



# Weill Cornell Graduate School of Medical Sciences

## **PHYSICIAN ASSISTANT PROGRAM** *A SURGICAL FOCUS*

Master of Science in Health Sciences for Physician Assistants

## **CLINICAL YEAR PRECEPTOR GUIDE**

**2009 - 2010**

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## **PRECEPTOR RESPONSIBILITIES**

The supervising preceptor or designee will:

Maintain medical malpractice insurance for him/herself at all times.

Provide the Program with a current CV and practice description.

Notify the Program if there is a change of preceptor.

Provide a clinical setting with appropriate supervision for the student.

Orient the student to the clinical site.

Provide oral or written specific patient assignments and responsibilities.

Discuss on-call schedules and expectations with the student.

Review the pertinent clinical rotation objectives with the student.

Complete the preceptor evaluation form for the student, as well as the mid-rotation evaluation as needed.

See all patients seen by the student prior to discharge.

Co-sign all chart notes and orders.

Contact the Senior Clinical Coordinator or other faculty member if there is any concern about a student's professional behavior, academic ability or clinical skills as they develop.

## GENERAL GUIDELINES FOR PHYSICIAN ASSISTANT STUDENTS ON CLINICAL ROTATIONS

The following represents the general guidelines and syllabus for the Weill Cornell Graduate School MSHS Physician Assistant students while functioning on the clinical rotations at New York Presbyterian Hospital-Cornell Campus and/or affiliates. **The material outlined in this syllabus is subject to change by the Program; Weill Cornell Graduate School, Weill Cornell Medical College and/or Cornell University.** Students are advised to refer to the *WCGS MSHS Physician Assistant Program Student Handbook* for specific Policies and Procedures with regard to their responsibilities as students in the PA Program.

While functioning on the clinical rotations the Physician Assistant (PA) student will be under the general medical supervision of an attending physician and under the direct supervision of an attending physician, house staff physician or physician assistant assigned by an attending physician. The preceptor will see and examine every patient seen by the PA student. All invasive procedures will be done with the preceptor present. All laboratory, radiological and medical record entries (i.e. notes, orders) will be co-signed by the preceptor prior to their implementation. PA students may not discharge inpatient, outpatient or emergency department patients until the supervising preceptor has seen the patient and discussed plans, instructions and/or follow-up care with the student and patient.

The following identifies the activities that a PA student may in all cases initially observe, secondly assist with and thirdly perform **while under the direct supervision of the physician or physician assistant preceptor.**

1. Provide medical care under the direct supervision and co-signature of a physician or physician assistant preceptor for the following:
  - Perform a detailed and accurate history and physical examination (including rectal and pelvic examinations where appropriate).
  - Initiate laboratory, radiologic and special examination procedures as appropriate for the evaluation of illness.
  - Initiate appropriate treatment based upon the presenting diagnosis.
  - Instruct patients regarding therapy in a comprehensive and thorough fashion.
  - Record appropriate information including admission notes, progress notes, intra-operative notes, post-operative notes and discharge summaries in the medical record.
  - Obtain review and counter-signature of the supervising physician on all medical records.
  - Write admission and/or other orders (including medications) while at New York Presbyterian Hospital-Cornell Campus and/or other affiliates where permitted. Obtain review and counter-signature of the supervising physician.

General Guidelines Continued:

- Perform the following functions in the operating room under the direct supervision of the designated preceptor:
  - Prepare and drape the patient prior to surgery.
  - Serve as an assistant to the surgeon during surgical procedures.
  - Assist in closure of surgical wounds.
  
- 3. Perform the following diagnostic and therapeutic procedures under the direct supervision of the designated preceptor:
  - Evaluate and direct treatment of non-life threatening, well-defined conditions. Initiate the evaluation of less well-defined or emergency conditions.
  - Endotracheal intubation, insertion of an oral airway, suctioning and use of bag-valve-mask ventilation devices and application of oxygen therapy.
  - Venipuncture, arterial puncture, intravenous catheterization with fluid therapy and venous cutdown.
  - Intradermal, subcutaneous and intra-muscular injections and administration of medications in accordance with Nursing guidelines.
  - Cardiopulmonary resuscitation including defibrillation and/or synchronized cardioversion. Perform and interpret electrocardiograms.
  - Fracture immobilization including application and/or removal of plaster casts.
  - Gastrointestinal intubation (nasogastric tube insertion).
  - Urethral catheterization in males and females.
  - Thoracentesis and chest tube insertion for pleural effusion, pneumothorax or as appropriate during the emergency treatment of traumatic injuries.
  - Wound care and suturing techniques.
  - Check and transfuse banked blood products according to Nursing protocol where permitted by institutional guidelines.
  - Lumbar puncture.
  - Paracentesis and peritoneal lavage procedure.
  - Central venous catheter insertion via subclavian, internal jugular and femoral vein approaches.
  - Assist in endoscopic procedures such as sigmoidoscopy.
  
- 4. Further permitted functions of physician assistant students while on clinical rotations as well as specific attitudinal and behavioral objectives may be found in the individual core rotation objectives located at the end of the syllabus and in the rotation objectives given out prior to the start of each elective rotation.

## ROTATION SPECIFICS FOR 2009 - 2010

1. The rotation schedule for the 2009-2010 clinical year includes 15 four-week supervised clinical practice rotations and students are required to do:

10 Core supervised clinical practice rotations:

PAS 7010 and PAS 7020:	four week Internal Medicine Rotation
PAS 7030 and PAS 7040:	four week General Surgery Rotation
PAS 7050:	four week Family Practice Rotation
PAS 7060:	four week Primary Care Rotation
PAS 7070:	four week Pediatric Rotation
PAS 7080:	four week OB/GYN Rotation
PAS 7090:	four week Emergency Medicine Rotation
PAS 7100:	two week rotation in Geriatrics combined with
PAS 7110:	two week rotation in Psychiatry

All core rotations must be done at New York Presbyterian Hospital and/or affiliated sites.

2. The remaining five clinical rotations (PAS 8010 – PAS 8050) are Elective supervised clinical practice rotations.
3. Physician Assistant students are responsible for their own transportation costs to and from all clinical rotation sites.
4. Students must comply with all health requirements of each clinical site. Students must be prepared to provide evidence of compliance directly to the clinical site if requested. Students are advised to work with the Office of Student Health as the PA Program does not have access to student medical records. Students are advised to update all health information with Student Health Services prior to the start of the clinical year.
5. Students must participate in all HIPAA training required by both Weill Cornell Medical College and Graduate School and each clinical site. Students are expected to comply with all HIPAA guidelines. Failure to comply with HIPAA guidelines may result in dismissal from the Program.
6. Students must participate in BCLS, ACLS, Infection Control, Child Abuse Reporting, evaluative examinations, Typhon evaluations, Blackboard Discussion groups and other in-service training as directed by the Senior Clinical Coordinator.
7. Cornell University provides general liability insurance for all students while they are acting with the scope of their duties in an academic program of approved medical instruction.

Coverage afforded by the University's professional liability policy covers students for approved on-site and off-site locations. Off-site (external) locations must be approved by the Senior Clinical Coordinator in conjunction with the University Counsel's office prior to the commencement of the rotation.

Any incident, either actual or alleged should be reported immediately to the PA Program office.

## CLINICAL ROTATION GUIDELINES

1. All clinical rotations are four weeks in length and begin on a Monday unless otherwise indicated. All decisions regarding the assignment of the core and elective clinical rotations are made by the Senior Clinical Coordinator.
2. Attendance on rotations is mandatory. Absences **must be reported verbally** to both the supervising clinical preceptor as well as the Program office by 9:00 am (messages may be left on 646-962-7277). Requests for advance absences must be made in writing (*Absence Request* forms are available on-line or from the Clinical Coordinator) 2 weeks prior and submitted to the Clinical Coordinator for approval. Any time missed on a clinical rotation must be made up per the discretion of the Clinical Coordinator and the supervising clinical preceptor. Failure to notify the Program and/or preceptor of absences or failure to make up the missed days will result in the necessity of repeating two days for each missed day. Time may be made up during vacations or at the end of the clinical year and must be completed before a certificate of completion from the Program is awarded. Students must provide written documentation of the time made up **signed by the preceptor**.

**Students must attend the rotation on the day prior to the End of Rotation meeting. Students who fail to do so will lose five (5) points from their overall grade for the rotation.** If this subsequent loss of points results in a failure of the rotation, the rotation must be made up as outlined below.

**Time off limits:** Students may miss up to ten (10) days due to illness or other emergencies throughout the clinical year; students may also request up to five (5) personal days throughout the year. Students may take no more than two (2) sick or personal days during a single rotation nor miss more than 15 days throughout the entire clinical year.

Students who are out from rotations more than two (2) consecutive days due to illness must submit a medical provider's note stating that they were seen and may return to rotations.

Students who experience a significant illness or injury must report to Student Health for evaluation for medical clearance prior to returning to clinical rotations.

In the event of an extended absence (more than five (5) days missed in any given clinical rotation) the student will be required to repeat the entire rotation at the end of the clinical year. Students who anticipate an extended absence should discuss their situation with the Senior Clinical Coordinator to make appropriate arrangements for making up time missed prior to the absence. Excessive absenteeism and tardiness may be grounds for dismissal from the Program per the *Conduct Policy*.

## Clinical Rotation Guidelines Continued:

3. Physician Assistant students are required to display their ID at all times and identify themselves as PA students. Students are expected to present a neat, clean, professional appearance at all times. Appropriate dress is required during the clinical rotations and rotation meetings as follows:
  - short white jacket (with Red logo)
  - scrubs while on surgical rotations only (please see OR Green Scrub Policy below)
  - man-tailored shirt and tie (men); blouse, tailored shirt or sweater (women)
  - appropriate street clothes (colored or khaki trousers, slacks, knee-length skirts)
  - closed toe shoes, clogs or white leather sneakers with appropriate hosiery; heels < 2 inches
  - denim skirts, jeans, shorts, camisoles, revealing or low cut tops, T-shirts and flip-flops are NOT acceptable attire.
  - Inappropriately dressed students may be sent home from rotations and/or rotation meetings and will lose 5 points from the overall rotation grade for each infraction.
4. "Effective February 10, 1992, the following regulations were issued by the President of New York Presbyterian Hospital regarding New York Presbyterian Hospital Operating Room Greens:
  - The wearing of green scrubs is prohibited in non-patient care areas, including the Medical College library, cafeteria and laboratories.
  - The wearing of green scrubs by all personnel in non-surgical patient care areas or special care areas is prohibited.
  - The wearing of green scrubs outside of the Medical Center or to enter or exit the Medical Center is strictly prohibited.
  - The name and department of personnel/students exiting or entering wearing green scrubs will be obtained by the security staff, and forwarded to the Operating Room Committee for further disciplinary action."
5. Students are required to be available during a given rotation for a minimum of eight hours per day and at least forty hours per week. Students should not leave at the end of the day until released by the preceptor. Students are required to take call twice weekly on all rotations or as specified by the clinical preceptor. Students may be asked to participate in overnight and/or weekend call depending on the clinical site. Students must attend Grand Rounds, patient rounds and case conferences when applicable to maximize learning opportunities.

General Guidelines for Surgical rotations: The culture of surgical education has developed such that very long hours are put in each day by the very dedicated members of a surgical team. While the Program does not provide a strict limitation of hours for students when on rotations, it is suggested that a student work no more than 70 hours per week. However, it is up to the individual student to determine if he/she wishes to spend additional hours on the rotation. This guideline is meant to be beneficial to the student's education as it allows the student to work out his/her individual schedule with the team and allows a student to stay late by personal choice. The Program feels that by imposing a specific work limit, it may impede learning and impose a barrier between the student and the team.

Clinical Rotation Guidelines Continued:

6. Students are required to return to the Program office for one day at the end of each clinical rotation for Rotation Meetings (see schedule). Additional required callback days may be scheduled throughout the clinical year. During this time, students will take a rotation specific examination, participate in Grand Rounds presentations, perform practical examinations and attend lectures. **Attendance at all rotation meetings is mandatory. Failure to comply with this requirement will result in a loss of 5 points from the overall grade for that rotation.** If this subsequent loss of points results in a failure of the rotation, the rotation must be made up as outlined below. Students should expect to spend the full day at the Program for the meetings and no travel plans should be made prior to 7:00 pm on those days.
7. As part of the Master of Science in Health Sciences for Physician Assistant Degree, students will participate in PAS 8000 Research Methodology and Application. This course will take place throughout the clinical year. Students are required to complete all components of PAS 8000 as indicated by the Course Syllabus.
8. In order to facilitate communication, students are required to carry their Program issued pagers at all times during the clinical phase of the PA Program. Written information and e-mail messages to students' Program issued WCMC e-mail accounts (@med.cornell.edu) will also be utilized..
9. In the event that a student experiences any difficulty during a clinical rotation, he/she is advised to contact the PA Program **immediately**. The student may be given suggestions to manage the problem on their own or if necessary, a faculty member will intervene. It is the student's responsibility to notify the Program of the outcome whether or not resolution is achieved between the student and preceptor.
10. All puncture wounds and other exposures to blood and body fluids should be reported immediately to the Student Health Service and the Program Office per the *Physician Assistant Program Student Handbook*. As a brief review:
  - Students are to immediately contact Student Health Services and the Physician Assistant Program office for immediate guidance.
  - Students should inform their supervisor of the event and initiate the exposure protocol as applicable for that site
  - Obtain patient name; fill out any required incident reports, send blood for appropriate work up (choose needlestick protocol on lab sheet if available to expedite process).
  - Students are permitted to immediately leave the rotation site to obtain medical care at either Student Health Services or the NYPH Emergency Department (after hours).
  - Student Health Services will direct the care of the student and follow up of the incident.

## Clinical Rotation Guidelines Continued:

11. "In order to maximize the clinical learning experience and to adhere to the ARC-PA, Inc.'s (Accreditation Review Committee on Education for the Physician Assistant, Inc.) Accreditation Standards for Physician Assistant Education Guidelines, students must not be used to substitute for regular clinical or administrative staff while on clinical rotations nor may they be permitted to accept payment for services rendered in connection with the performance of their clinical rotation duties. Students must notify the Program office immediately should they be put in such a position, or have any questions or other concerns."

In addition, any student considering engaging in gainful employment or already doing so during the clinical rotations must make the Program Director aware of this. The appropriateness of such employment will be reviewed by the Program Director with the student in light of the student's personal academic history.

12. "Due to the nature of the health care profession, it is expected that the students of the Physician Assistant Program will present themselves in a neat and professional manner. It is the responsibility of the student to conduct him/herself in a competent manner as well, and to exhibit a sense of maturity, reliability and good moral character consistent with the integrity of the Weill Cornell Graduate School MSHS Physician Assistant Program.

Conduct, for which students shall be subject to disciplinary action, including dismissal, is as follows:

- Dishonesty such as lying, cheating, plagiarism and falsification of records whether personal or patient related.
  - Obstructing, harassing or interfering with teaching, Program administration or patient care.
  - Unauthorized entry to or use of College or hospital facilities or its affiliates.
  - Theft of or negligent damage to College or hospital property or its affiliates.
  - Use, possession or distribution of controlled substances on campus or in the hospital facility except as permitted by law.
  - Unauthorized use and/or possession of alcoholic beverages in the hospital or College facilities or its affiliates.
  - Disorderly and/or obscene conduct on campus or in the hospital facility or its affiliates.
  - Any direct and/or verbal threat or physical assault directed toward an employee or fellow student of the College/Hospital including administration, faculty, patients, and staff.
  - Excessive absenteeism and/or tardiness from pre-clinical classes, clinical rotations or end of rotation meetings.
  - Failure to comply with directives given by appropriate supervising authority.
  - Inappropriate use of the Weill Cornell seal, logo, name, symbol, or facsimile."
13. Please refer to the *Weill Cornell Graduate School MSHS Physician Assistant Program Student Handbook* for details of the guidelines and policies regarding professional expectations and terms of successful completion of the clinical year.

**TENTATIVE CLINICAL SCHEDULE  
CLASS OF 2010**

**Orientation to the Clinical Year: Monday, July 27 – Friday, July 31, 2009**

ROTATION #1      August 3 – August 28, 2009

End of Rotation Meeting:      Friday, August 28, 2009

ROTATION #2      August 31 – September 25, 2009

*Holiday, Monday, September 7, 2009*

End of Rotation Meeting: Friday, September 25, 2009

ROTATION #3      September 28 – October 23, 2009

End of Rotation Meeting:      Friday, October 23, 2009

ROTATION #4      October 26 – November 20, 2009

End of Rotation Meeting:      Friday, November 20, 2009

ROTATION #5      November 23 – December 18, 2009

*Holiday, Thursday, November 26 and Friday November 27, 2009*

End of Rotation Meeting:      Friday, December 18, 2009

**WINTER BREAK: DECEMBER 21, 2009 – JANUARY 1, 2010**

ROTATION #6      January 4 – January 29, 2010

*Holiday, Monday, January 18, 2010*

End of Rotation Meeting:      Friday, January 29, 2010

ROTATION #7      February 1 – February 26, 2010

*Holiday, Monday, February 15, 2010*

End of Rotation Meeting:      Friday, February 26, 2010

ROTATION #8      March 1 – March 26, 2010

End of Rotation Meeting:      Friday, March 26, 2010

ROTATION #9 March 29 – April 23, 2010

End of Rotation Meeting: Friday, April 23, 2010

ROTATION #10 April 26 – May 21, 2010

End of Rotation Meeting: Friday, May 21, 2010

**SPRING BREAK: MAY 24 – JUNE 4, 2010**

ROTATION #11 June 7 – July 2, 2010

End of Rotation Meeting: Friday, July 2, 2010

ROTATION #12 July 6 (Tuesday) – July 30, 2010

*Holiday, Monday, July 5, 2010*

End of Rotation Meeting: Friday, July 30, 2010

ROTATION #13 August 2 – August 27, 2010

End of Rotation Meeting: Friday, August 27, 2010

ROTATION #14 August 30 – September 24, 2010

*Holiday, Monday, September 6, 2010*

End of Rotation Meeting: Friday, September 24

ROTATION #15 September 27 – October 21, 2010 (Thursday)

End of Rotation Meeting: Thursday, October 21, 2010

**TENTATIVE GRADUATION: October 22, 2010**

**Additional Call back Days will be scheduled as needed throughout the Clinical Year**

**STUDENT HOLIDAY SCHEDULE 2009 – 2010**

Labor Day Holiday	Sept. 7, 2009 (Mon)
Thanksgiving Holiday	Nov. 26 – 27, 2009 (Thurs-Fri)
Winter Break	Dec. 21, 2009 – Jan 1, 2010
Martin Luther King Jr.'s Birthday	Jan. 18, 2010 (Mon)
President's Day	Feb. 15, 2010 (Mon)
Spring Break	May 24 – June 4, 2010
Independence Day Observed	July 5, 2009 (Mon)
Labor Day Holiday	Sept. 6, 2010 (Mon)



Students will be provided with a blank preceptor evaluation on the first day of the rotation. Evaluation forms must be returned to the Senior Clinical Coordinator at the end of each rotation. The following represents the areas in which the student will be evaluated. If necessary, students will be notified by the Senior Clinical Coordinator concerning their evaluations. Any deficiencies will be brought to the attention of the student in an effort to improve the effectiveness of the student's performance. Students will have ample opportunity to review all preceptor evaluation forms following review by the Senior Clinical Coordinator.

**Evaluations will be available in an on-line version if requested by the preceptor**

## PRECEPTOR EVALUATION FORM

PLEASE EVALUATE THIS STUDENT BY CHECKING THE APPROPRIATE OBSERVATIONS:

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY
<b>CLINICAL SKILLS:</b>					
A. Patient History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Written Record (orders, progress notes, discharge summaries, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Oral Presentation/discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Technical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COGNITIVE SKILLS:</b>					
A. Fund of Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Knowledge Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Laboratory/Test Information and Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Patient Management/Treatment Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Patient Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STUDENT'S ATTITUDE/ BEHAVIORAL SKILLS:</b>					
A. Attitude Towards Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Organizational/Time Management Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Accepts Constructive Criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Punctuality/Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b> _____					
_____					
_____					

The following represent the **AVERAGE** levels of performance that each student is expected to achieve during the clinical rotations. Preceptors will be evaluating students based upon these criteria.

<b>CLINICAL SKILLS</b>	Outstanding	Above Average	<b>Average</b>	Below Average	Unsatisfactory
Patient History	Always very thorough and complete, efficient; consistently excellent in organization, respectful of patient during interview	Always very thorough and complete; elicits important data	<b>History is generally complete, interview technique is good; symptoms are generally all elicited; organization is usually logical</b>	Deficiencies in elicitation of symptoms are evident; important information is often not included or irrelevant information is included	Generally incomplete; frequently disorganized; does not focus on patient's problems at all; information is usually missing
Physical Examination	Always complete; consistently accurate; all findings including subtle ones are elicited; appropriately sequenced	Complete, accurate; all findings elicited including most subtle ones	<b>Generally thorough examinations performed; minor omissions; all major findings elicited; patient's comfort and modesty is maintained</b>	Tendency to do superficial exams; lapses in sequence are frequent; some major findings missed	Usually incomplete; superficial; cursory or inaccurate; major findings are frequently missed
Written Record	Outstanding in every respect; always clear, superior logic in organization	Very thorough; usually clear	<b>Thorough, neatly presented; usually well organized</b>	Generally thorough but some pertinent points are often omitted; excessive use of abbreviations	Generally incomplete, sloppy presentation, major omissions are frequent; disorganized
Oral presentation/discussion	Outstanding; always clear, concise and precise; superior organization; all pertinent facts and relevant negatives included; shortens presentation when appropriate	Usually very clear; well organized presentations; most pertinent facts usually presented; well constructed differential and evaluation plan are always included	<b>Presentations are clear and complete; usually includes a clear differential diagnosis and evaluation plan</b>	Organization is sometimes poor; some key facts are often omitted; incomplete differential diagnosis and/or plan; verbose	Generally poorly organized; multiple key facts omitted; consistent inattention to detail; completely unable to express thoughts clearly; unable to answer questions
Technical Skills	Superb technical skills; outstanding technical ability; organized before beginning procedure	Very good technical skills; always pays attention to patient comfort	<b>Proficient; exhibits appropriate care; minimizes patient discomfort</b>	Minor deficiencies in technical skills noted; occasionally disorganized	Generally careless; frequent disregard for patient comfort; disorganized

COGNITIVE SKILLS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATISFACTORY
Fund of Knowledge	Outstanding knowledge of disease; pathophysiology, diagnosis and treatment; always accurate, exceptional understanding; very current	Displays above average knowledge, very good grasp of the discipline	<b>Solid fund of knowledge; generally shows expected knowledge base; equal to the "average" PA student</b>	Displays a minimal level of knowledge; inaccuracies in knowledge base are evident;	Generally inaccurate; knowledge of disease, pathophysiology, diagnosis and treatment is very limited; serious knowledge gaps are evident
Knowledge Application	Integration of clinical presentation with understanding of disease is always reliable; always easily able to utilize new information	Integration abilities are very good, usually able to utilize new information	<b>History and physical examination are integrated with medical knowledge to arrive at a satisfactory differential diagnosis and plan</b>	Some difficulty in developing differential diagnosis and plan	Consistently unable to develop a differential diagnosis or plan; little improvement in integration skills during rotation
Laboratory/ Test Information and Analysis	Good knowledge of routine and special diagnostic tests; tests ordered clinically appropriate and interpreted correctly	Adequate knowledge of routine and special tests; tests ordered clinically appropriate; results interpreted correctly	<b>Adequate knowledge of routine tests, tests ordered clinically appropriate; usually interprets results correctly</b>	Marginal knowledge of routine tests, has trouble interpreting results	Clearly lacks knowledge of lab values or relationship of tests to clinical picture; orders without regard to cost or yield
Patient Treatment / Management Plans	For routine cases, treatment plans are comprehensive; no changes needed; can suggest alternatives; implements plan promptly and efficiently	Treatment plans are generally well done; require only minor revisions; implements in an organized manner	<b>Treatment plans are acceptable in most cases; may require some revisions; able to implement plan; regular follow up</b>	Plans often inadequate or inappropriate; require major revisions; erratic follow up	Has not mastered concept of treatment plans; does not implement plans with out direct guidance and never follows up
Patient Education	Communicates well with patient about disease and treatment; able to adjust to educational/social level of the patient and checks for patient understanding	Communicates with patient about disease and treatment, usually adjusts to social / educational level of patient; checks for understanding	<b>Often communicates with patient about disease and treatment; usually checks to see if patient understands</b>	Sometimes communicates with patient about disease and treatment, does not adjust to patient's social /educational level; does not check for understanding	Rarely communicates with patient about disease or treatment; does not adjust to educational/social level of patient; never checks for understanding

<b>ATTITUDE / BEHAVIORAL SKILLS</b>	<b>OUTSTANDING</b>	<b>ABOVE AVERAGE</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>	<b>UNSATISFACTORY</b>
Attitude towards Learning	Demonstrates independent learning, excellent insightful questions, pursues work productively and assertively; enthusiastic	Shows initiative and takes responsibility for extra work; asks many good questions; some independent learning	<b>Cooperative, strives to maintain responsibility and workload appropriate for ability; demonstrates reading based on assigned patients</b>	Generally passive or indifferent, must be reminded, is inefficient, does outside reading if prompted	Apathetic, actively exhibits disinterest or denies responsibility; shows no evidence of outside reading during rotation
Organizational Skills	Functions efficiently with minimal direction	Functions efficiently; promptly performs duties	<b>Strives to function efficiently; responds well to direction and advice on organizing work; productive</b>	Occasionally inefficient use of time; occasionally needs directions	Ineffective use of time; has trouble meeting commitments; constantly in need of direction
Interpersonal Skills	Works well with others, respects others' opinions, consistently exhibits outstanding rapport with patients and families	Sensitive to concerns of other health care professionals, consistently and easily establishes trust with patients	<b>Gets along well with most people; demonstrates appropriate interaction with patients</b>	Does not always work well with team, communication with patients is not always smooth, sometimes has difficulty establishing effective relationship with patient	Often creates friction; disrespectful; unprofessional; consistently fails to communicate with patients
Accepts Constructive Criticism	Seeks input on performance; respectful of other's criticism and responds to improve self; consistently knows limits	Knows limits and seeks guidance before proceeding; responds to criticism positively	<b>Knows limits; seeks guidance before proceeding; responds to criticism; may need occasionally guidance</b>	Occasionally fails to recognize limits; occasionally defensive when criticized	Consistently fails to recognize limitations; overestimates abilities and does not seek guidance or cooperate; defiant when criticized
Punctuality/ Availability	Always responsible and reliable; consistently seeks more work and often stays to help team until complete	Responsible and reliable; stays late when appropriate; seeks additional work	<b>Punctual, dependable; completes assigned tasks and stays until work is complete</b>	Sometimes late; may need to be reminded to complete work prior to leaving	Frequently late, unreliable; leaves without completing assigned tasks

At the completion of each rotation, students are given the opportunity to evaluate the rotation. All comments and suggestions are taken seriously. Students are expected to submit evaluations on-line via Typhon as directed by the Senior Clinical Coordinator.

**STUDENT EVALUATION OF ROTATION FORM**

Please rate your experiences during this rotation in the following areas:

	EXCELLENT	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR
<b>EDUCATIONAL VALUE</b>					
Overall level of teaching					
Correlation of objectives					
Variety of patient conditions					
Case presentations					
Access to conferences					
Access to medical literature					
<b>CLINICAL VALUE</b>					
Hands-on patient care					
Availability of procedures					
Ability to write notes/orders					
Level of responsibility					
<b>PRECEPTOR/STAFF</b>					
Acceptance as member of the "team"					
Relationships with preceptors/supervisors					
Relationships with team members					
Relationships with support staff					
Professional identity as a PA student					
Preceptor supervision					
<b>OTHER</b>					
Orientation Procedure					
Met your expected needs					
Overall Rating for the Rotation					

Please use this space for additional comments about this rotation: \_\_\_\_\_  
 \_\_\_\_\_  
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**Feedback will be shared with the preceptors throughout the year.  
 Preceptors should also feel free to request feedback as needed throughout the year.**