



# Weill Cornell Graduate School of Medical Sciences

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

Master of Science in Health Sciences for Physician Assistants

## **CLINICAL YEAR GUIDELINES & SYLLABUS**

**2009 - 2010**

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## **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.

## 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. **There will be no changes in the clinical rotation schedule unless approved 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. Therefore students are advised to check both their Program mailboxes and e-mail accounts on a daily basis. Lost or stolen pagers will necessitate that students pay a \$150 replacement fee.
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.

## ROTATION SPECIFICS FOR 2009 - 2010

1. The rotation schedule for the 2009-2010 clinical year includes 15 four-week clinical 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:	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.

Students may do a maximum of one clinical rotation outside of the sites affiliated with New York Presbyterian Hospital. The opportunity to do external clinical rotations is contingent upon approval from the Senior Clinical Coordinator and the University Counsel's office. Students wishing to do an external elective clinical rotation must request the application package from the Senior Clinical Coordinator. In order to expedite the process, students are strongly encouraged to consider sites used by students in the past years (a list of which is available from the Senior Clinical Coordinator). Applications will be reviewed for approval once all components of the application are submitted. All requests and necessary paperwork for external rotations must be submitted to the Senior Clinical Coordinator no less than six months prior to the start of the requested rotation date.

Only students who are in good academic standing will be permitted to do external rotations. Students are advised that most external sites will require a background check. Students are responsible for this cost as well as all costs incurred in the course of arranging and participating in External rotations.

3. The opportunity to do International elective rotations is contingent upon approval from the Senior Clinical Coordinator and the University Counsel's office. Only students who are in good academic standing will be permitted to do international rotations. Students may be required to obtain appropriate immunizations, submit additional paperwork and proof of separate "SOS" insurance prior to the start of such rotations. Students are responsible for all costs incurred in the course of arranging and participating in International rotations.
4. Physician Assistant students are responsible for their own transportation costs to and from all clinical rotation sites.

Rotation Specifics Continued:

5. 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.
6. 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.
7. 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.
8. 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.

Any student wishing to purchase additional malpractice coverage should review the policy with the Senior Clinical Coordinator.

### **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)

**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

Tentative Clinical Scheduled Continued:

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**

## GRADING

The grading for all clinical rotations will be as follows:

1. "Successful completion of ALL rotations is necessary for graduation from the Physician Assistant Program. A failing grade in a rotation will require that the student successfully repeat ALL components of that rotation. Failure of more than one core rotation, one core rotation and one elective rotation or two elective rotations will result in academic dismissal from the Program. A student may not fail and repeat more than a total of two rotations during the clinical phase. The decision as to whether the student is permitted to continue in the Program rests solely with the Committee on Promotion and Graduation."
2. Successful completion of EACH clinical rotation is contingent upon achieving an overall passing grade of 70 and successful completion of each of the individual components of the rotation as outlined below. Should a student receive a failing grade for a given rotation, he/she must successfully repeat ALL components of that rotation after the completion of the clinical year. Students will be notified in writing and be asked to speak with the Senior Clinical Coordinator. All cases of rotation failure will be brought before the Program Director and the Committee on Promotion and Graduation per the *Student Handbook*.
3. The preceptor evaluation will account for 50% of the overall grade for the clinical rotation.
  - Students will be provided with blank preceptor evaluations to give to the assigned preceptor(s) during the rotation.
  - Completed evaluations are to be returned to the Senior Clinical Coordinator in a sealed and signed (by the preceptor) envelope at the end of the rotation meeting.
  - In the event that more than one preceptor evaluation is submitted per a given rotation, the scores will be averaged together.
  - Students who are permanently dismissed from a rotation will receive a grade of zero (0) for the preceptor evaluation.
  - Students must obtain a passing score of 70 on the preceptor evaluation in order to pass the rotation.
  - Failure to achieve a passing score on the preceptor evaluation will result in a failing grade for the rotation and will necessitate that the student repeats the entire rotation after the completion of the clinical year.
4. Rotation specific exams / clinical topic papers will account for 35% of the overall grade for the clinical rotation.
  - All exams are competency-based and follow the provided objectives.
  - There is a mandatory pass rate of 70%.
  - Failure to achieve a passing score will necessitate that the student remediates the failed exam material and achieve a passing score in order to pass the rotation. Failure to successfully remediate the examination will result in a failing grade for the rotation and will necessitate that the student repeats the entire rotation after the completion of the clinical year.
  - Remediation of a failed exam must be completed within one calendar week of the failed exam. Instructions for remediation will be given at the time a student is notified of the failing grade.
  - Successful remediation of a failed examination will result in a grade of 70 for the examination and an overall grade of PASS for that given clinical rotation provided the student has successfully completed the remaining requirements for the rotation.

Grading continued:

- Persistent poor performance on the end of rotation examinations will be tracked by the Senior Clinical Coordinator and students will be advised as to how they might improve their clinical performance. Students who fail three end of rotation examinations will be required to participate in mandatory tutoring sessions.

In the event that a clinical topic paper is indicated in place of the end of rotation examination, it will account for 35% of the overall clinical rotation grade.

- The specific guidelines for the clinical topic papers are outlined below.
- Papers are to be submitted at the time the end of rotation examinations are given.
- Late papers will result in a loss of 5 points from the final grade of the paper for each day late.
- Any student who fails to achieve a score of 70 or above on the clinical topic paper will be required to submit a revised paper. Failure to achieve a score of 70 or above on the revised clinical topic paper will result in a failing grade for the rotation and will necessitate that the student repeats the entire rotation after the completion of the clinical year.
- Successful revision of a failing paper will result in a grade of 70 for the paper and an overall grade of PASS for that given clinical rotation provided the student has successfully completed the remaining requirements for the rotation.

5. Submission of one written H and P will account for 5% of the overall grade for the clinical rotation.
  - The specific guidelines for the H and P are outlined below.
  - Failure to turn in the H and P at the end of rotation meeting will result in a grade of zero (0).
  - No late H and P's will be accepted.
  - No H and P's with the patient ID intact will be accepted.
6. Proper documentation of patient encounters and procedures via the Typhon PA Student Tracking system will account for 5% of the overall grade for the clinical rotation.
  - The specific guidelines for minimum reporting standards for each rotation are outlined below.
7. Site visits during the rotation will account for the final 5% of the overall grade for the clinical rotation.
  - The specific guidelines for the site visits are outlined below. The submission of 5 drug cards during core rotations will account for a portion of this grade.
  - In the event that a student is assigned a Grand Rounds presentation, the grade for the presentation will replace the grade for the site visit and will account for 5% of the overall grade for the rotation during which the topic is presented.
  - The Clinical Coordinator or designated faculty may make site visits during each rotation.
  - Students on rotations at remote or elective sites may receive a phone call from the Clinical Coordinator during the rotation in lieu of an on-site meeting.
  - In the event that no site visit takes place, the student may be asked to present the required information to the Clinical Coordinator at the end of rotation meeting.
  - Failure to be prepared for the site visit per the guidelines below or to participate at the site visit when assigned will result in a grade of zero (0).

Grading continued:

8. Any student that loses points during a clinical rotation or rotation meeting due to unexcused absences, missed assignments or dress code violations, which results in a subsequent grade of less than seventy (70), will fail the rotation. This failure to achieve a passing score will result in a failing grade for the rotation and will necessitate that the student repeats the entire rotation after the completion of the clinical year.

9. In addition to periodic faculty advisory / student self-evaluations, an End of Program Summative Evaluation will be required. Components of this evaluation include, but are not limited to:

A written examination:

- The content of the exam will reflect the objectives of the core rotations as well as the basic medical sciences.

A practical examination:

- One of the two practical examinations outlined below will be included as a portion of the summative evaluation.

A behavioral review:

- This review will be conducted utilizing tools that may include, but are not limited to: a preceptor evaluation, a standardized patient evaluation, a faculty-witnessed H&P on a patient, an evaluation of professionalism and a student self-assessment.

## MID ROTATION SITE VISITS

The Clinical Coordinator will be in communication throughout the clinical year with students via e-mail and/or telephone and/or text messages to monitor their progress and clinical experiences. The Clinical Coordinator will also use these methods of communication to identify and address any issues that may arise.

In addition to the above methods of communication, the Clinical Coordinator or designated faculty will make site visits as needed throughout the clinical year. **Physical site visits may be scheduled or unannounced.** In the event that the student cannot be located, he/she will be considered absent and in violation of the Attendance Policy (see above). At the site visit the student must be prepared to:

1. Present a full patient case including history, physical, assessment, work-up, plan and hospital course to date. All aspects of the history must be included: cc, HPI, PMH, allergies, FH, SOC HX, and ROS.
  - A complete physical exam should also be included. Pertinent positive and negative findings are expected. Physical signs relating to the illness should be included, i.e. when trying to diagnose appendicitis, what was the psoas sign?
  - A complete differential diagnosis is expected. There should be least three different possibilities discussed. The student must be able to explain how each relates to the particular case.
  - Discuss what lab tests were ordered on the patient. Each student must be able to explain why each test was ordered and be able to interpret all test results.
  - The student must explain the final diagnosis that was given to the patient. What factors pointed to that particular diagnosis?
  - What is the treatment? Students must give alternative treatments when applicable. Students must be prepared to discuss the pros and cons of the treatments and possible side effects.
  - What is the patient's prognosis?
  - The student is expected to discuss the patient and entertain questions from the site visitor and the other students present at the meeting.
  - Please do not use the patient's real name; however all cases must be real.
2. Present five (5) drug cards during the core rotations:
  - The drug cards will account for half of the site visit grade (5% of the overall grade) during core rotations. Students are to submit their drug cards at the End of Rotation meeting.
  - These cards should contain drug information on drugs pertinent to the current rotation.
  - Each drug card must be on a different class of medication.
  - Each card should contain the drug name, trade names, indications, common adverse reactions, mechanism of action and dosages.
  - Student must be able to discuss each card in detail with the site visitor.
3. Discuss the procedures he or she has done in detail.
4. Demonstrate a working knowledge of all the patients on the service as well as an in-depth knowledge of the patients assigned directly to them.
5. Provide the site visitor with a copy of the completed mid-rotation evaluation.
6. Additional topics may be assigned at the beginning of each rotation for discussion.
7. Site visitors may elect to do a chart review with the student.
8. Site visitors may elect to observe the student performing a history and physical on a patient.

In the event that no physical site visit takes place, students may be asked to present this information to the Clinical Coordinator at the end of rotation meeting.

Mid Rotation Site Visits continued:

All students will be given a mid-rotation evaluation form prior to the start of each rotation. Students are encouraged to meet with their designated preceptor mid way through the rotation so that if any problems exist, they may be identified and rectified. The Clinical Coordinator will review these forms during the site visit. In the event that a student is noted to have difficulty during the clinical year, the Clinical Coordinator may REQUIRE submission of mid-rotation evaluations.

**MID ROTATION EVALUATION FORM**

NAME: \_\_\_\_\_

PRECEPTOR: \_\_\_\_\_

ROTATION SITE: \_\_\_\_\_

DATE DISCUSSED: \_\_\_\_\_

Using the scale below, please evaluate the student in each category. Please feel free to discuss this form with the student and make suggestions.

OUTSTANDING    ABOVE AVERAGE    AVERAGE    BELOW AVERAGE    SATISFACTORY  
5                                    4                                    3                                    2                                    1

A. PATIENT HISTORY & PHYSICAL EXAMINATION

B. WRITTEN RECORD

C. PRESENTATION SKILLS

D. TECHNICAL SKILLS

E. FUND OF KNOWLEDGE

F. KNOWLEDGE APPLICATION

G. STUDENT'S ATTITUDE

H. INTERPERSONAL SKILLS

I. PROFESSIONAL BEHAVIOR

J. ATTENDANCE

SAMPLE

COMMENTS:

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.

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

COMMENTS: \_\_\_\_\_  
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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

## END OF ROTATION MEETINGS

Students will return to the Program Office for rotation meetings on the last day of every clinical rotation unless otherwise specified in the Clinical Schedule or by the Senior Clinical Coordinator. Additional required callback days may be scheduled throughout the clinical year. Students are expected to remain at the Program for the entire day and no travel plans should be made prior to 7:00 pm on those days.

### 1. Rotation Specific Exams

- Students will take a rotation specific exam with 40-60 multiple choice questions at the end of rotation meeting that accounts for 35% of the overall rotation grade.
- Examinations are based on the clinical rotation objectives provided. While it is assumed that most if not all, material in the learning objectives will be seen by the student during the rotation, this cannot be guaranteed and students are responsible for all material in the learning objectives.
- All core and elective rotations will culminate in a written exam. Doing a second rotation in an elective area or a third rotation in Internal Medicine or General Surgery may culminate in a clinical topic paper, which will be due upon completion of the rotation. At the discretion of the Senior Clinical Coordinator, a student may be required to write a research paper during very specialized elective rotations.
- Any student who fails to achieve a score of 70 or above on the end of rotation exam will be required to remediate the exam per the grading guidelines outlined above.

### 2. Clinical Topic Papers

- Students participating in elective rotations per the above guidelines will submit to the Senior Clinical Coordinator a clinical topic paper based on a topic pertinent to the elective clinical rotation at the end of rotation meeting.
- Topics must be discussed with the Senior Clinical Coordinator midway through the rotation.
- The requirements are as follows:
  - a. Papers must be typed, double-spaced with proper references and citations per the AMA format.
  - b. The minimum length is four double spaced pages with one-inch margins and a 12-point font. The bibliography must include a minimum of five current reference sources.
  - c. Papers will be graded on the basis of content, clarity and the proper use of basic grammar, syntax and spelling skills. Equal emphasis will be placed on the utilization of appropriate research sources as well as the incorporation of the topic's relevance to the elective rotation experience.
  - d. Additional information regarding clinical topic papers will be given at the start of the rotation
- Clinical topic papers will account for 35% of the overall grade for the rotation. Late papers will result in a loss of 5 points from the final grade of the paper for each day late.
- Any student who fails to achieve a score of 70 or above on the research paper will be required to submit a revised paper per the grading guidelines outlined above.

End of Rotation meetings continued:

3. History & Physical Case Write ups

- The student must submit a copy of a History and Physical complete with SOAP note done by the student during the clinical rotation to the Clinical Coordinator at the end of rotation meeting.
- The H& P must be hand-written and must include the signature of the student and the co-signature of the clinical preceptor. This may be a copy of a hand-written note in a chart; however no computerized, pre-printed forms or check off sheets will be accepted.
- Out-patient settings will require an appropriate chart note. Brief operative notes are not acceptable.
- **All patient names must be removed from the note prior to submission to ensure confidentiality.**
- The H & P write up will constitute 5% of the overall grade for the clinical rotation.
- No late H & Ps will be accepted. H & P's with the patient name and ID intact will also not be accepted.

4. Typhon PA Student Tracking of Patient Encounters and Procedures

- Documentation of patient encounters and procedures is mandatory and must be submitted via the Typhon PA Student Tracking system during each clinical rotation.
- Students will be instructed on the proper logging of information prior to the start of the clinical rotations. Students may take advantage of Typhon training information available on the website at <http://www.typhongroup.net/cornell/>.
- Submissions must be completed by the end of each rotation.
- Failure to submit the minimum number of encounters by the end of the rotation will result in a loss of 5 points from the overall rotation grade and the grade for that rotation will remain as INCOMPLETE until the information is properly submitted.

5. Grand Rounds Presentations

- Students will prepare one Grand Rounds presentation for presentation at the end of rotation meetings as instructed by the Clinical Coordinator. Assignments will be made at the beginning of the clinical year. Topics must be approved by the Clinical Coordinator.
- Topic presentations will account for 5% of the overall grade of the clinical rotation during which the topic was presented (this grade replaces the site visit grade). Grand Rounds presentations should be one hour in length.
- Students will present topics for presentation and discussion to the entire class. Topics may be selected from the list available from the Clinical Coordinator. Topics will reflect the NCCPA blueprint topics for the PANCE available at [www.nccpa.net](http://www.nccpa.net).
- Students must include the following information during the presentation: brief clinical case, clinical features, epidemiology and risk factors, differential diagnosis and medical and surgical treatment options.
- Students are required to prepare course objectives, syllabus, content, an evaluation tool and post-presentation questions, all of which must be submitted to the Clinical Coordinator.
- Students should prepare the Grand Rounds as a PowerPoint presentation with input from the Clinical Coordinator.
- Rough draft submission of the presentation must be submitted to the Clinical Coordinator two weeks prior to the date of presentation. The final presentation must be submitted to the Clinical Coordinator one week prior to the date of presentation otherwise points may be deducted from the overall topic presentation grade.

End of Rotation meetings continued:

6. Physical Diagnosis Problems

- Each student will be required to perform 2 directed physicals throughout the clinical year. Assignments will be made during the clinical year. The practical exams will take place at the Clinical Skills Center of the Weill Cornell Medical College and utilized standardized patients.
- **The first practical will take place during the first five clinical rotations.**
- Each student must come prepared to do a complete physical on as standardized patient.
- Phase One:
  - The student will be given a case presentation and must obtain the proper history and physical examination from the standardized patient. The student is expected to summarize his/her findings and thoughts for the standardized patient.
- Phase Two:
  - The student will present the patient to the faculty proctor and include a differential diagnosis of at least three possibilities, work up and management plan.
- Phase Three:
  - The Proctor will then give immediate feedback to the student regarding the overall performance.
- The practical will be graded Pass/Fail. In the event of a Failure, the student will repeat a different practical scenario at a later date.
- **The second practical will take place during the final five clinical rotations**
- **The second practical will constitute a portion of the summative evaluation.**
  - The above steps will remain the same with the following changes/additions:
    - The practical will involve a more involved patient presentation.
    - The standardized patients will be asked to assess the examinees' skills in terms of behavioral and professional attributes that include but are not limited to: interpersonal skills, communication skills, respect and professionalism.
    - The practical will be graded Pass/Fail. In the event of a Failure, the student will repeat a different practical scenario at a later date.

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## GENERAL OBJECTIVES FOR CLINICAL ROTATIONS

Each student is expected to participate in ten core clinical rotations and five elective rotations as outlined in the *Clinical Year Syllabus*. The general purpose of the clinical rotations is to provide the physician assistant student with practical clinical exposure to patients and the healthcare environment. The student will participate as a member of the healthcare team and function under the direct supervision of attending physicians, house staff and physician assistants.

The specific objectives set forth for each core clinical rotation are included. While it is assumed that most, if not all material in the objectives will be seen by the student during the rotation, this cannot be guaranteed and students are responsible for all material in the learning objectives. Students should refer to the *Clinical Year Syllabus* for guidelines regarding the specific clinical rotation requirements and grading policies.

The ten core rotations are as follows: two clinical rotations in General Surgery, two clinical rotations in Internal Medicine, one clinical rotation in Primary Care, one clinical rotation in Family Practice, one clinical rotation in Pediatrics, one clinical rotation in Obstetrics and Gynecology, one clinical rotation in Emergency Medicine and one clinical rotation divided equally between Psychiatry and Geriatrics.

Elective rotations may be done in a variety of surgical and medical subspecialties or in any of the core rotations. Objectives for elective rotations are available on-line on the Blackboard website. It is expected that the student's knowledge will increase in core areas while on elective rotations and the end of rotation examinations will reflect this expected increase (i.e. the Cardiothoracic Surgery EOR exam will contain basic Cardiology questions). Students are advised to speak to the Senior Clinical Coordinator if they have questions regarding the objectives.

While on clinical rotations, students are expected to participate fully as a member of the team, as such they will see patients and perform procedures. The Program utilizes the web-based Typhon PA Student Tracking (PAST) System to monitor student experiences. The following reflects the minimum patient encounters students are expected to log during each rotation and the minimum number of procedures students are expected to log during the entire clinical year. Students are reminded that these are the minimum numbers of patient encounters and procedures that should be performed by a PA student prior to beginning professional practice to ensure a minimum level of competency. Additional patient encounters and procedures will only enhance the student's competency and level of confidence and opportunities to gain these experiences should be sought. Students are advised to not limit themselves to the minimum numbers shown here.

**The Program reserves the right to update the objectives as needed.** Students will be notified of all changes and will be given updated objectives when appropriate.

## MINIMUM TYPHON PAST LOGGING REQUIREMENTS

### Patient Encounters (per rotation type)

Emergency Medicine	30
Family Practice	30
General Surgery	30
Geriatrics	10
Gynecology / Oncology	30
Internal Medicine	30
Pediatrics	30
Primary Care	30
Psychiatry	10

Elective Rotations                    15 for each rotation

### Procedures (per clinical year) to be logged under Competencies

Phlebotomy:	100
IV Access:	50
Wound Care:	20
Suturing:	50
Arterial Blood Gas:	5
Splinting Upper Extremity:	20
Splinting Lower Extremity:	20
Injection: Intramuscular:	20
Injection: Intradermal:	10
Injection: Subcutaneous:	5
Suture/Staple Placement:	50
Suture/Staple Removal:	25
Electrocardiogram:	20
Nasogastric Intubation:	3
Urethral Catheterization: Male:	10
Urethral Catheterization: Female:	10
Obtain Culture Specimen: Urine:	10
Obtain Culture Specimen: Blood:	10
Obtain Culture Specimen: Wound:	20
Obtain Culture Specimen: Throat:	20
Cardiopulmonary Resuscitation: observation and/or participation:	1-2
Endotracheal Intubation: observation and/or participation:	1-2
Paracentesis: observation and/or participation:	1-2
Thoracentesis: observation and/or participation:	1-2
Tube Thoracostomy: observation and/or participation:	1-2
Central Venous Catheterization: observation and/or participation:	1-2
Lumbar Puncture: observation and/or participation:	1-2

Students are strongly encouraged to log all surgical procedures that they participate in and may do so under the CPT codes section if not listed in the competency list.



Rotation Objectives will be available on the Program's Blackboard website.