and describe standard terminology for the learning disabled.
		List and identify specific learning disabilities including dyslexia and minimal brain dysfunction (MBD)
		Identify and describe the emotional sequelae of learning disabilities
		Describe the usefulness of various developmental screening tests
		Describe the basic goals and application of counseling and chemotherapeutic techniques in the learning disabled
Nutrition newborn through adolescence	Demonstrate an understanding normal nutrition newborn through adolescence	Describe the caloric needs & fluid requirements of infants
		State the fat, protein and carbohydrate requirements of infants
		Describe vitamin and mineral requirements requisite to growth as well as the side effects of inadequate intake of these substances
		Describe methods of assessing appropriate intake of nutrients during the first year of life
		Describe the advantages of breast feeding over bottle feeding
		Identify the efficiency and/ or problems with commercially prepared infant formulas

		Describe the problems with introducing cow's milk and solid foods into the infant's diet at various ages in the first year of life
		Describe the detection and management of food allergies/intolerances
		Describe common forms of nutritionally related anemias in infancy such as iron deficiency anemia
		Be familiar with the various kinds of infant formulas and indications to switch formulas
		State the normal growth patterns of children through adolescence
		Describe the nutritional requirement for normal growth
		Describe the most common nutritional deficiencies of adolescents
		Be familiar with the diagnosis and treatment of childhood obesity
		Be familiar with the risk factors associated with childhood obesity
Common Problems/Disorders <b>Prenatal and Neonates</b>	Demonstrate an understanding of common problems/disorders encountered in Pediatric Medicine	Describe various prenatal factors that affect the normal development of the fetus
		Describe intrapartum factors such as asphyxia during labor, traumatic labor and delivery, blood loss during labor and the effects on maternal medication, as they relate to the compromised newborn
		List postnatal aspects of respiration thermoregulation and the cardiovascular status of the newborn and will be prepared to describe various prevention and intervention strategies necessary for sustaining life
		Estimate fetal gestational age by history and physical examination
		Describe the potential consequences to the neonate associated with being small for gestational age, large for gestational age, prematurity, and fetal alcohol syndrome

		Describe characteristics of physical examination of the newborn and describe various normal findings, variations from normal, and common pathologic findings
		Identify physical exam findings that may be concerning for an underlying syndrome
		Describe the diagnosis and treatment of respiratory distress syndrome
		Describe the diagnosis and treatment of hematologic conditions of the newborn including hemolytic anemia
		Describe the diagnosis and treatment of normal and abnormal bilirubin metabolism
		Describe neonatal host immunity and common infectious diseases of the newborn such as pneumonia, HIV infection, and bacterial sepsis
		Describe the presentation, diagnosis and treatment of diabetes mellitus
		Describe the clinical manifestations, diagnosis and treatment of the following: Hemoglobinopathies, Sickle cell Disease, and thalassemias
		Define APGAR evaluations and explain their usefulness in newborn assessment
		Describe the etiology, diagnosis and approaches to treatment of Respiratory Distress Syndrome
		Describe the etiology, diagnosis and approaches to treatment of Cyanosis
		Describe the etiology, diagnosis and approaches to treatment of Jaundice in the Newborn
Common Problems/Disorders <b>Congenital Disorders</b>	Demonstrate an understanding of common problems/disorders encountered in Pediatric Medicine	Identify the most important historical questions in the diagnosis of pediatric cardiology and be able to describe the clinical significance of various responses
		Identify pathologic findings in the physical examination of a child, which relate to specific cardiopathy

		Describe and recognize the hemodynamics of pediatric heart function and be able to describe the pathophysiology of common cardiac disorders
		Describe the signs and symptoms, clinical course, confirmatory test (s) and medical management for each of the following: ( <i>Atrial septal defects, Ventricular septal defects, patent ductus arteriosus, Aortic stenosis, Pulmonary Stenosis, Pulmonary Atresia, Coarctation of the Aorta, Aortic abnormalities, Transportation of the great vessels</i> )
		Describe the signs and symptoms, clinical manifestation, diagnostic tests, and medical management of acute rheumatic fever, pericarditis and infective endocarditis
		Describe what is meant by a TORCH screen
		Demonstrate an understanding of placental transmission of various viral illnesses
		Identify the effects of maternal contraction of viral illnesses on the unborn child
		Describe and define Down's syndrome and how genetic counseling may be beneficial
Common Problems/Disorders <b>Upper Respiratory</b>	Demonstrate an understanding of common problems/disorders encountered in Pediatric Medicine	List various factors that are often present in pediatric upper respiratory infections such as fever, meningismus, anorexia, vomiting, diarrhea and abdominal pain.
		Describe those factors that contribute to the etiology and pathogenesis of upper respiratory tract diseases
		Identify and distinguish between viral and bacterial tonsillitis/pharyngitis as well as describing the medical management appropriate to each of these
		Describe the clinical manifestations, diagnostic criteria and treatment of acute Otitis media and serous Otitis media
		Be familiar with the indications for surgery for recurrent or chronic otitis media

		Describe the clinical manifestations, diagnosis and treatment of acute mastoiditis
		Describe the clinical manifestations, diagnostic criteria and treatment of acute sinusitis
		Identify the clinical indications for adenoidectomy and tonsillectomy
		Describe the clinical manifestations, diagnostic criteria and treatment of each of the following disorders: - Laryngeal stridor - Spasmodic croup - Acute epiglottitis - Acute laryngotracheal inflammation - Infectious mononucleosis - streptococcal pharyngitis
Common Problems/Disorders <b>Allergy</b>	Demonstrate an understanding of common problems/disorders encountered in Family Medicine	Describe and discuss the major components of host defense – a. Anatomic /mucociliary barriers b. B-cell compartment c. T-cell compartment d. Phagocytic compartment e. Complement system
		Describe the mechanism of Type I hypersensitivity reactions (IgE mediated)
		Describe the mechanism of Type II hypersensitivity reactions (IgG or IgM mediated)
		Describe the mechanism of Type II hypersensitivity reactions (IgG or IgM mediated)
		Describe the mechanisms of Type IV, delayed hypersensitivity reactions
		Describe the etiology, diagnostic criteria and approach to management of atopic dermatitis
		Describe and discuss the pathophysiology, diagnostic criteria, differential diagnosis, and approaches to

		treatment including acute, chronic and emergency treatment for asthma
		Describe the pathogenesis, clinical manifestations, diagnostic criteria, and approaches to treatment for allergic rhinitis
		Describe the pathogenesis, clinical manifestations, diagnostic criteria, and approaches to treatment for food allergies and intolerances
		Describe the pathogenesis, clinical manifestations, diagnostic criteria, and approaches to treatment for anaphylaxis
		Describe the pathogenesis, clinical manifestations, diagnostic criteria, and approaches to treatment for penicillin hypersensitivity
		Describe the pathogenesis, clinical manifestations, diagnostic criteria, and approaches to treatment for insect hypersensitivity
		Describe the pathogenesis, clinical manifestations, diagnostic criteria, and approaches to treatment for urticaria and angioedema
Common Problems/Disorders <b>Lower Respiratory Infections</b>	Demonstrate an understanding of common problems/disorders encountered in Pediatric Medicine	Describe the basic principles of ventilation, pulmonary blood perfusion, pulmonary gas exchange and gas transport
		Describe the etiology and pathogenesis of the following infectious agents: <ul style="list-style-type: none"> <li>-Coxsackie, Group A, viruses</li> <li>-Adenoviruses</li> <li>-Herpes virus</li> <li>-Group A Beta Hemolytic – Streptococcus</li> <li>-Hemophilus influenzae</li> <li>-Streptococcus</li> <li>-Staphylococcus aureus</li> <li>-Respiratory syncytial virus (RSV)</li> </ul>

		List general measures for the treatment of bacteria and non-bacterial respiratory infections
		Describe the common causes of acute respiratory failure and the basic treatment strategies that should be employed in these situations Describe the signs, symptoms, diagnosis and treatment of the following: <ul style="list-style-type: none"> <li>-Pleural effusions</li> <li>-Empyema</li> <li>-Pneumothorax</li> <li>-Bronchiectasis</li> <li>-Asthmatic Bronchitis</li> </ul>
		Describe the incidence etiology, clinical manifestations, diagnoses, treatment and prognosis for: <ul style="list-style-type: none"> <li>-Spasmodic croup</li> <li>-laryngotracheal bronchitis</li> <li>-Tracheitis</li> <li>-Bronchiolitis</li> <li>-Foreign body aspiration</li> <li>-Asthma</li> <li>-Cystic fibrosis</li> </ul>
Common Problems/Disorders <b>Gastrointestinal and hydration</b>	Demonstrate an understanding of common problems/disorders encountered in Pediatric Medicine	Relate body fluid disturbances to a working knowledge of the various solvents, solutes and solutions as they relate to various osmotic pressures and diffusion gradients across cellular layers
		Describe the normal electrolyte composition of intracellular and extracellular fluids found in the human body
		Identify, define and describe isotonic, hypertonic, and hypotonic dehydration
		Describe and define the terms: metabolic acidosis, respiratory alkalosis, metabolic alkalosis and respiratory acidosis
		List and identify the common causes of dehydration and disturbances in acid base balance



		List and correlate the clinical signs and symptoms of dehydration and disturbances in acid base balance with appropriate diagnostic possibilities
		Describe the basic tenants of parenteral fluid therapy to correct fluid and electrolyte deficits in various age and size groupings in children
		Become familiar with the composition of a few common hydrating solutions used for initial and maintenance replacement therapy
		List and describe pediatric disorders of the alimentary tract and appropriate diagnosis and treatment
		Form an appropriate differential diagnosis of diarrhea and the various etiologies and treatments of those disorders
		Distinguish maldigestive syndromes from malabsorption syndrome
		Describe appropriate diagnosis and treatment of inflammatory bowel diseases, ie. Crohn's, ulcerative colitis
		Compare, contrast and describe appropriate diagnosis and treatment of Hepatitis A, Hepatitis B. and Non-A and Non-B Hepatitis
		Describe the clinical stages of Reye's Syndrome, and its clinical presentation, prognosis and treatment
		Be familiar with the signs and symptoms, diagnosis and treatment of lactose intolerance, celiac sprue, etc
Common Problems/Disorders <b>Dermatology</b>	Demonstrate an understanding of common problems/disorders encountered in Pediatric Medicine	Describe the dermatologic manifestations these infections: -Rubella -Rubeola -Varicella -Exanthem subitum -Erythema infectiosum -Endemic parotitis -Scarlet Fever -Small Pox -Pneumococcal

		-Meningococcal
		Be familiar with the basic dermatologic diagnoses and the syndrome they may be associated with; i.e., birthmarks, port-wine stain, nevi, dermatitis
Common Problems/Disorders <b>Psychology</b>	Demonstrate an understanding of common problems/disorders encountered in Pediatric Medicine	Describe the factors in assessing school readiness
		Describe the factors associated with school phobia
		Describe the factors often associated with enuresis and treatment
		Describe the etiology, diagnosis and approach to treatment of children with attention deficit disorder
		Describe the role of the clinician in dealing with psychosocial issues involving school and in working with school officials and parents
		Describe approaches to the following common issues of adolescent health: Self image Sexual awakening Sexual behaviors Contraception Anxiety/depression Drug or alcohol use Suicide Cigarette smoking Bullying Obesity Teen pregnancy Eating disorders
Common Problems/Disorders <b>Ortho/Seizure/Rheum/Oncology</b>	Demonstrate an understanding of common problems/disorders encountered in Pediatric Medicine	Describe signs & symptoms of each classification of seizures
		Describe diagnostic-testing to confirm seizure disorders
		Describe the approaches to therapy for each classification of seizure
		Be familiar with the neurological examination of the pediatric patient

		Be familiar with head trauma sequella
		Be familiar with the various causes, types and treatment of headaches
		Be familiar with gait abnormalities or disturbances
		Be familiar with hip developmental problems
		Be familiar with the most common knee, feet and leg abnormalities
		Be familiar with the most common spinal alignment problems
		Be familiar with the causes of JRA assessment, manifestation and treatment
		Be familiar with the autoimmune diseases, dermatomyositis and scleroderma
		Be familiar with the clinical manifestations of Kawasaki disease
		Describe and be familiar with the cancers that are seen predominately in children – leukemia, lymphoma, brain and bone tumors, etc
		Describe the clinical manifestations of the most common lymphomas, anemias, hemophilia, etc. common to children
		Be familiar with the primary detection methods and treatment
Differential Diagnosis	Demonstrate an ability to develop a differential diagnosis	
Pharmacologic Agents	Demonstrate knowledge of pharmacologic treatment options	List the different classes of medications used for family medicine and how they are used
		Know the side effects, contraindications, monitoring, drug interactions and uses of different medications within the following categories: ( <i>analgesics, antacids, anxiolytics, antimicrobials, antiinflammatory drugs, antihypertensives, antidepressants, antiarrhythmics, bronchodilators, hypoglycemic, hypoallergenic</i> )

Non-Pharmacologic Agents	Demonstrate knowledge of non-pharmacologic treatment options	List any non-pharmacologic treatment options
Development	Demonstrate knowledge of normal Development	
Immunizations	Demonstrate knowledge of appropriate immunizations	Select the appropriate immunizations for a given patient based on age and other risk factors
COMPETENCY: Interpersonal & Communication Skills		
TOPIC	Learning Outcome	Instructional Objective
Oral Communication	Demonstrate ability of oral communication	Be able to present a patient to a preceptor in a case presentation fashion
		Be able to discuss the patient with preceptor
Rapport	Demonstrate ability to establish rapport with patients/families	
Rapport	Demonstrate ability to establish rapport with medical staff	
Working Collaboratively	Demonstrate ability to work collaboratively in an interprofessional patient-centered team	
Written Communication	Demonstrate ability to document pertinent information	List the appropriate components of <i>an HPI</i>
		List the appropriate components of <i>FSMH</i>
		List the appropriate components of <i>a physical exam</i>
		Be able to appropriately list the <i>diagnosis</i> in order
		Be able to write an appropriate <i>assessment and plan</i>
COMPETENCY: Patient Care		
TOPIC	Learning Outcome	Instructional Objective
History	Demonstrate ability to perform a history of present illness	Outline the categories and components of a history
		List the elements of each category
		List the objectives of the periodic health assessment
		Recognize conditions that require immediate support and/or life saving interventions
Physical Examination	Demonstrate ability to perform an appropriate physical examination	List components of the physical examination
		Prioritize the examination of an emergent problem

		Define and describe physical maturation and the use of Tanner stages
		Be familiar with performing sports screening physical exams and abnormal physical exam or history questions
Diagnostic Labs and Imaging	Demonstrate ability to order and interpret diagnostic labs and imaging	List appropriate imaging studies and when they would be used ( <i>ex. X-rays, IVPs, CTs, MRIs, Echocardiogram, EKGs, pulmonary function tests</i> )
		List appropriate labs and when they would be used ( <i>CBC, UA, Glucose, Hgb A1c, BUN/Cr, Electrolytes, LFTs, Lipid Panel, Thyroid function tests, PFTs</i> )
Differential Diagnosis	Demonstrate ability to develop a differential diagnosis	
Management	Demonstrate ability to develop a management plan	
Skills	Demonstrate the following clinical skills	Blood sample collection
		Initiating IV therapy
		Suturing minor lacerations
		Wound cleansing and dressing
		Audiometry
		Basic EKG interpretation
		Injections – IM, IV, SQ (Immunizations)
		Urinalysis collection
		PAP smears
		Stool for occult blood
		Joint/limb immobilization
		Vaginal KOH and wet mount
		Throat culture
		Foreign body removal
		Pneumatic tympanic membrane testing
		Allergy testing
Education	Demonstrate ability to counsel patients in their management plan	
	Demonstrate ability to counsel patients in health promotion and disease prevention	List any health promotion education for patients
		List any preventative measures and screening tests/tools to prevent common diseases/disorders in family medicine

		<i>(routine immunizations, routine screening exams, injury prevention, tobacco and substance abuse cessation, STIs, Stress, exercise, lifestyle, hypertension, cancer, oral hygiene)</i>
		Ability to educate children, adolescents and parents about: Compliance with therapies, normal growth and development, g=family planning, nutrition and exercise,
		Compare and contrast primary, secondary, and tertiary prevention
		Discuss the principles of anticipatory guidance.
<b>COMPETENCY: Professionalism</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Ethical Behavior	Demonstrate professional and ethical behavior at all times	Compare and contrast ethics, morality and legality
		Discuss principles of medical ethics
Reliability	Demonstrate reliability to complete all assigned duties	Demonstrate punctuality in daily duties
		Demonstrate reliability in daily duties
Constructive Criticism	Demonstrate ability to accept constructive criticism	
Compassion and Respect	Demonstrate compassion and respect for patients	Demonstrate culturally competent care
		Demonstrate compassionate care to patients of economically diverse backgrounds
<b>COMPETENCY: Practice Based Learning &amp; Improvement</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Limitations	Ability to demonstrate awareness of limitations	Demonstrate an understanding of professional limitations in pediatric medicine as well as personal limitations due to knowledge level or comfort
Clinical Literature	Ability to demonstrate use of clinical literature	Demonstrate a knowledge of evidence – based practice in the pediatric setting
<b>COMPETENCY: Systems Based Practice</b>		
<b>TOPIC</b>	<b>Learning Outcome</b>	<b>Instructional Objective</b>
Cost and Quality	Demonstrate ability to balance cost and quality care	
Health Disparities	Demonstrate awareness of health disparities	

## Preceptor Evaluation of Students

### Pediatrics

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

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

Dates of Rotation: \_\_\_\_\_

#### Evaluation Instructions

Please evaluate the student within each **Program Competency**

**Inadequate** Students whose performance demonstrates significant deficiencies in any given area

**Competence** Students whose performance is expected for their current level of training with **direct supervision**, average student

**Proficiency** Students whose performance is expected for their current level of training with **indirect supervision**

**Mastery** Students whose performance is at the ability to **teach others**

**N/A – Not Applicable** Students did not perform or were not observed often enough to permit an accurate evaluation

	<b>Inadequate</b>	<b>Competence</b>	<b>Proficiency</b>	<b>Mastery</b>	
	<b>Deficient</b>	<b>With direct supervision</b>	<b>With indirect supervision</b>	<b>Could teach others</b>	
Ability to demonstrate an understanding of common problems/disorders encountered in pediatric medicine <small>*(see learning outcomes for details of problems/disorders)</small>					<b>N/A</b>
Knowledge of well child checks					<b>N/A</b>
Understanding of normal growth and development					<b>N/A</b>
Understanding of normal nutrition					<b>N/A</b>
Development of a differential diagnosis					<b>N/A</b>
Pharmacologic knowledge of treatment options and use					<b>N/A</b>
Non-Pharmacological knowledge of treatment options					<b>N/A</b>
Knowledge of normal development					<b>N/A</b>
Knowledge of appropriate immunizations					<b>N/A</b>
Ability to synthesize knowledge gained					<b>N/A</b>

#### Interpersonal & Communication Skills

	<b>Inadequate</b>	<b>Competence</b>	<b>Proficiency</b>	<b>Mastery</b>	
	<b>Deficient</b>	<b>With direct supervision</b>	<b>With indirect supervision</b>	<b>Could teach others</b>	
Oral communication (case presentations/discussions)					<b>N/A</b>
Ability to establish appropriate rapport with Patients/Families					<b>N/A</b>

Ability to establish appropriate rapport with medical staff					N/A
Ability to document pertinent information (H&P, Assessment and Plan)					N/A
Ability to work collaboratively in an interprofessional patient-centered team					N/A

### Patient Care

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Ability to perform a history of present illness					N/A
Ability to perform an appropriate physical examination					N/A
Ability to order and interpret diagnostic labs and imaging					N/A
Ability to develop a management plan					N/A
Ability to counsel patients on their management plan					N/A
Ability to counsel patients in health promotion and disease prevention					N/A
Ability to recognize emergent problems					N/A
Ability to manage patients with acute problems					N/A
Ability to manage patients with chronic problems					N/A

### Professionalism

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Demonstration of professional and ethical behavior at all times					N/A
Reliable and completes performance of all assigned duties					N/A
Ability to accept constructive criticism					N/A
Demonstration of compassion and respect for patients					N/A
Improvement during the rotation					N/A

### Practice Based Learning & Improvement and Systems Based Practice

	Inadequate	Competence	Proficiency	Mastery	
	Deficient	With direct supervision	With indirect supervision	Could teach others	
Awareness of limitations					N/A
Ability to demonstrate use of clinical literature					N/A
Ability to balance cost and quality care					N/A
Awareness of health disparities					N/A



**Clinical Skills**

	<b>Inadequate</b>	<b>Competence</b>	<b>Proficiency</b>	<b>Mastery</b>	
	<b>Deficient</b>	<b>With direct supervision</b>	<b>With indirect supervision</b>	<b>Could teach others</b>	
Ability with culture collection (throat, wound, blood, etc.)					<b>N/A</b>
Ability to interpret EKGs					<b>N/A</b>
Foreign body removal					<b>N/A</b>
Technical Skills Overall (performance of procedures)					<b>N/A</b>

Comments:

Program Suggestions for improvement:

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

Date: \_\_\_\_\_