Physician Assistant Program
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Clinical Year
Student & Preceptor Handbook

Orientation and Guide for PA Students and Preceptors

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GENERAL PROGRAM OVERVIEW SECTION

Introduction

Preceptors -- We would like to take this opportunity to express our sincere gratitude to our preceptors for their hard work and dedication to this program and our physician assistant (PA) students. The clinical experiences the student will obtain in your office or clinic are of critical importance to a successful learning experience in the program. The clinical setting synthesizes concepts and application of principles for quality health care delivery. You, as a clinical preceptor, are the key to successful learning experiences in the clinical setting. The PA student will work closely with you, learning from your advice and example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become a practicing PA. Thank you for your commitment to PA education.

Clinical Year students – we are very excited to have you begin your clinical year journey. You will grow immensely during the next 10 months and we look forward to being a part of it!

The University of Wisconsin Physician Assistant program has a committed and devoted Clinical Year Team who is available to answer any questions that you may have. Please do not hesitate to contact us!

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University of Wisconsin Physician Assistant Program Overview

The UW-Madison Physician Assistant (PA) Program is a nationally respected professional master's degree program at the UW School of Medicine and Public Health (SMPH). We are committed to recruiting students from rural, urban, and underserved communities, and training them for primary care or specialty practice in those communities. Our program offers four unique program tracks for students: campus track (2 years- 1st year didactic and 2nd year clinical rotations), distance tracks (1st and 2nd year part-time didactic curriculum and 3rd year full time clinical rotations), *wis*PACT – Northern Wisconsin track (2 years – 1st year didactic curriculum and 2nd year clinical rotations) and MPH/PA Dual Degree Track (3 years – first year MPH curriculum, second year PA didactic curriculum and third year PA clinical rotations).

The curriculum is built upon the foundation of competency-based training and practice. The PA profession ensures that programs provide educational experiences for physician assistants to acquire and demonstrate competencies in the following areas:
- ❖ Medical Knowledge (MK)
  - ▪ Includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion and disease prevention

- ❖ Interpersonal and Communication Skills (ICS)
  - Encompasses verbal, nonverbal and written exchange of information
- ❖ Patient Care (PC)
  - Includes age-appropriate assessment, evaluation and management
- ❖ Professionalism (P)
  - Expression of positive values and ideals as care is delivered
  - Prioritizing the interests of those being served above one's own
  - Knowing one's professional and personal limitations
  - Practicing without impairment from substance abuse, cognitive deficiency or mental illness
  - Demonstrating a high level of responsibility, ethical practice, sensitivity to patient diversity and adherence to legal and regulatory requirements.
- ❖ Practice-based Learning (PBL)
  - Engaging in critical analysis of one's own practice experience, the medical literature and other information resources for the purpose of self-improvement in order to assess, evaluate and improve personal patient care practices.
- ❖ Systems-based Practice (SBP)
  - Demonstrates a provider's awareness of, responsiveness toward and work to improve the larger system of health care, encompassing the societal, organizational and economic environments in which health care is delivered, to provide patient care that is of optimal value.

Mission, Vision & Program Objectives

MISSION STATEMENT: The Mission of the University of Wisconsin-Madison Physician Assistant Program is to educate professionals committed to the delivery of comprehensive health care in a culturally and ethnically sensitive manner, with an emphasis on primary health care for populations and regions in need

VISION STATEMENT: The Physician Assistant Program will prepare and educate physician assistants to provide comprehensive quality health care to all. In addition, the program will serve as an academic and professional leader in the physician assistant profession by contributing its strengths in education, distance education, evidence-based practice, public health, community-based training and grant initiatives.

SUMMARY OF PRIMARY PROGRAM OBJECTIVES

- ❖ HISTORY: Elicit an appropriate complete, interval, or acute history from patients of any age and either sex in any setting
- ❖ PHYSICAL EXAMINATION: Perform, as appropriate, a complete or partial physical examination of a patient of any age, sex, or condition in any setting
- ❖ DIAGNOSTIC STUDIES: Identify, sounds good perform and/or interpret routine diagnostic procedures based on history and physical examination findings and be able to assist the physician with other diagnostic procedures as directed
- ❖ DIFFERENTIAL DIAGNOSIS/DIAGNOSTIC IMPRESSION: Develop a differential diagnosis and diagnostic impression considering the database
- ❖ THERAPEUTICS: Identify, perform and/or order routine physician delegated therapeutic procedures and, as directed, assist the physician with other therapeutic procedures
- ❖ EMERGENCY SKILLS: Recognize life-threatening emergencies and manage them in the absence of the physician

- ❖ COMMUNICATION: Communicate in a medically professional manner both orally and in writing
- ❖ ATTITUDE: Appreciate the health problems of the individual patient as well as those of population groups and approach each with an attitude of professional concern
- ❖ PROFESSIONALISM: Demonstrate the skills, attributes and behaviors of a competent physician assistant and serve as a member of the professional medical community
- ❖ EVIDENCE BASED LEARNING: Engage in critical analysis of ones own practice experience, medical literature and other information sources for the purpose of self-improvement

Program Curriculum

Didactic Year(s) Curriculum
- ❖ Human Anatomy (5cr.)
- ❖ Fundamentals of Clinical Medicine (3cr.)
- ❖ Professional Seminar I (1cr.)
- ❖ History and Physical Exam (4cr.)
- ❖ Clinical Medicine (5cr.)
- ❖ Clinical Prevention & Community Practice I (1cr.)
- ❖ Clinical Pharmacology I (2cr.)
- ❖ Diagnostic Methods I ECG & Lab Medicine (2cr.)
- ❖ Clinical Medicine II (6cr.)
- ❖ Clinical Prevention and Community Practice II (1cr.)
- ❖ Clinical Pharmacology II (2cr.)
- ❖ Diagnostic Methods II Heart Sounds Radiology & Lab Medicine (3cr.)
- ❖ Infectious Disease of Human Beings (3cr.)
- ❖ Professional Seminar II (1cr.)
- ❖ Advanced Patient Evaluation I (1cr.)
- ❖ Women's Health (2cr.)
- ❖ Pediatrics (2cr.)
- ❖ Professional Seminar III (1cr.)
- ❖ Advanced Patient Evaluation II (1cr.)
- ❖ Emergency Medicine (2cr.)
- ❖ Clinical Skills Lab (1cr.)
- ❖ Fundamentals of Surgery (1cr.)

Clinical Year Curriculum
- ❖ Professional Seminar IV (1cr.)
- ❖ Professional Seminar & Capstone I (1cr.)
- ❖ Professional Seminar & Capstone II (1cr.)
- ❖ Preceptorship / Rotation – Family Medicine (8cr.)
- ❖ Preceptorship / Rotation– Emergency Medicine (8cr.)
- ❖ Preceptorship / Rotation– General Surgery (8 cr.)
- ❖ Preceptorship / Rotation– Internal Medicine (8 cr.)
- ❖ Preceptorship / Rotation– Elective (8 cr.)

ARC-PA Accreditation

Our program is accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA.) This accrediting body protects the interests of the public and physician assistant profession by defining the standards for physician assistant education and evaluating physician assistant educational programs within the territorial United States to ensure their compliance with those standards

Clinical Year Overview

The clinical year is comprised of 5 required 2-month (8wk) rotations. These rotations are to occur in the following areas: Family Medicine, Emergency Medicine, General Surgery, Internal Medicine and an Elective. General Surgery, Internal Medicine and the Elective rotation can be split into two 4-week experiences. It is required that there is a minimum of 4 weeks of General Surgery and 4 weeks of General Internal Medicine however. We allow this flexibility to ensure students get the opportunity for experience in a sub-specialty within these areas if it is of interest to them. In addition, students are required to complete at the minimum one rotation in a medically underserved (MUA), rural area, or with a medically underserved population (MUP). If a student is participating in a Path of Distinction (PoD) it is important to complete specific requirements in relation to rotations as described on the PoD checklists.

Clinical year begins with students participating in a **mandatory** orientation program that contains both educational and orientation material. At the end of each of the five 2-month clinical rotations in the summer, fall and spring semesters, students return for **mandatory** End of Rotation (EOR) experiences. These experiences include written examinations, performance testing stations and oral presentations, which are part of the students Preceptorship/rotation grade and educational seminars which are part of the students Professional Seminar grade.

The Professional Seminar courses (PA716, PA717 and PA718) are an integral part of EOR activities and account for the majority of lectures, workshops and active-learning activities the student will engage in during EORs. Each of the Professional Seminar courses has its own syllabus and is thematically organized to cover professional competencies preparing students for professional practice; each course has explicit curricular learning outcomes and evaluations. The preceptorship assessment and the Professional Seminar course curriculum are occurring at Orientation and at EOR, but they are separate entities from the students Preceptorship courses (PA 729, 739, 749, 759, 769).

Goals and Objectives for Clinical Year/Rotations

The clinical year of instruction is designed to allow students to develop and refine their skills acquired during the didactic phase of instruction, with emphasis on integration and application of information within a clinical setting. During clinical preceptorships, students will truly transition to active learners through integration within the healthcare delivery team and assisting in patient care responsibilities, all under the delegation and supervision of the Clinical Preceptor (and associated staff). The emphasis in all rotations is the evaluation and management of patients to improve upon your ability to provide comprehensive, competent healthcare across varied disciplines, patient populations and clinical settings. This will prepare students for assuming the professional role as physician assistants.

General Goals and Objectives for the Clinical Year/Rotations

- Apply knowledge gained in the didactic year(s) to supervised clinical practice
- Refine systematic approach to both comprehensive and problem-focused history and physical exams of all patient populations in different clinical settings
- Add to overall fund of medical knowledge as it applies to aspects of patient care, including choosing and interpreting diagnostic procedures, developing a differential diagnosis, and creating and implementing an assessment and plan
- Acquire and enhance clinical and technical skills as it applies to aspects of patient care, including communication and interpersonal skills (verbal, nonverbal and written exchange of information) with patients, families and other healthcare professionals
- Implement and improve upon clinical problem-solving skills and patient management
- Develop patient-centered skills that are compassionate, effective, efficient, equitable, and considerate of individual and population patient diversity (as it relates to sociocultural and psychosocial factors)
- Provide patient education and counseling related to clinical problems and to prevention and wellness across the life span
- Develop a clear understanding of the role of a PA in healthcare delivery (within different disciplines and settings)
- Demonstrate a high level of professionalism at all times and develop interprofessional relationships that will enhance collaborative team-based care
- Utilize self-reflection, continuous self-assessment, critical analysis, and evidence-based practice for the purpose of self-improvement
- Demonstrate an awareness of and responsiveness to system-based policy/processes, quality-based initiatives, cost-related factors, and regulations associated with health care systems
- Understand the laws and practice regulations regarding scope of practice within the planned state of practice
- Create an individual plan to prepare for the Physician Assistant National Certifying Exam (PANCE) to ensure successful completion

EXPECTATIONS & RESPONSIBILITES SECTION

Student Expectations & Responsibilites

Students have many expectations and requirements while in their clinical year. These expectations and requirements come from both the program and preceptor/preceptor site. Please view student expectations/requirements below:

Requirements/Expectations to the Program
- Check email regularly while on rotations
- Utilize and maintain OASIS
- Adhere to the time away process
- Complete and submit all evaluations by the deadlines
- Retain copies of all correspondence from and to the program
- Successfully complete the requirements of the preceptorship as outlined in this syllabus
- Confer immediately with the Director of Clinical Education if it is felt that adequate clinical supervision is not being provided or that patient care is being compromised
- Locating living arrangements for rotations
- Must have health insurance for the duration of their clinical year
- Adhere to Blood Bourne pathogen policy and process as set forth by SMPH (view Appendix A)
- Complete patient logging data in a timely manner
- Complete onboarding requirements as set forth by the preceptorship site
- Complete HIPAA training
- Complete SIC training
- Demonstrate emotional resilience and stability, adaptability, and flexibility

Requirements/Expectations to the Preceptor/Preceptor Site
- Contact your site 4-6 weeks prior to the start of your rotation
- Be responsible to the preceptor for attendance and satisfactory performance on each learning rotation, as well as comply with local stipulations regarding housing and other amenities
- Begin the preceptorship at 8:00 a.m. (or earlier if the preceptor so states) on the first working day of the first week. Thereafter the schedule will be determined by the preceptor(s) (minimum of 40 hours per week on average)
- Wear identification bearing her/his photo and name and the words, 'Physician Assistant Student' during working hours at the preceptorship site
- Comply with preceptorship dress requirements
- Conduct him/herself in a professional manner at all times. This includes behavior toward patients, faculty, peers, preceptors, staff and other members of the community
- Sign notes written in patients' charts with 'PA Student' following the student's signature. If electronic medical records systems are utilized by the clinical site, the student will comply with the rules as set forth by the site
- Write prescriptions when directed to do so by the preceptor. The preceptor will review and sign all such prescriptions
- Respect patient confidentiality at all times in compliance with HIPAA. Care is to be taken to exclude identifying information in discussions outside the clinical setting
- Confer immediately with the preceptor and the program if the student becomes aware of any potential medical liability incident regarding her/his activities
- Ensure that all personal and financial obligations with individuals or institutions at the clinical

preceptorship site are satisfied prior to leaving
- ▪ Behave in a responsible manner with his/her preceptor, and follow rules and regulations of the hospital or other institutions in which s/he works
- ▪ Seek out opportunities to perform procedures on the Recommended Procedure List (Appendix E)

Holiday/Time Off
Students may (but are not required) to have the following holidays off from rotation - per SMPH academic calendar:
- Rotation 1: 4th of July
- Rotation 2: Labor Day
- Rotation 3: Thanksgiving Day
- Rotation 4: Martin Luther King Day

In an effort to ensure that students have sufficient opportunity to meet rotational objectives every effort should be made to schedule any personal time during the already predetermined breaks within the clinical year schedule. **Students are allowed to miss four days during the clinical year (only 2 days per rotation). Any time away exceeding this will need to be made up.**
Again students should minimize the amount of time they are away from rotation. If a student should miss clinical time for <u>any</u> reason, students should follow the process below:
- ▪ Request and receive approval from preceptor (make every effort to "make-up" any time missed)
- ▪ Notify the Program of your time away by completing the Time Away Form (found on CANVAS)
Preceptors will be required to report the number of days that a student was absent on the Final Evaluation Form.

Inclement Weather
In the event there is inclement weather during your clinical rotations, the student and the preceptor will work together to devise a plan whether it includes coming in later, or making up the time on a different day.

Program Policies
Students are expected to comply with all program policies and procedures. In the event of failure to comply, the PA Promotion and Progress Committee will convene and determine appropriate action for individual students on a case-by-case basis. All program policies can be located in OASIS.

Professionalism
The professional conduct of PA students is evaluated on an ongoing basis throughout the professional phase (i.e., the didactic and clinical years of the program). Violations of standards of conduct are subject to disciplinary actions administered by the University of Wisconsin-Madison and by the Physician Assistant program. Please remember that you as a student are representing the University of Wisconsin Madison Physician Assistant program.

Liability Insurance
Some sites will require the student show proof of liability insurance. Each PA student is covered through language in the Wisconsin State Statue. If a site should ask you about liability insurance, we can provide documentation to the site. The program will have an official letter indicating this as well

as a memo from Risk Management loaded into the students OASIS account. The official memo can be found in the Appendix section of this handbook (Appendix B).

PRECEPTOR EXPECTATIONS & RESPONSIBILITES

Definition of the Preceptor Role
The preceptor is an integral part of the teaching program. Preceptors will serve as role model for the student and, through guidance and teaching, will help students to perfect skills in history taking, physical examination, effective communication, physical diagnosis, succinct recording and reporting, problem assessment, and plan development including a logical approach to further studies and therapy.

Preceptor Responsibilities
Preceptor responsibilities include, but are not limited to, the following:
- ❖ Orient students at the onset of the rotation with the practice/site policies and procedures and review the expectations and objectives for the rotation
- ❖ Provide ongoing and timely feedback regarding clinical performance, knowledge base, and critical thinking skills. This can be done with the student informally each week or at a designated time and can be formally reported to the Director of Clinical Education by completing and submitting various evaluations
- ❖ Supervise, demonstrate, teach, and observe clinical activities in order to aid in the development of clinical skills and ensure proper patient care
- ❖ Delegate to the student increasing levels of responsibility for clinical assessment and management as appropriate to the student's experience and expertise
- ❖ Participate in the evaluation of clinical skills and medical knowledge base through the following mechanisms:
  - ▪ Direct supervision, observation, and teaching in the clinical setting
  - ▪ Direct evaluation of presentations (including both oral and written)
  - ▪ Assignment of outside readings and research to promote further learning
- ❖ Dialogue with faculty during site visits to evaluate student progress and assist the learning process
- ❖ Evaluate the student's ability to write appropriate and complete progress notes, histories, physical examinations, assessments, and treatment plans
- ❖ Complete and promptly return the evaluation forms provided by the program reflecting on student knowledge and skills as well as their improvement throughout the rotation
- ❖ Promptly notify the PA program of any circumstances that might interfere with the accomplishment of the above goals or diminish the overall training experience
- ❖ Maintain an ethical approach to the care of patients by serving as a role model for the student
- ❖ Demonstrate cultural competency through interactions with patients
- ❖ Spend a few minutes each week in a candid summary discussion with the student as to whether each is meeting the other's needs and expectations, and what changes need to be made in the roles and relationship
- ❖ Be familiar with the Blood Bourne Pathogen (Appendix A) process for students while on rotations.

Preceptors will be responsible for completing the following required program documents:
- ❖ Review and sign student goals for rotation (end of first week of rotation)
- ❖ Mid-Point and Final Evaluation of student – View Appendix D
- ❖ Three Mini CEX's (Oral Presentation, History, Physical, Patient Education, Other)

FERPA

FERPA – the Family Educational Rights and Privacy Act of 1974, as amended – is a federal law that governs the privacy of student educational records, access to those records, and disclosure of information from them.   Under the law, information in a student's education record may not be disclosed without the student's written consent.

Education records are records that are directly related to a student and that are maintained by an educational agency or institution or a party acting for or on behalf of the agency or institution. These records include but are not limited to grades, transcripts, class lists, student course schedules, health records (at the K-12 level), student financial information (at the postsecondary level), and student discipline files. The information may be recorded in any way, including, but not limited to, handwriting, print, computer media, videotape, audiotape, film, microfilm, microfiche, and e-mail.

Source: 34 CFR § 99.2 "Education Records" and "Record"

Do:
- ❖ Only keep student education records necessary to fulfill preceptor responsibilities
- ❖ Refer requests for information to UW PA Program
- ❖ Limit use of information in education records to educational purposes only
- ❖ Consider treating clinical education paperwork with the same privacy standards that would apply to HIPAA-protected medical records
- ❖ Use discretion when sending information about a student via email

Don't:
- ❖ Store student education records (evaluations, health information, information received from the UW PA Program) in publicly accessible places
- ❖ Access or request student information without a legitimate educational interest
- ❖ Share information from a student's education record with faculty, staff, or patients who are not directly responsible for the clinical training of the student

Supervision of the PA Student

During a student's time at the clinic or hospital, the preceptor must be available for supervision, consultation, and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly *assign* students to another MD, DO, NP or PA who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student but also offers the advantage of sharing preceptorship duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them. In the case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, diabetes educator, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and, therefore, work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites. On each rotation, it is the student's responsibility to ensure that the

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supervising physician or preceptor also sees all of the student's patients. The preceptor can provide direct supervision of technical skills with gradually increased autonomy in accordance with the PA student's demonstrated level of expertise. However, every patient must be seen and every procedure evaluated prior to patient discharge. The preceptor must document the involvement of the PA student in the care of the patient in all aspects of the visit. The preceptor must also specifically document that the student was supervised during the entirety of the patient visit. Medicare laws are slightly different in terms of what a student is able to document, and this is explained further in the following "Documentation" section. **The PA student will not be allowed to see, treat, or discharge a patient without evaluation by the preceptor.**

The Preceptor Student Relationship
The preceptor should maintain a professional relationship with the PA student and at all times adhere to appropriate professional boundaries. Social activities and personal relationships outside of the professional learning environment should be carefully selected so as not to put the student or preceptor in a compromising situation. Contact through web-based social networking sites (e.g., Facebook, Twitter) is highly discouraged until the student fully matriculates through the educational program or completes the rotation where the supervision is occurring. If the preceptor and student have an existing personal relationship prior to the start of the rotation, a professional relationship must be maintained at all times in the clinical setting. Please consult the Director of Clinical Education with any questions.

Student Mistreatment Policy
The University of Wisconsin School of Medicine and Public Health (SMPH) is committed to providing a safe learning environment that facilitates the student acquisition of knowledge, skills, and professional and collegial attitudes necessary for effective, caring, and compassionate healthcare. Harassment or mistreatment of any kind is detrimental to such an environment and the school will not tolerate any incidents of discrimination, mistreatment or harassment of students. Students can report such incidents on the SMPH website.
Please see the School of Medicine Student Mistreatment Policy at:
https://www.med.wisc.edu/education/mistreatment-discrimination-harassment-of-students/

The Preceptor Program Relationship
The success of clinical training of PA students depends on maintaining good communication among the student, the preceptors, and the PA Program. All members of the team should share contact information.

If a preceptor has a question or concern about a student, they should contact the Director of Clinical Education. The program strives to maintain open faculty–colleague relationships with its preceptors and believes that, should problems arise during a rotation, by notifying appropriate program personnel early, problems can be solved without unduly burdening the preceptor. In addition, open communication and early problem solving may help to avoid a diminution in the educational experience.

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

patients. As the preceptor feels more comfortable with the student's skills and abilities, the student should be allowed progressively increasing supervised autonomy. Below are some models that can assist you when working with PA Students:

The General Model – Ambulatory Settings
- ❖ Student follows/observes the first 1-2 days
- ❖ Student sees patients and formally presents
- ❖ Patient then seen by supervising preceptor with student - student feedback provided
- ❖ Student degree of independence to be governed by student experience and preceptor comfort level

The General Model – Inpatient Settings, Medicine, Surgery
- ❖ Assigned inpatient teams
- ❖ Daily rounds, assigned patients, patient presentations
- ❖ Call as is customary, admission H&Ps, admission orders
- ❖ Daily progress notes, orders, labs
- ❖ Involve student in patient management decisions
- ❖ Periodic team educational conferences as is customary
- ❖ Grand Rounds
- ❖ Outpatient clinic duties if applicable
- ❖ As much "hands on" as possible

Orientation and Communicating Student Expectations

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

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

Early on in the clinical rotation, it is recommended that the preceptor and student formulate mutual goals in regards to what they hope to achieve during the rotation. The preceptor should also communicate his or her expectations of the student during the rotation. Expectations should include:
- ❖ Hours (minimum 40 hours on average per week)
- ❖ Interactions with office and professional staff
- ❖ General attendance
- ❖ Call schedules
- ❖ Overnight/weekend schedules
- ❖ Participation during rounds and conferences
- ❖ Expectations for clinical care, patient interaction, and procedures
- ❖ Oral presentations
- ❖ Written documentation
- ❖ Assignments
- ❖ Write-ups
- ❖ Anything additional that the preceptor feels is necessary

Preparing Staff

The staff of an office or clinic has a key role in ensuring that each student has a successful rotation. By helping the student learn about office, clinic, or ward routines and the location of critical resources, they help a student become functional and confident. Students, like their preceptors, depend on staff for patient scheduling and assistance during a patient's visit. Students should communicate with the staff about procedures for making appointments, retrieving medical records, bringing patients into examination rooms, ordering tests, retrieving test results, and charting. Preceptors should not assume that receptionists, schedulers, and nursing staff automatically know what role the student will have in a practice. The preceptor should inform the staff about how the student will interact with them and with patients. Consider having a meeting or creating a memo with/for staff in advance of the student's arrival to discuss:

- ❖ Student's name
- ❖ Student's schedule (when they will be in the office)
- ❖ Student's expected role in patient care
- ❖ Expected effect of the student on office operation: Will fewer patients be scheduled? Will the preceptor be busier?
- ❖ How patients will be scheduled for the student

Informing Patient of Student Involvement

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

Documentation

If allowed by the preceptor and/or facility, PA students may enter information in the medical record. Preceptors should clearly understand how different payors view student notes as related to documentation of services provided for reimbursement purposes. Any questions regarding this issue should be directed to the Director of Clinical Education. Students are reminded that the medical record is a legal document. All medical entries must be identified as "student" and must include the PA student's signature with the designation "PA-S." The preceptor cannot bill for the services of a student. Preceptors are required to document the services they provide as well as review and edit all student documentation. Although student documentation may be limited for reimbursement purposes, students' notes are legal and are contributory to the medical record. Moreover, writing a succinct note that communicates effectively is a critical skill that PA students should develop. The introduction of EMRs (electronic medical records) presents obstacles for students if they lack a password or are not fully trained in the use of one particular institution's EMR system. In these cases, students are encouraged to hand-write notes, if simply for the student's own edification, which should be reviewed by preceptors whenever possible for feedback.

Medicare Policy

Medicare reimbursement requires limited student participation in regards to documentation. Students are allowed to document only aspects of the history that include the past medical history, family history, social history, and review of systems. The preceptor must document the History of

Present Illness (HPI), Physical Exam (PE), and all medical decision-making for proper billing. Following is a link to the Center for Medicare and Medicaid Services (CMS), which provides direct access to CMS rules regarding student documentation.

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf

Prescription Writing

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

Benefits of being a Preceptor

We understand that as rewarding it is to be a preceptor it can also take time and commitment to provide a great learning environment to students. The University of Wisconsin Physician Assistant program offers benefits to our preceptors to help extend our thank you.

Preceptor (PA/NP) or Clinical Adjunct Assistant Professor Appointment (MD/DO)

This is a zero-dollar appointment with the School of Medicine and Public Health. In order to be eligible, you need to perform at least 25 hours supervising or teaching PA students in the clinical setting. Benefits include: Faculty/staff identification card, which permits access to the University of Wisconsin-Madison facilities such as the Natatorium, Nielsen Tennis Stadium, libraries, and student unions. Fees and/or an additional identification card may be required to use certain facilities; contact the facility for specific information.

Category 1 CME Credit (PA preceptors ONLY)

PA Preceptors can earn 0.5 AAPA Category 1 CME credit for each two (2) weeks of clinical teaching. If a preceptor has more than one student at a time, that preceptor may be awarded an additional 0.25 CME credit for each additional student for each two weeks of teaching. A 4-week rotation can earn 1 credit of category CME credit! The program will automatically send our preceptors who are PA's information.

Clinical Teaching Learning Community

Preceptors have access to becoming part of the learning community which grants them access to many resources including the opportunity to become a Clinical Affiliate of the UW Madison Teaching Academy. https://ce.icep.wisc.edu/clinical-teaching-learning-community/home

Preceptor Development

Tools specific to each of the resources listed below can be found in the Appendix section at the conclusion of this handbook. These resources in addition to others can be accessed on the UW Madison Physician Assistant website at: https://www.med.wisc.edu/education/physician-assistant-pa-program/preceptors/preceptor-resources/.

- ❖ Integrating Students into Patient Care/Workflow – Appendix G
  - ▪ Incorporating Students into Patient Care/Workflow

- Introducing / Orienting a PA Student to Your Practice
❖ Evaluation and Teaching Strategies – Appendix H
  ▪ Ask-Tell-Ask Feedback Model
  ▪ The One-Minute Preceptor
  ▪ Feedback and Reflection: Teaching Methods for Clinical Settings
  ▪ Characteristics of Effective Clinical Teachers
  ▪ Tailoring Clinical Teaching to an Individual Student
  ▪ SNAPPS: A Sic-Step Learner-Centered Approach to Clinical Education
❖ Providing Effective Feedback – Appendix I
  ▪ Getting Beyond "Good Job": How to Give Effective Feedback
  ▪ Feedback in Clinical Medical Education
  ▪ Feedback: An Educational Model for Community-Based Teachers
❖ Managing Difficult Learning Situations – Appendix J
  ▪ Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers
  ▪ Provide Difficult Feedback: TIPS for the Problem Learner
❖ Developing Expectations – Appendix K
  ▪ Setting Expectations: An Educational Monograph for Community-Based Teachers
❖ Conflict Resolution – Appendix L
  ▪ Aspects of Conflict Resolution

CLINICAL YEAR ACTIVITIES, ASSIGNMENTS & GRADING SECTION

Evaluations

Mini CEX Evaluation

These are three 'mini-evaluations' that preceptors will complete by the midpoint. These are a means to help elicit feedback from preceptors in the areas of history taking, physical exam skills, oral presentations and other areas. These also help preceptors assess your skill level and will help them to direct feedback for potential areas of improvement. Students are required to do one set of three per rotation. When a student completes a split rotation, these should be completed during the first half of the rotation.

Please note that completion of the Mini-CEX evaluations by preceptors are required; however, assessment of these exercises as a part of the student grade is based on completion of the Mini-CEX evaluations and obtaining valuable preceptor feedback, rather than the preceptor score that is registered by the preceptor. A student will earn all points as long as they turn in all three required Mini-CEX's in each rotation. The Mini CEX's are to be uploaded onto CANVAS for the appropriate rotation. The assessment rubric for Mini CEX's is demonstrated in Appendix D.

Mid-Point Evaluation

The Mid-Point Evaluation will be completed by one or more preceptors with whom the student has worked with. The goal of this evaluation is to ensure that the student is on the right track towards learning. It is an opportunity for the preceptor and student to discuss any areas that can be focused

on for the remainder of the rotation. The Mid-Point evaluation is only required for full 8-week rotations and is due at the halfway point of the rotation (end of week 4). The Mid-Point evaluation is not part of the official grade. The Mid-Point evaluation is to be uploaded onto CANVAS for the appropriate rotation. The assessment rubric for the Mid-Point Evaluation is demonstrated in Appendix D.

Mid-Point Student Reflection Evaluation
The Mid-Point Student Reflection Evaluation is a reflection that the student will complete for each rotation via OASIS. The student will be able to reflect and comment on their progress towards rotation goals, performance, patient logging and overall progress. The faculty will review and provide feedback.

Oral Presentation Evaluation
During an in-person site visit the student will be expected to complete an oral presentation to their preceptor, while the faculty observes and evaluates. The observed oral presentation is only required once during the clinical year. Feedback will be provided to the student from the faculty member. DE students who are completing rotations out of state will have this accomplished via phone or electronic modes.

Final Evaluation
The Final Evaluation will be completed by one or more preceptors with whom the student has worked at each preceptorship site and all preceptor evaluations will be considered (averaged evaluations of multiple preceptor evaluation submissions) within a student's grade. This evaluation includes assessment of multiple tenets of professionalism, as well as fund of medical knowledge and its application, H&P, clinical and procedural skills and clinical judgment, based on formulation of differential diagnoses, proper utilization of diagnostic studies and the ability to develop an adequate therapeutic plan, as well as presentation and interpersonal skills. The Final Evaluation is to be uploaded onto CANVAS for the appropriate rotation. The assessment rubric for the Final Evaluation is demonstrated in Appendix D.

Self-Evaluation
Each student will be responsible for completing a self-evaluation at the duration of each rotation. The purpose of this self-evaluation is to see the relationship and comparison of the preceptor evaluation and the student's perceptions of their progress. The self-evaluation is to be uploaded onto CANVAS for the appropriate rotation. The assessment rubric for the self-evaluation is demonstrated in Appendix D.

Course Evaluation
Students will be expected to complete a course evaluation at the duration of each rotation via OASIS. The purpose of this evaluation is to assess the course objectives, exams and course director.

Site Critique Evaluation
Students will be expected to complete a site critique evaluation at the duration of each rotation via OASIS. It is very important to remember that the site critiques will be shared with preceptors, so please be sure to utilize professional constructive feedback when deemed necessary.

Examinations

Exam Master Examination

At the end of each preceptorship, the EOR experiences will include formative assessments of the students which will include online written examinations (Exam Master) to assess medical knowledge and application.

In each case, the written examination (100 questions), is specific to the core rotation which the student just completed. It is an objective exam predominantly utilizing clinical vignettes, which challenges students in areas of clinical critical thinking and problem solving; the exam format is similar to what is implemented in the didactic year, but obviously the content is broad and robust for each core rotation. Learning outcomes are provided for each core rotation to guide study; attention has been paid to ensure the Rotation Learning Outcomes align with the PANCE Blueprint, as possible. The student will get 1 minute per question, much like the PANCE in order to help prepare students for this exam.

EOR OSCE Examination

In addition to Exam Master exams the students will be assessed by Objective Structured Clinical Examination (OSCE) performance stations, many of which will utilize standardized patients in case-based clinical scenarios.

Pediatrics, Women's Health and Behavioral Health Examination

Students will be evaluated longitudinally throughout their four core rotations in Pediatrics, Women's Health and Behavioral Health content. This will be accomplished through analysis of the students' performance on their exam master exams. At the conclusion of the four core rotations any student who scores <70% in each of these areas will be notified and advised of the need for further preparations in these areas.

Other Activities/Assignments

Case Presentation

The Case Presentation is a written and oral assignment that takes place during EOR5. It is a means to assess student competence in medical informatics and the practice-based learning and improvement (PBLI) competency. Students that are part of a Path of Distinction (PoD) must present a case specific to PoD and area of interest.
The written reports should include a summary of the patient's presentation, findings from the physical examination, diagnostic test results and information obtained from the EBM source regarding the suggested management of the patient. For details on this assignment, please see Appendix F.

SBIRT Training Requirement

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with and at risk of developing alcohol and other drug disorders. Students will be required to complete an on-line training module by the end of Rotation 4. For details, please visit
https://www.dhs.wisconsin.gov/aoda/sbirt/sbirttrain.htm

Midpoint Phone/Site Visit

At the midpoint of each rotation the student will have contact with a PA Faculty member either via phone, in-person, or electronic communication. For rotation one, all students are required to have

either a phone or in-person midpoint visit.   For rotations two through five, the student may elect to have an electronic communication instead if there are no issues. The clinical year faculty may choose to have a phone or in-person visit at any time.

Aquifer Online Cases

Students are required to complete a total of three Aquifer cases (virtual cases) for each rotation. Two cases will be tied to your specific clinical rotation, one case will be tied to a professionalism seminar discussion. These cases may include aspects of care such as:

- o   Cultural Humility
- o   Self-Assessment and Professional Development
- o   Patient Centered Practice
- o   Society and Population Health
- o   Health Literacy and Communication
- o   Inter-professional Collaborative Practice and Leadership
- o   Professional and Legal Aspects of Healthcare
- o   Healthcare Finance and Systems

Reflection Cards
Students are required to complete reflection cards for each rotation. This exercise is meant to encourage students to self-reflect during their clinical rotations on various topics such as communication, ethics, professionalism, self-awareness, and self-care.

Exxat Logging Requirements
The program sets patient encounter goals for the students to strive for while on rotations. The program continuously monitors the students' progress towards these goals. In addition to meeting program requirements this information can prove to be helpful after graduation with credentialing with future employers.

Goal Category	Goal
Medical Care Across the Life Span	
Infants (<2 years)	20
Children (2-10 years)	50
Adolescents (11-17 years)	20
Pediatrics	90
Adults (18-64 years)	500
Elderly (> 64 years)	200
OB/GYN	
Prenatal care	10
Women's health	60
OBG Total	70
Surgical Management	
Preoperative	10
Postoperative	50
Miscellaneous	

Emergency management	100
Behavioral/Mental Health - SKILLED	10
Behavioral/Mental Health	100
Settings	
Outpatient	500
Inpatient	100
Emergency Department	100
Operating Room (Intraoperative)	25
Supervision	
Family medicine	200
Internal medicine	200
General Surgery	60
Total patient encounters during clinical year	**1300**

Grading Scale

All requirements for each preceptorship must be completed before a grade will be calculated. This includes requirements that have minimal point assignments, such as the Mini-CEX assignments. In addition, each area of evaluation and each requirement must be completed at a minimally satisfactory level, which is determined by the Director of Clinical Education. If a student does not meet minimal standards, the PA Promotion and Progress Committee will determine appropriate action and progress criteria for the individual involved according to the Academic Policy for Retention and Promotion.

A score of 70% or greater is required in order to pass each preceptorship course.

Preceptorship Requirements	Percentage
Clinical Preceptorship Evaluation	45

Preceptorship Examinations/Other (completed at EORs)
    ▪ Core Rotations:
        o Exam Master Exam: 70%
        o OSCE: 30%
    ▪ Elective Rotation:
        o Case Presentation: 100%
	45

Professionalism
    ▪ Professionalism - Attendance/Participation/Timeliness: 20%
    ▪ Mid-Point Student Reflection/Site Critique: 20%
    ▪ Mini-CEX completion: 20%
    ▪ Aquifer Online Cases/Reflection Cards 20%
    ▪ Patient Encounter Logging Requirement: 20%
	10

Total	**100%**

A	**(92-100%)**
AB	**(87-91%)**
B	**(82-86%)**
BC	**(76-81%)**
C	**(70-75%)**
Fail	**(<70%)**

Students will require remediation for the following reasons:
- Score <70% on the computer exam and/or OSCE stations which are administered after each core rotation
- Score <70% on the clinical rotation based on the Final Clinical Preceptor Evaluation which is completed by the preceptor(s)
- Failure to meet other clinical rotation requirements (Patient Encounter logging, Mini CEX's, Case Presentation < 70%, Professionalism)

If a student scores <70% on two or more computer exams or two or more OSCE exams, this will be brought before the PA Promotions and Progress Committee for a decision on next steps based on the Health Profession Programs (non-MD) Academic Standards Policy. Additionally, if a student fails to meet other clinical rotation requirements this will be brought before the PA Promotions and Progress Committee for a decision on next steps based on the Health Profession Programs (non-MD) Academic Standards Policy.

All student remediation efforts and outcomes will be documented on the Remediation Form and placed in the student's file.

Computer/OSCE Exam Remediation Process

In the event that a student scores <70% on the computer and/or OSCE exam, they will be expected to remediate the component that they failed within 7 calendar days of the first exam. This remediation timeline will only be changed under extenuating circumstances that are approved by the DCE. It will be the student's responsibility to locate a proctor and set up their retake computer exam. The score of the original remediated component will be the score used to calculate the rotation grade. In the event of an OSCE score less than 70% a second reviewer will review the test and an average of the two scores will be used as the final grade.

In the event that a student scores <70% on the **repeat** computer and/or OSCE exam, an oral/written exam and/or OSCE remediation exam will be administered at the next scheduled EOR or at the discretion of the DCE. The oral exam remediation will be graded by 2 PA faculty. The 2 faculty grades will be averaged. If the average of the two grades is <70%, a 3rd faculty may be required to review the oral remediation evaluation (which is video captured for review purposes). The 3rd reviewer will additionally score the exam, utilizing the same grading rubric/scale. At this point, all three faculty grades obtained from review of the oral remediation will be averaged for a final oral remediation score. The oral remediation and written remediation are averaged for the final remediation score. In the event that the student does not pass the oral/written exam and/or the OSCE exam the student will be brought before the PA Promotions and Progress Committee for a

decision on next steps based on the Health Profession Programs (non-MD) Academic Standards Policy.

According to the Health Profession Programs (non-MD) Academic Standards Policy, grades of Incomplete, Unsatisfactory, Fail/No Credit or that otherwise fail to meet conditions set forth by the Health Professional Program may result in required remediation activities, academic probations, a hold on future enrollment, or suspension or dismissal from the Program. **Please note:** depending on the gravity of the situation, the decision of the Promotion and Progress Committee can be for dismissal without consideration for probation, remediation, or deceleration. Refer to the Health Profession Programs (non-MD) Academic Standards Policy.

Preceptorship Remediation Process

In the event that a student scores <70% on the **FINAL CLINICAL PRECEPTOR EVALUATION** (completed by the preceptor), the student will be brought before the PA Promotions and Progress Committee for a decision on next steps based on the Academic Policy for Retention and Promotion. If more than one preceptor completes an evaluation, the average is taken as the final score. For split rotations, the final score is the average of the two rotation. For split rotations, students need to score above 70% on both rotations.

Clinical Rotation Requirements Remediation Process

In the event that a student does not meet other clinical rotation requirements (Patient logging, Mini CEX's, Case Presentation score less then 70%, or professionalism) the Course Director will determine a remediation plan as needed. In the event of a case presentation remediation, the average of the two scores will be taken.   If the student continues to not meet the requirement they will be brought before the PA Promotions and Progress Committee for a decision on next steps based on the Health Profession Programs (non-MD) Academic Standards Policy.

Summative Eligibility Requirement

Students must have successfully completed all program requirements to date, including all core rotation, capstone and SBIRT training.

Student Support Services

As a student, your skills are sharp, or you likely would not be in PA school. There are certainly differences that exist in the method of teaching and training in clinical year vs. didactic year, and therefore, students may need to rethink how to strategically plan their approach to the clinical year to make sure it is efficient and effective and that all bases are covered. For example, as a clinical year student, the majority of your focus and time will indeed be on your clinical preceptorship and how to best prepare for day-to-day assignments, patients, surgeries, etc. Additionally, as a student, you will need to be thinking and planning for End-of Rotation examinations/evaluations, Capstone completion, summative evaluation, PANCE preparation, as well as job-seeking (when the time is appropriate). There is a lot to accomplish!

SASS is available to any PA student who may need support at any stage of their educational experience. Contact information for SASS is below. Please feel free to contact them for any recommendations or assistance. They are available via phone or Skype consultations.

SASS Contact Information:

Sharon Marks
Learning Specialist
2264 HSLC
(608) 263-8280
srmarks2@wisc.edu

Krista Zimonick,
Learning Specialist
2262 HSLC
(608) 265-9666
kzimonick@wisc.edu

Stephanie Christopher
Student Academic Support
(608) 265-5030
schristophe2@wisc.edu

SASS website: http://www.med.wisc.edu/education/md/resources/academicsupport/1182
The Clinical Year Team, Program Director and Faculty Mentors are here to support all students in any way the program can. Please reach out when necessary and just touch base when you may feel the urge to do so (there is usually a reason). The more communication, the better we can all support you through this challenging and busy clinical year.

Accessibility Statement

The University of Wisconsin-Madison supports the right of all enrolled students to a full and equal educational opportunity, according to the Americans with Disabilities Act (ADA), Wisconsin State Statute (36.12), and the UW-Madison policy (Faculty Document 1071). Reasonable accommodations for students with disabilities is a shared faculty and student responsibility. Students are expected to inform faculty of need for instructional accommodations as soon as possible. Faculty and student will work in coordination with the McBurney Center to identify and provide reasonable accommodations. Students can also reference the PA program *Policy Regarding Students* McBurney Center:
608-263-2741   mcburney@studentlife.wisc.edu

Diversity and Inclusion

Institutional statement on diversity: "Diversity is a source of strength, creativity, and innovation for UW-Madison. We value the contributions of each person and respect the profound ways their identity, culture, background, experience, status, abilities, and opinion enrich the university community. We commit ourselves to the pursuit of excellence in teaching, research, outreach, and diversity as inextricably linked goals.

The University of Wisconsin-Madison fulfills its public mission by creating a welcoming and inclusive community for people from every background – people who as students, faculty, and staff serve Wisconsin and the world." https://diversity.wisc.edu/

Academic Integrity

By enrolling in this course, each student assumes the responsibilities of an active participant in UW-Madison's community of scholars in which everyone's academic work and behavior are held to the highest academic integrity standards. Academic misconduct compromises the integrity of the university. Cheating, fabrication, plagiarism, unauthorized collaboration, and helping others commit these acts are examples of academic misconduct, which can result in disciplinary action. This includes but is not limited to failure on the assignment/course, disciplinary probation, or dismissal from the PA Program.

APPENDIX SECTION

Appendix A – Blood Bourne Pathogen Policy / Process

Policy Title: Management of Bloodborne Pathogen Exposures

Origin Date: 5/10/2010   **Last Revised:** 1/2016 **Proposed Review Date:** Annually

Responsibility *(Person/Title responsible):* per SMPH

Approving Committee: per School of Medicine and Public Health

Category: Administration

ARC-PA Associated Standard: A3.08 (4th ed.)

Process Statement:

MANAGEMENT OF BLOODBORNE PATHOGEN EXPOSURES

Information For Health Sciences Students

Exposure to bloodborne pathogens can occur in many ways. Although needle-stick and other sharps injuries are the most common means of exposure for health care workers, bloodborne pathogens also can be transmitted through contact with mucous membranes and non-intact skin. Hospitals and clinics must evaluate and manage exposure incidents that occur in their *employees*, and usually (but not always) provide the same services to students on clinical rotation at their facility. These guidelines are designed to assist you in the event that you sustain a bloodborne pathogen exposure.

What is an "exposure"?	An exposure incident means a specific eye, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials.
What are "infectious materials?	Blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood, mixtures of fluids where you can't differentiate between body fluids, unfixed human tissue or organs (other than intact skin), and certain cell, tissue or organ cultures and mediums.

If you have an exposure incident:

1. Seek care for your injury (immediately)

> *At UWHC, call Employee Health Services during daytime hours, or go to the Emergency Room after hours. At some sites, baseline testing may be offered to you; however, this is no longer recommended for exposed persons and does not need to be done routinely.*

2. Notify the facility's coordinator for employee health and/or infection control issues (immediately). They will:

- Make an assessment of your exposure to determine if it is significant. This must be done by someone other than the exposed/injured person.
- Arrange for testing of the source patient, if necessary. This is the responsibility of the site.
- At UWHC, call Employee Health Services (days) or the ER (nights).

3. Notify your preceptor or clinical instructor (as soon as practical)

4. Contact your school or program office (the next business day)

> for the PA Program   (608) 263-5620, (800) 442-6698

5. Contact University Health Services for advice, consultation, or follow-up (prn)**:**

> Joel Malak RN, BSN, MPH   (608) 262-0955
> UHS appointments/info   (608) 265-5600   8:30 am - 5 pm weekdays
> *A clinician is available on call after-hours from 5 pm - 9 pm weekdays, and 12 pm - 9 pm weekends*

Employee health staff in most facilities are generally very experienced in the management of exposures and in the issues that surround them. For follow up care, you should use University Health Services (UHS). UHS provides primary care for students enrolled at UW-Madison, but we do not cover services provided elsewhere. If it is not practical to come to UHS for care, the cost of services incurred is the responsibility of the student or the student's insurance.

It should be noted that the effect of infectious or environmental disease or related disability may impact a student's learning experience. This will be dealt with on a cases-by-case basis.

While the exact implementation of procedures will vary from place to place, here are some common themes that will be part of the management of an exposure incident.

CARE OF THE INJURY OR EXPOSED AREA	Prompt and thorough cleaning of the blood spill or splash or of the injury is an important step in preventing blood-borne infection. A tetanus booster may be needed.
REPORTING THE INCIDENT Staff at the clinical site must make an assessment of the exposure incident: is it a *significant exposure*?	Another health professional should assist you, and to make sure the proper steps will be followed to collect the information that is needed to manage the exposure and to care for you. There is a specific definition of *significant* exposure; it takes into account the type of body fluid, the integrity of the skin surfaces, and the mechanism of the injury. Facilities use an *incident report* as a tool in evaluating such situations Some thought should be given to understanding how the incident happened and how it could be prevented in the future. That might not be the first thing on your mind, but it should be part of the process.
EVALUATION OF THE SOURCE PATIENT for bloodborne pathogens. This typically includes: HIV antibody hepatitis B surface antigen or panel hepatitis C antibody Source patient test results should be provided to you	One may not rely on medical or social history to assess the risk of bloodborne pathogens. A practice of testing every source patient is the standard. This usually requires the patient's consent for testing. You may not obtain the consent yourself, and there should be a mechanism in place for that to be done. Testing the source patient should done as soon as possible. Time is of the essence, especially with short hospital stays, or exposures in outpatient settings. In particular, the source patient should be tested for HIV within a few hours of the exposure. Since exposures may take place in a surgical or delivery room area, the source patient's ability to give consent for testing may be delayed.
EVALUATION OF THE EXPOSED PERSON Hepatitis B surface antibody, if needed Post-exposure prophylaxis	Routine baseline testing is not necessary for the exposed person. If you have not had Hepatitis B vaccine and a post-vaccine determination of immune status, that should be done now. Chemoprophylaxis with immune globulin or antiviral medications may be recommended in some situations, or if the source patient is positive for a given infection.

WHAT TO DO IN CASE OF A BLOOD/FLUID EXPOSURE
   - Take care of the injury or exposed area   - Report the incident   - Clinic site/EHS will test the source patient   - Follow up to learn source patient test results   - If the source patient is negative, no further action is needed   - Contact UHS for advice about follow-up tests if needed or desired
	Phone numbers for assistance: (area code 608)
	
	University Health Services:
	    Appointments and info 265-5600
	    Joel Malak RN, BSN, MPH 262-0955
	    (communicable disease epidemiologist)
	    pager 608-376-9470
	UWHC
	    Employee Health Service 263-7535
	UW School of Medicine and Public Health
	Student Services:
	PA Program (608) 263-5620, or (800) 442-6698

Approved by: Faculty Committee, 1/2015 **Reviewed:** 01/11/2016

**Please note: any student expenses acquired due to a needle stick exposure will be the responsibility of the student. The PA program nor the clinical site are responsible for these costs billed to a student.

Appendix B – Liability Memo

Re: Liability Protection for University of Wisconsin-Madison Physician Assistant Program

Please accept this letter as our Certificate of Coverage for liability protection for officers, employees and agents, of the University of Wisconsin-Madison Physician Assistant Program.

The State of Wisconsin and, consequently, the Board of Regents of the University of Wisconsin System, as an agency of the State, is self-funded for all liability (including general, professional, and automobile) under s. 895.46(1) and 893.82 of the Wisconsin Statutes. This protection provides coverage for our officers, employees, and agents, while in the course and scope of their employment, in accordance with the statutes. In addition to the self-funded statutory protection, the University and the State of Wisconsin also have substantial amounts of excess liability protection through commercial carriers. Since this is statutory indemnification, there is no policy on which to name any other entity as additional insured. There is no cancellation provision. Coverage is continuous under the law.

Our employees are covered for Workers' Compensation & Employer's Liability under Wisconsin Statutes, Section 102. This coverage is in compliance with applicable federal and state workers' compensation and occupational disease statutes.

Should you have questions regarding this coverage, please feel free to contact me at 608.262.8925 or by e-mail at jhkarcher@wisc.edu

 Sincerely,

Jeff Karcher
Director, Office of Risk Management

Risk Management
University of Wisconsin-Madison • 21 N Park Street, Ste 5301 • Madison, WI 53715
P: 608.262.8926 • F: 608.262.9082 • http://www.bussvc.wisc.edu/risk_mgt • jhkarcher@wisc.edu

Appendix C – Clinical Year Schedule – 2019-2020 Academic Year

tentative

Rotation 1 – Monday 6/17/19 - Friday 8/9/19
1A: 6/17/19 - 7/12/19 (20 days)
1B: 7/15/19 - 8/9/19 (20 days)

EOR 1 / Prof Sem. 716 – Monday 8/12/19 -Wednesday 8/14/19

Rotation 2 – Monday 8/19/19 - Friday 10/11/19
2A: 8/19/19 - 9/13/19 (20 days)
2B: 9/16/19 - 10/11/19 (20 days)

EOR 2 / Prof Sem. 717– Monday 10/14/19 - Thursday 10/17/19(4 days)

Rotation 3 – Monday 10/21/19 - Friday 12/13/19
3A: 10/21/19 - 11/15/19 (20 days)
3B 11/18/19 - 12/13/19 (20 days)

EOR 3 / Prof Sem. 717– Monday 12/16/19 - Thursday 12/19/19 (4 days)

Break – 12/19/19 - 1/5/20

Rotation 4 – Monday 1/6/20 - Friday 2/28/20
4A: 1/6/20 - 1/31/20 (20 days)
4B: 2/3/20 - 2/28/20 (20 days)

EOR 4 / Prof Sem. 718 (and Summative Evaluation) – Monday 3/2/20 - Friday 3/6/20

Rotation 5 – Monday 3/9/20 - Friday 5/1/20
5A: 3/9/20 - 4/3/20 (20 days)
5B: 4/6/20 - 5/1/20 (20 days)

EOR 5 / Prof Sem. 718 – Monday 5/4/20 - Friday 5/8/20

Commencement – Friday 5/8/20

Other important dates:
BELIZE ROTATION – 3/2/20-3/27/20 and 3/30/20-4/24/20 (tentative)
WAPA
    Fall 2019 Conference: Kohler, WI 10/23-10/25
    Spring 2020 Conference: Madison, WI 4/1-4/3
AAPA – 5/16/20-5/20/20 Nashville, TN
PAEA – 10/9/19-10/12/19 Washington DC

Appendix D – Student Evaluations

Final Clinical Preceptor Evaluation

Your evaluation of the student's progress accounts for about half of the overall grade for the rotation. Please see grading rubrics for further explanation.

**Please explain all "Approaching," "Below Expectations," "No" OR "Inconsistent" marks in the comments box below.*

	EXCEEDS EXPECTATIONS, knowledge/skills better than expected (5)	MEETS EXPECTATIONS, knowledge/skills as expected (4)	APPROACHING EXPECTATIONS, Knowledge/skills not meeting expectations (3) *	BELOW EXPECTATIONS, Poor/Unacceptable performance (2) *	NOT OBSERVED/ NOT APPLICABLE
Student Name:					
Clinical Preceptor Name:					
Clinic Name:					
Rotation Type: IM FM SURG EM OTHER: *(please circle one)*					
Rotation: 1 2 3 4 5 *(please circle one)*					
CLINICAL KNOWLEDGE / SKILLS					
1. Medical Interview					
2. Physical Examination					
3. Oral Presentation					
4. Written Patient Record					
5. Knowledge of Diagnostic Test					
6. Problem-solving/Critical Thinking					
7. Factual Knowledge and Concepts					
8. Assessment/Differential Diagnosis					
9. Ability to Form & Implement Appropriate Management Plan					
10. Patient Education					
11. Ability to Perform Clinical Procedures (if applicable)					

INTERPERSONAL SKILLS/PROFESSIONALISM	YES (2)	Inconsistent (1)*	No (0)*
12. Overall demonstrates professionalism (ethical behavior, protects confidentiality, etc.)			
13. Exercises sound judgment			
14. Recognizes own limitations; seeks help when needed			
15. Is motivated, self-directed, possesses initiative			
16. Demonstrates appropriate response to criticism & feedback			
17. Team player, works well with clinic staff & other clinicians			
18. Communicates effectively with patients; develops rapport			
19. Is dependable, reliable & punctual			
20. Understands the role of the PA on the healthcare team			
21. Demonstrates cultural competency			
22. Displays self-confidence with patients & staff			
23. Please list the number of days that the student missed while on rotation: _____	*Comments:*		

Overall Impression: Do you feel that the student should pass this rotation (13) *(Please circle one)***:   Yes   No***

Overall, how prepared was the student to participate at this clinical site? *(Please circle one)*

Very prepared					Adequately Prepared*				Underprepared*	
10	9	8	7	6	5	4	3	2	1	0

General Comments and Explanation of all "Approaching," "Below Expectations," "No" or "Inconsistent" marks:

Have you discussed the content of this evaluation with the student?   Yes   No
Do you have suggestions regarding the program's curriculum?   Yes (view comments below)   Yes/Call Me   No

Clinical Preceptor Signature: _____

Clinical Preceptor (PRINT Name): _____

Date: _____

Student Signature: _____

Date: _____

PRECEPTOR: Please return evaluation to the student OR fax to the PA Program 608-265-4973
STUDENT: Please upload this completed evaluation to CANVAS, Thank you!
Beverly Speece, PA-C, Director of Clinical Education, phone: 608-265-6723, email: speece@wisc.edu

Preceptors should take into account the timing of this clerkship with respect to the student's clinical training.

Please read the description of the expectations carefully and base your evaluation on the student's demonstrated achievements.

Ratings:

  5- EXCEEDS EXPECTATIONS, overall performance constantly better then expected. Very good.

  4- MEETS EXPECTATIONS, overall knowledge and skills are as expected. Good, but still room for improvement.

  3-APPROACHING EXPECTATIONS, overall performance not meeting expectations.   Still room for much improvement. Barely does what is needed.

  2- BELOW EXPECTATIONS, overall poor and unacceptable performance. Omissions are made, techniques are not completed in a manner which provides appropriate information, skills not developed despite multiple attempts.

  NOT OBSERVED/NOT APPLICABLE

MID-POINT CLINICAL PRECEPTOR EVALUATION

Please provide feedback on our student's progress mid-way through his/her rotation.

Student Name:

Clinic Name:

Clinical Preceptor Name:

Rotation Type *(please circle one)*:   IM   FM   SURG   EM   OTHER:

Rotation *(please circle one)*:   1   2   3   4   5

Please check the appropriate box for each category. **Please explain 'Area of Concern' below*	On the right track, learning appropriately	Emphasize more study and practice in this area	*Area of concern	Not Applicable
Medical Fund of Knowledge				
History Taking Skills				
Physical Exam Skills				
Interpreting Labs-Tests				
Formulating Differential Diagnoses				
Management and Treatment Plans				
Written Documentation Concise and Pertinent				
Oral Presentation Concise and Pertinent				
Communication Skills: Patient education & interaction				
Professional Behavior:				
Enthusiasm & self-motivation				
Accepts criticism				
Recognizes own limitations				
Functions well in a team				
Displays cultural competency				
Rapport with clinic staff				
Dependable & Punctual				

General Comments/Explanation of *'Area of Concern'*:

Clinical Preceptor (Signature):   **Date:**

Clinical Preceptor (PRINT Name):

Student Signature: **Date:**

Preceptor: Please return evaluation to the student OR fax to the PA Program 608-265-4973

Student: Please submit on CANVAS

Beverly Speece, PA-C, Director of Clinical Education, phone: 608-265-6723, email: speece@wisc.edu

Self-Evaluation

Please evaluate your own progress during this rotation. Please check the appropriate box.

Please explain all "Approaching," "Below Expectations," "No" OR "Inconsistent" marks in the comments box below.

	EXCEEDS EXPECTATIONS, knowledge/skills better than expected (5)	MEETS EXPECTATIONS, knowledge/skills as expected (4)	APPROACHING EXPECTATIONS, Knowledge/skills not meeting expectations (3)	BELOW EXPECTATIONS, Poor/Unacceptable performance (2) *	NOT OBSERVED/ NOT APPLICABLE
Student Name:					
Clinical Preceptor Name:					
Clinic Name:					
Rotation Type: IM FM SURG EM OTHER: *(please circle one)*					
Rotation: 1 2 3 4 5 *(please circle one)*					
CLINICAL KNOWLEDGE / SKILLS					
1. Medical Interview					
2. Physical Examination					
3. Oral Presentation					
4. Written Patient Record					
5. Knowledge of Diagnostic Test					
6. Problem-solving/Critical Thinking					
7. Factual Knowledge and Concepts					
8. Assessment/Differential Diagnosis					
9. Ability to Form & Implement Appropriate Management Plan					
10. Patient Education					
11. Ability to Perform Clinical Procedures (if applicable)					

INTERPERSONAL SKILLS/PROFESSIONALISM	YES (2)	Inconsistent (1)*	No (0)*
12. Overall demonstrates professionalism (ethical behavior, protects confidentiality, etc.)			
13. Exercises sound judgment			
14. Recognizes own limitations; seeks help when needed			
15. Is motivated, self-directed, possesses initiative			
16. Demonstrates appropriate response to criticism & feedback			
17. Team player, works well with clinic staff & other clinicians			
18. Communicates effectively with patients; develops rapport			
19. Is dependable, reliable & punctual			
20. Understands the role of the PA on the healthcare team			
21. Demonstrates cultural competency			
22. Displays self-confidence with patients & staff			
23. Please list the number of days that you missed while on rotation: _____	*Comments:*		

Overall, how prepared did you feel to participate at this clinical site? *(Please circle one)*

Very prepared   **Adequately Prepared***   **Underprepared***

10   9   8   7   6   5   4   3   2   1   0

General Comments and Explanation of all "Approaching," "Below Expectations," "No" or "Inconsistent" marks:

Student Signature: _____
Date: _____

STUDENT: Please upload this completed evaluation to CANVAS, Thank you!
Beverly Speece, PA-C, Director of Clinical Education, phone: 608-265-6723, email: speece@wisc.edu

Appendix E – Procedure List

Recommended Procedure List

Ophthalmology
Visual acuity
Slit lamp examination
Fluorescein staining

Dermatology
Punch biopsy
Shave biopsy
Excisional biopsy
Skin scraping KOH
Suturing techniques - Basic
Suturing techniques - Advance

Instruction of Operation
PFT (spirometry) demo
Peak flow meter interpretation
Hand-held inhaler use
Glucometer use

Orthopedics
Casting of extremity
Splinting of extremity
Joint injection

Surgical
Surgical knot tying
Sterile operating room techniques

Basic Skills
Subcutaneous injection
Intramuscular injection
Venipuncture
Intravenous access
Wound debridement

Basic Skills Continued
Wound dressing
Wound irrigation

Emergency Medicine
Bladder catheterization
Lumbar puncture

ENT
Cerumen removal

Emergency Medicine
I&D of abscess
Toenail removal
Topical skin adhesion (DERMABOND®)
Local infiltration of anesthesia
Basic nerve block

Radiologic Interpretation
Chest
Abdominal (flat and upright)
Upper extremity
Lower extremity

Gynecology
Pelvic examination
Pap smear
Digital rectal exam
Vaginal wet mount
Vaginal KOH
Breast Examination

Laboratory Skills
Pharyngeal swab
Skin scraping KOH

Appendix F – Case Presentation Summary and Rubric

Case Presentations with Commentary (50 points)

Each student is required to demonstrate the ability to make a well-organized and articulate case presentation to your peers. This requirement includes preparing a PowerPoint along with a 1-2 page summary of the case which should include 1-2 paragraphs containing additional 'learning points' or commentary often supported by EBM.

You will submit your PowerPoint and the case summary onto CANVAS approximately 1 week prior to EOR 5. Please be sure to NOT use any patient names or identifying information. Utilizing a PowerPoint, you will give a case presentation to your peers during EOR 5 on a case you found interesting or a case that has some good 'teaching opportunities'. Included in this case presentation, should be an 250-500 word commentary. The commentary can discuss any aspect of the case that you feel is important and interesting, and can focus on some aspect of public health, EBM, ethics, or personal learning experience. This should have one or two references.
You will be given 10 minutes to present, followed by 5 minutes for questions.

The written reports should include a summary of the patient's presentation, findings from the physical examination, diagnostic test results and information obtained from the EBM source regarding the suggested management of the patient. The written and oral assignments serve as one means to assess student competence in medical informatics and the practice-based learning and improvement (PBLI) competency.

In Summary:

- You will post a PowerPoint and case summary/commentary onto CANVAS

- You will present this case to your peers. The PowerPoint should be brief, no more than about 8-15 slides, just hitting the highlights (details can be placed in your narrative).

- Your commentary afterwards can discuss any aspect you find important or interesting (public health, EBM, ethics, personal learning experience, etc.)

- You need to provide at least 1-2 well-respected references that you utilized to help learn about the case and to augment your discussion (for example, if you present a patient with meningitis…what is the information in the medical literature on the need and use of IV steroids in a patient with meningitis?).

- ENJOY. BE CREATIVE! Don't hold back from quizzing your peers ("What is in your differential….what might you want to order on this patient?"). Imagine you were giving a FLEX Case to your peers

Category	Reflects	Score
Level of Preparation (15 points possible)		
▪ The student obviously put time and effort into this project as evidenced by his/her knowledge of the subject and reflected in the written narrative and oral presentation	**15**	
▪ The student had a rather superficial knowledge of the subject matter and was unable to answer reasonable questions with any confidence	**1**	
Quality of Presentation (10 points possible)		
▪ The presentation was dynamic and flowed well. The student sought participation. The info on the PowerPoint slides was organized and easy to follow	**10**	
▪ The presentation was dull and boring. No attempt was made to stimulate discussion. The info on the PowerPoint slides was scattered and difficult to follow	**1**	
Professionalism (10 points possible)		
▪ The student was dressed professionally and conducted him/herself appropriately. He/she carried a presence.	**10**	
▪ The appearance and mannerisms of the student did not reflect professional behavior. This is not a person I would take seriously	**1**	
Transition of Knowledge (10 points possible)		
▪ The student was able to convey information to me in a meaningful way. I have an understanding and appreciation for the content and how it impacts me as a future physician assistant.	**10**	
▪ The presentation wasted my time as I learned very little	**1**	
Quality of References (5 points possible)		
▪ The resources used seem accurate and reliable	**5**	
▪ The resources used likely do not contribute to a true reflection regarding the subject matter	**1**	
	Total Out of 50	

Comments:

Appendix G - Integrating Students into Patient Care/Workflow

Incorporating Students into Patient Care/Workflow
http://paeaonline.org/publications/preceptor-handbook/
Introducing/Orienting a PA Student to Your Practice
http://paeaonline.org/publications/preceptor-handbook/

Appendix H - Evaluation and Teaching Strategies

Ask-Tell-Ask Feedback Model

http://paeaonline.org/publications/preceptor-handbook/

The One-Minute Preceptor
This resource outlines five "microskills" essential to clinical teaching.
http://stfm.org/fmhub/fm2003/jun03/stevens.pdf

http://paeaonline.org/publications/preceptor-handbook/

Feedback and Reflection: Teaching Methods for Clinical Settings
This article describes how to use these two clinical teaching methods effectively.
http://www.uthscsa.edu/gme/documents/FeedbackandReflection.pdf

Characteristics of Effective Clinical Teachers
This study looks at what residents and faculty consider to be the most effective
characteristics of clinical preceptors. http://stfm.org/fmhub/fm2005/january/tamara30.pdf
Tailoring Clinical Teaching to an Individual Student
http://paeaonline.org/publications/preceptor-handbook/
SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education
http://paeaonline.org/publications/preceptor-handbook/

Appendix I - Providing Effective Feedback
Getting Beyond "Good Job": How to Give Effective Feedback
This article outlines why feedback is important, barriers to feedback, and how to give
constructive feedback. http://pediatrics.aappublications.org/cgi/reprint/127/2/205

Feedback in Clinical Medical Education
This article provides effective guidelines for giving feedback. http://jama.ama-assn.org/content/250/6/777.full.pdf+html

Feedback: An Educational Model for Community-Based Teachers
This document provides insightful tips on giving feedback, describes differences between
feedback and evaluation, addresses barriers to giving feedback, and gives the reader case-
based practice scenarios. http://www.snhahec.org/feedback.cfm

Appendix J - Managing Difficult Learning Situations

Dealing with the Difficult Learning Situation: An Educational Monograph for Community-Based Teachers

These documents outline strategies for both preventing and managing difficult learning situations. http://www.snhahec.org/diffman.cfm

Providing Difficult Feedback: TIPS for the Problem Learner

This article provides an easy-to-use "TIPS" strategy to address difficult learners or learning situations. http://www.uthscsa.edu/gme/documents/ProvidingDifficultFeedback.pdf

Appendix K - Developing Expectations

Setting Expectations: An Educational Monograph for Community-Based Teachers[13]

This document outlines both a timeline and comprehensive ways to develop expectations for both the learner and teacher. http://www.snhahec.org/expectations.cfm

Appendix L - Conflict Resolution

Aspects of Conflict Resolution[14]

This article discusses the causes of conflict, approaches to conflict resolution, and techniques/strategies to resolve conflict effectively.
http://www.traqprogram.ca/index.php/en/resources/traq-library/item/303-aspects-of-conflict-resolution