

PRIMARY CARE ASSOCIATE PROGRAM

2011-2013

PRIMARY PRECEPTOR MANUAL

<http://pcap.stanford.edu>

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Dear Preceptor:

Thank you for your interest in precepting a student in the Primary Care Associate Program. Your services make it possible for our program to continue its more than thirty-eight year tradition of educating excellent Physician Assistants. Included in this manual is the information that describes the scope of your duties as a preceptor and our approval process.

Please note that California physicians serving as Preceptors may claim eight (8) Category 1 CME credit-hours per year. For more information on CME see <http://www.mbc.ca.gov>. We also sponsor our Physicians, that precept a student, free access to the Stanford Medical School Lane Library which includes up to date resources. If you are interested in this please email me at cahrends@stanford.edu to set this up for you.

Physician Assistants serving as Assistant Preceptors may claim continuing education hours as well and should check with their licensing board for more information.

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PRIMARY CARE ASSOCIATE PROGRAM

The Primary Care Associate Program (PCAP) was founded in 1971. It is a 21 month (seven quarters) Physician Assistant (PA) program and leads to a Certificate of Clinical Proficiency from the Stanford University School of Medicine. Foothill College provides academic credit for all courses.

CLINICAL TRAINING OVERVIEW

The Program emphasizes on-site training in community training sites in combination with a didactic program and close monitoring provided by program staff and faculty. Much of the primary training takes place in the office of a preceptor - a practicing physician preceptor who teaches the student during the course of his/her regular practice. **The PCA Program has the responsibility for arranging the clinical instruction and supervision of each student, including identifying and supplying preceptors.** Students are encouraged to seek out primary care preceptors in their home communities, however students are not required to do so. The Program must approve each clinical site and retains the responsibility for student training and evaluation. Preceptorship sites are located throughout California. Students from satellite areas must complete their preceptorship in those areas.

In clinical preceptorships, students will examine and evaluate patients in various settings, under the supervision of their physician preceptors (and, in some cases, physician assistants, nurse practitioners or nurse midwives as assistant preceptors). Each student will be site visited in their clinical preceptorship sites by representatives of the program four times per year. The purpose of the site visit is to educate and give feedback to the students in the clinical setting.

Learning the core knowledge, skills and professionalism for PA practice is reinforced by both primary care preceptorships and hospital rotations throughout the curriculum. The curriculum is ideally suited to adult learners, since medical content is continually supported by clinical experience.

The faculty and students engage in teaching and learning, community outreach, and advocacy that focus on improving the health status of California's citizens, particularly those in medically underserved areas.

Upon completion of the Program, all graduates possess the following competencies:

- Gather accurate historical data, perform competent physical examinations, diagnose physical and psychosocial health problems, and develop management plans for patients' problems across the life span and in acute, chronic, emergent and long-term care settings
- Apply basic medical science concepts to the practice of medicine
- Practice disease prevention and health care maintenance with effective patient education skills
- Develop effective listening and communication skills with patients, peers and supervisors
- Accurately document patient records in verbal and written format
- Develop skills for information literacy and lifelong learning
- Function effectively with physician and others health care professionals as part of a health care team
- Demonstrate sensitivity and responsiveness to each patient, and recognize the influence of culture, age, gender, and abilities in each patient interaction
- Integrate ethical behavior and professionalism into the practice of medicine
- Demonstrate intelligence, sound judgment, respect for self and others, and intellectual honesty
- Demonstrate awareness of the health care system and advocate for quality patient care
- Provide service to the community and to the PA profession

THE CLINICAL TRAINING TEAM

The clinical training team in the Primary Care Associate Program involves communication and teamwork by several people. The team is composed of: The Clinical Coordinator, Faculty Advisor, Site Visitor, Preceptor Administrative Assistant, and Primary Preceptor. Their roles are described below.

Clinical Coordinator

The Clinical Coordinator supervises the implementation of the clinical training of the PA student. This includes

- Supervision and coordination of the clinical team
- Consulting on the information collected for the preceptor database
- Instructing students on quarterly clinical requirements
- Updating and maintaining the clinical manuals and forms
- Mediating conflict and concerns of the clinical team
- Following up with preceptors when student's performance problems arise
- Report to the Student Progress Committee on problems affecting student's clinical performance

Faculty Advisor

Shortly after acceptance into the program a student is assigned a Faculty Advisor. The task of the Faculty Advisor includes

- Coordination of the approval process for finding Primary, Supplemental and Assistant Preceptors
- Provide guidance on problem solving in all areas of Program activity, including didactic, clinical, personal adjustment and professionalism
- Meet with the student each quarter to maintain contact and provide ongoing support

Site Visitor

Each student is assigned a Site Visitor at the beginning of their clinical training. In some cases the student's Faculty Advisor will serve as their Site Visitor. The role of the Site Visitor is to

- Continue coordinating the process of finding and approving Supplemental Preceptors. This often occurs when students need additional clinical experiences such as pediatrics, women's health, or any additional required clinical component needed to fulfill the broad range of primary care education not provided by their Primary Preceptor
- Provide resources for finding facilities that can fulfill the **required rotations: Inpatient, Surgery and Emergency Department**
- Assess the student's clinical progress during site visits (at least once per quarter during quarters 3-6)
- Review written SOAP notes, History/Physical exams and other clinical assignments
- Review the student's electronic patient logs (EValue) regularly to determine student participation and patient variety (to help determine need for supplemental sites).
- Facilitate remedial instruction in clinical skills when areas of concern are identified

Preceptor Administrative Assistant

Potential preceptors fill out a *Preceptor Pre-Approval Form*. This form is also used to gather appropriate information on larger facilities that employ a number of preceptors under one service agreement. In this case additional information from a facilities manager will be obtained. This completed form is returned to the Preceptor Administrative Assistant who reviews the data with the Faculty Advisor and verifies licensure. The Preceptor Administrative Assistant has an important role in collecting and verifying data for our preceptor database. This database is used by Faculty Advisor and Site Visitors to identify appropriate clinical training sites. The Preceptor Administrative Assistant may communicate with preceptors and facilities managers during the approval process in the event that additional information is required. The Preceptor Administrative Assistant answers the questions of preceptors and facilities managers

regarding contracts, malpractice insurance coverage of students, and any other student requirements mandate by the facility.

Primary Preceptor

The Primary Preceptor is a physician who is the clinical mentor of the PA student. Each student must have a Primary Preceptor who provides a clinical “home” for part of the student’s training. Preferably the Primary Preceptor will be a Family Medicine physician. The student can train with an Internal Medicine physician but will need to complement it with clinical sites in pediatric, obstetric/ gynecological and other sites to complete their required clinical training.

The responsibilities of the Primary Preceptor are:

- Provide a physical location, adequate clinical space, and provide or help arrange a variety of patient encounters necessary for a primary care learning experience for the PA student
- Remain on-site at all times when the student is on-site for training
- Precept only one PA student at a time
- Contact the Preceptor Administrative Assistant as needed to receive a copy of the PCAP student portfolio of vaccines and pre-clinical preparation which is on file in the PCAP office. Should an individual clinic or facility have additional requirements or safety orientation (drug screening, background check, etc.), Primary Preceptors are responsible for ensuring that students are aware of and fulfill those requirements
- Review the student clinical requirements (e.g. for variety of patients including pediatrics, women’s health, and geriatrics) to insure that the clinical requirements are realizable in the preceptor’s practice site. If not, the preceptor will inform the student so that he/she can make other arrangements for their completion
- Provide the required number of hours for the student to perform clinical activities in order to develop the student’s skills and to insure proper patient care
- Supervise, demonstrate, teach, and observe the student in clinical activities in order to develop the student’s skills and to insure proper patient care

- Provide gradually increasing levels of responsibility in clinical identification of problems and in clinical patient management as the student's clinical competence develops
- Review with the student the "Goals and Objectives" section of the curriculum (distributed to the students each quarter) in order to identify the problem areas and provide specific teaching demonstrations for the student or other instructions to resolve these problems areas.
- Allow student to utilize the problem-oriented medical record system notations and problem lists in record keeping. Students may use electronic medical records for charting or hand written notes. Preferably the notes will be inserted into the actual patient chart. If this is not allowed, the student will write a note and keep it in a separate portfolio.
- Sign each note written by the student, preferably within 24 hours of the patient encounter. . Signatures are required whether the note is in the actual patient chart or in the student's portfolio.
- Assistant Preceptors must have the responsible supervising physician sign the student note within 7 days of the patient encounter
- Within HIPAA guidelines support the student in maintaining their records in an electronic system (EValue) with diagnoses for all patients seen by the student. As well, the preceptor will allow the student to maintain a clinical log with HIPAA-appropriate patient identifiers listed in each system or disease category
- Maintain malpractice and liability insurance that provides coverage for the Primary Preceptor and his/her employees
- Participate in the evaluation of the student's clinical skills and didactic knowledge base through the following mechanism:
 - Direct supervision, observation, and teaching in the clinical setting
 - Student oral presentation to the preceptor
 - Dialogue with faculty during site visits to evaluate student's progress and to assist the student's learning process

- Chart audits of student progress notes and history and physical write-ups on patients seen
- Quarterly formal written evaluation reports to the central program office
- Facilitate relations between the student and the office staff in the practice site, as well as with other health professionals in the medical community
- Notify the program should any problems arise that would prevent the preceptor from accomplishing the above items or diminish the training experience for the student. It is the program's intention to have a complete open faculty-colleague relationship with the preceptor. Early notification of problems will facilitate early problem solving and will improve the training experience for the student.

Additional Preceptors

Assistant Preceptor: The Primary Preceptor may allow a Nurse Practitioner (NP) or a Physician Assistant (PA) that works with him/her to act as teaching assistant in instructing the PA student. The Primary Preceptor needs to be on site and he/she needs to co-sign all the student's chart notes. The Assistant Preceptor will be required to undergo the program's review and approval of their credentials. The Primary Preceptor has the ultimate responsibility for the PA student's clinical training.

Secondary or Supplemental Preceptor: A physician who has agreed to precept a student for a given period of time in a specific area of medicine (e.g., obstetrics and gynecology, pediatrics, orthopedics, dermatology).

PRIMARY PRECEPTOR /PRIMARY CARE ASSOCIATE PROGRAM RELATIONSHIP

The success of clinical training of PCAP students depends on maintaining good communication between the student, Faculty Advisor, Site Visitor, Primary Preceptors, Preceptor Administrative Assistant and Clinical Coordinator. All members of the team should share contact information.

If a Primary Preceptor has a question or concern about a student, he/she should contact both the student's Site Visitor and Faculty Advisor. If a Primary Preceptor has a question or concern about a Site Visitor, he/she should contact the PCAP Clinical Coordinator.

The Primary Preceptor's evaluation of the student is important. On-going feedback about student performance should be obtained from the Primary Preceptor during site visits. If there is major disagreement between the Primary Preceptor's and the Site Visitor's assessment of a student's performance, the Student Progress Committee shall be notified immediately so that effective counsel is maintained during resolution of opinions. A passing Primary Preceptor evaluation is required each quarter. If deemed "not passing", the student will be referred to the Student Progress Committee for remediation.

PRIMARY PRECEPTOR REQUIREMENTS

The Primary Care Associate Program Primary Preceptor's requirements are:

1. The Primary Preceptor must be willing to serve as such.
2. The Primary Preceptor shall be a licensed physician who is engaged in the practice of medicine.
3. Primary Preceptors shall be physicians in good standing, as defined by state guidelines.
4. Assistant Preceptors shall be licensed and in good standing in their respective professions.

5. The ideal Primary Preceptor will be a physician in a primary care practice with a patient population of all ages and complexity of primary health care needs. Usually these preceptors are general or family practice physicians; some internal medicine physicians may also be suitable.
6. The patient load should be neither so great as to leave no time for teaching nor so small as to provide too few patients.
7. The clinical practice need not to be restricted to an office setting but may take place in licensed facilities such as hospitals, clinics, etc. The suitability of the clinic practice as a primary or supplemental site will be determined by the program.
8. The preceptorship site must be in California.
9. Primary Preceptors must not precept more than one physician assistant student at a time.
10. Primary Preceptors should not view a preceptee as a productive worker, but as a student.
11. Primary Preceptors must carry malpractice coverage for themselves and their clinic employees.

PRECEPTOR APPROVAL PROCESS

The approval process begins with completion of the *Preceptor Approval Form* by the Primary Preceptor, Assistant Preceptor or Facilities Manager.

The *Preceptor Approval Form* is designed for gathering information on sites where the student will be observing and experiencing “hands-on” training in primary care. It is also designated to ensure that Assistant Preceptors, if utilized, clearly designate the physician who is ultimately responsible for the student’s clinical activities.

Each facility may have rules that govern student activities. Section 2 on the *Preceptor Approval Form* asks for information on facility contacts. This will most often be required of large facilities such as County health clinics, multi-specialty groups, or skilled nursing facilities.

Note: A Primary Preceptor who has hospital privileges may want a student to observe inpatient hospital rounds or operating room procedures. This may be allowed in later quarters but is not allowed during 3rd quarter. Even though no patient contact is planned facilities often have strict rules regarding clearance for those observing activities. Students may not attend such facilities until the Preceptor Administrative Assistant is contacted and directs the student go to the facility’s manager to obtain the required clearance.

A copy of the approval form is listed on the PCAP website. This form can be copied as needed. Once the form has been submitted to PCAP allow at least 2 weeks for processing. If a new facilities agreement and contract needs to be developed please allow 6 weeks. Once approved, the Preceptor Administrative Assistant will send written confirmation of approval and a statement regarding malpractice coverage.

The preceptor’s information will be maintained in the PCAP database and updated annually.

FREQUENTLY ASKED QUESTIONS

What is the Primary Care Associate Program (PCAP)?

- The Primary Care Associate Program (PCAP) curriculum provides accelerated education (21 months) for the Physician Assistant (PA). The PA student builds on prior academic, clinical and life experiences to develop expertise in primary care and assume the new role as a clinician.

What clinical experience does the PA student have prior to the start of the program?

- Some examples of clinical preparation a Physician Assistant student may bring to their study include experience in one of the following fields: international medical graduate, paramedic, respiratory therapist, military medical corpsman, nurse, and medical assistant. Registered nurses enter our program from a variety of nursing backgrounds, including outpatient and hospital-based nursing practice.

How long is the clinical training in the PCAP?

- The Primary Care Associate Program offers a curriculum that emphasizes community-based clinical education in combination with didactic classes (37 weeks didactic). Much of the clinical education (46 weeks clinical) takes place in the office of a Preceptor (primary preceptor).

How many clinic days per quarter?

- The PA student starts clinical requirements during the third quarter (Feb – March). There are 6 weeks (30 days) of required clinic preceptorship in a primary care setting during third quarter.
- During the 4th quarter (April – June) there are 9 weeks (45 days).
- In 5th quarter (July – mid Sept.) and 6th quarter (Sept. – Dec.) the students are in clinical rotations for 11 weeks each quarter. Hospital rotations of 4 weeks each (ER, Surgery and Inpatient rotations) will be scheduled for most students during these quarters.
- In 7th quarter (Jan – March.) the students will have 9 weeks for completing their clinical training

What is a Primary Preceptor?

- Primary Preceptor: A physician who has agreed to teach and evaluate the bulk of the student's required clinical experience and training.

What is a Secondary, Supplemental or Assistant Preceptor?

- Secondary or Supplemental Preceptor: A physician who has agreed to precept a student for a given period of time in a specific area of medicine (e.g., obstetrics and gynecology, pediatrics, orthopedics, dermatology).

- Assistant Preceptor: A Nurse Practitioner, Physician Assistant, Certified Nurse Midwife or other licensed medical professional who, under the direct supervision of a physician-preceptor, has agreed to provide regular, recurring and important training of a student.

Do I get any credit for acting as a PCAP Primary Preceptor?

- California physicians serving as preceptors may claim eight (8) Category 1 CME credit-hours per year. For more information on CME see http://www.medbd.ca.gov/CME_Options.htm
- The Primary Care Associate Program can sponsor a Primary Preceptor to have access to the Stanford University Lane library. We will need your email information to help you set up this access.

What do I need to do to become a preceptor at the PCAP?

- The approval process begins with completion of the *Preceptor Pre-Approval Form* by the Primary Preceptor, Assistant Preceptor or Facilities Manager. The *Preceptor Pre-Approval Form* is designed to gather information on sites where the students will be doing their clinical training. This form is submitted to the program and the program's Preceptor Administrative Assistant. The Faculty Advisor will contact the preceptor to finalize the approval process.

Who provides malpractice for the PCAP student?

- Once the approval process is in place, the Primary Preceptor will get a letter confirming the academic status of the student and information on the student's malpractice coverage. The program, through Foothill College, provides malpractice coverage.

Does your program do site visits and how often?

- The PCAP does quarterly site visits to each student in their primary clinical sites (during quarter 3-6). The site visitors are members of the PCAP clinical faculty. Their role is to assess the student's clinical progress during the site visit. The site visitor will review written SOAP notes, observe physical exams and presentation skills to the preceptor during the site visit. The visit usually last 3 to 4 hours. The site visitor will report to the preceptor any remedial instruction when areas of concern are identified.

Do I need to complete a quarterly evaluation of the student?

- The PCAP program requires that the Primary Preceptor completes a quarterly evaluation. The program is beginning to use a web base evaluation format. The program needs the Primary Preceptor's email address in order to give him/her access to the evaluation form.

CLINICAL TEACHING TIPS

ONE MINUTE PRECEPTOR

The following pages describe a process that has been found to be of significant value to clinical preceptors. We will be asking site visitors to share this with the preceptors at an early site visit. Please read through for clarification.

The one minute preceptor is a format used during the clinical case presentation. It is an early way to evaluate the student's ability to reason through the patient's problem.

First Step

"Get a Commitment" – Allows the student to give you a general view of what the patient's problem is and what would be the best way to solve it.

*What do you think is going on with this patient?
What do you want to do?*

Second Step

"Probe for Supporting Evidence" – This step is very important because it helps to evaluate the student's fund of knowledge on the patient's problem and the student's critical thinking ability.

*What led you to your diagnosis or decision?
What else did you consider?*

These two steps will help you to diagnose the student's knowledge.

Third, Fourth & Fifth Steps

"Teach General Rules" – Tell the learner what he/she did right and the effect it had and "correct mistakes". These steps help the preceptor/teacher to give feedback to the student.

*The key features of this illness are...
The natural progression of this disease is...*

Tell the Learner What S/he Did Right and the Effect it had
Specifically, you did a great job of...

Correct Mistakes

Next time this happens, try this...

STUDENT IMMUNIZATION AND BACKGROUND CHECK INFORMATION

When the students begin the program we require our students to receive a felonies and misdemeanors background check covering the past 7 years. A copy of the background check is maintained in the students file and is available upon request.

Prior to beginning clinical training students are required to receive or show proof of the following immunizations:

- Current Tdap immunization (Tetanus, diphtheria and pertussis)
- Measles, Mumps, Rubella, Varicella, Hepatitis B series and titers for proof of immunity
- Tuberculosis screen by Quantiferon Gold blood test. If positive, then a current chest x-ray and physician's letter of medical clearance is required.

Certifications: Students are required to be trained in first aid, fitted for N95 respirator masks, be CPR or BLS certified, achieve ACLS certification by [July 1](#), pass a screening physical exam, be HIPAA certified to level 4 and pass a tutorial on mandated child abuse reporting. Immunization Records are maintained in their student file and available upon request.

Students sign a release form so that this information may be shared with clinics, hospitals and preceptors as needed to ensure safe clinical practice. Our students have provided all the required documentation and it is available upon request.

Malpractice Insurance: All members of the faculty-student-preceptor team must be mutually indemnified. Students enrolled in the Primary Care Associate Program are, through their enrollment, covered by ***malpractice insurance in the amount of at least one million dollars (\$1,000,000)***. Stanford employees and agents such as Site Visitors and Faculty Advisors are covered for malpractice by the terms of their employment. We require that physician preceptors carry malpractice insurance for themselves and their employees.

If you have any further questions please call.

Information on Injuries and Exposures to Bloodborne Pathogens

If a student is injured while attending class or at their preceptorship, Foothill College procedures will be followed.

For any serious injury: render appropriate first aid and seek immediate assistance from the nearest medical facility. Call 911 if appropriate.

For a less serious injury

- Render appropriate first aid
- Contact Foothill College Health Services as soon as possible: (650) 949-7243
- The Health Counseling and Services office will assist with appropriate documentation that must be completed even if the student is treated at another health care facility.
- In the event of bloodborne pathogen exposure seek care from the nearest occupational health care facility; often the local emergency room is the resource.

In the **Stanford area**, students who experience an occupational injury or exposure to bloodborne pathogens will be referred by Foothill College Health Services to:

Nova Care Occupational Health
20289 Steven's Creek Boulevard
Cupertino, CA 95014
(408) 996-8656

In the event of exposure to blood or body fluid, the following emergency procedures should be followed (left column). If students are unsure whether a significant exposure to bloodborne pathogens has occurred, or if their treating facility has questions regarding the latest in post-exposure protocols, resources are listed below (right column).

| Students please note: | Medical Providers please note |
|---|---|
| <p>If you experienced a needle-stick or sharps injury or were exposed to the blood or other body fluid of a patient during the course of your training, immediately follow these steps:</p> <ul style="list-style-type: none"> • Wash needle sticks and cuts with soap and water. • Flush splashes to the nose, mouth, or skin with water. • Irrigate eyes with clean water, saline, or sterile irrigants. • Report the incident to your supervisor. • Report the incident to PCAP Program Director. <p>Immediately seek medical treatment.</p> | <p>If you have questions about appropriate medical treatment for occupational exposures, 24 hour assistance is available from the Clinicians' Post Exposure Prophylaxis Hotline (PEpline) at 1-888-448-4911</p> <p>CDC recommendations for the management of occupational exposures to blood & body fluids</p> <p>MMWR Recommendations and Reports, Volume 54, Number RR-9, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure Prophylaxis</p> <p>MMWR Recommendations and Reports, Volume 50, Number RR-11, Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis</p> |

Absence from Clinical Preceptorship

In order for a student to make adequate clinical progress he/she must meet minimum requirements per quarter for attending clinic or fulfilling rotational days. It is the obligation of each student to manage his or her time in order to meet those requirements. Each student will negotiate a plan with his/her Preceptor and Site Visitor and Faculty Advisor for fulfillment of clinical days and rotations. The student must contact the Site Visitor, Faculty Advisor and Clinical Coordinator regarding absences as soon as he/she is aware of any absences that may impact completion of the quarter clinical requirements. Any plan for addressing those absences must be reviewed and approved by the Clinical Team. A student who is unable to meet the clinical attendance and performance requirements for the quarter is not making satisfactory progress and may earn a not-passing grade for the quarter. If the Site Visitor and Faculty Advisor, in consultation with the Clinical Coordinator, cannot make a satisfactory intervention then the issue will be referred to the Student Progress Committee for resolution.

PCAP Clinical Behavior Policies

With respect to the program's preceptorship curriculum, the student is required to:

- Attend all supervised clinical activities as required by the Program and its designated clinical Preceptors
- Comply with the Dress & Grooming Standards for Clinical Settings (see below) Comply with state and federal laws and regulations regarding the delivery of health care services
- Maintain student enrollment, which confers malpractice insurance. Refrain from participating in supervised clinical practice unless student enrollment is current.
- Demonstrate sensitivity and responsiveness to each patient, and the influence of culture, age, gender and abilities in each patient interaction
- Give and accept constructive feedback from peers, Site Visitors, Preceptors and other health professionals

- Behave with respect, compassion, maturity and integrity to peers, faculty, Site Visitors, Preceptors, staff, patients and families
- Behave according to the ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices
- Function within legal and clinically appropriate limits for the PA student role
- Always identify oneself to patients, families and other health professionals as a PA student
- Submit all required assignments on time
- Maintain accurate and current Daily Patient Contact logs in the E*Value electronic tracking system during preceptorships.

PCAP Dress & Grooming Standards for Clinical Settings

(adapted from the Dress Code of Stanford Medical Center)

General

Female Students: Dresses, pant or skirts outfits suitable for a clinical environment and worn with appropriate shoes and hosiery/socks. Shoes must be clean and in good condition. Long white coat required, unless waived in specific clinical settings.

Male Students: Shirts and trousers suitable for an office/clinic environment with appropriate shoes and socks. Tie optional. Long white coat required, unless waived in specific clinical settings. Shoes must be clean and in good condition.

All Students: A clean, professional appearance is expected and includes clean nails and a hairstyle that does not interfere with duties. Jewelry is acceptable if it does not interfere with work duties. Perfume/cologne is discouraged, but if worn should be mild and unnoticeable to others. Make-up should be conservative.

No blue denim jeans, hats, caps, tank tops, shorts, spandex wear, sweats, flip-flops, cutoffs or skintight leggings. Midriff, chest and back must be covered. Scrubs should be worn only in

designated areas. Tattoos and piercings may be viewed by preceptors and facility personnel as unprofessional and may limit the student's clinic options.

Hospital settings may have more specific requirements about dress and grooming. Questions about dress and grooming should be directed to the Program Director or the Medical Director.

Name badges with photo identification as a PA student must be worn and visible at all times.

Record keeping:

Students will track their clinical days and hours in an electronic system called EValue. HIPAA compliant patient data will also be compiled.

Students are asked to write SOAP notes and H&Ps on the patients they see. They can be entered into hand-written charts and/or electronic record systems, but they should all be read and signed by Preceptors. If the student is not allowed to enter patient notes into your charts, he/she will keep a separate HIPAA compliant notebook of chart notes which also need to be signed by you.

PRECEPTORSHIP 1 (3RD QUARTER - February – March)

INSTRUCTIONAL OBJECTIVES

Upon completion of **Preceptorship I**, based on reading and supervised clinical practice, the student will demonstrate knowledge and clinical skills pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List.

Students must also be able to *define* tertiary prevention and *describe* examples; application of concepts of tertiary prevention to actual patients will be part of Quarter 4 preceptorship objectives.

In addition, students must be able to define and describe primary and secondary prevention services for all ages and genders, including:

- Healthy full term newborns
- Healthy premature infants
- Primary series immunizations in children
- adolescents
- adult women
- adult men
- elders

The instructional objectives and Problem List are intended to guide the student's education and serve as a study guide for the end-of-course examination. The program does not expect each clinical site to provide the student access to patients with all of the symptoms and disorders in the Problem List. Nor should the preceptor limit the student's clinical experience based on the Problem List.

*Note: If completing a pediatric or prenatal care/women's health rotation or equivalent, please see those syllabi for problem lists.

The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.

Pertaining to the Problem List below, the student will:

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis
- B. Elicit and record a complete and focused history, appropriate for the patient's age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
 1. appropriate use of questions
 2. listening to the patient
 3. an organized approach to eliciting the patient's history
 4. interpreting normal and abnormal historical data

- C. Perform and record a complete and focused physical examination, appropriate for the patient's age, to include the following
 - a. an organized head-to-toe approach
 - b. using proper technique
 - c. selecting the sections of the physical exam pertinent to the patient's complaint
 - d. interpreting normal and abnormal findings in the context of the patient's history
- D. Develop and record a differential diagnosis, based on the patient's complaint, to include a consideration of
 - a. the most likely diagnoses, based on history and physical exam data
 - b. the most common entities
 - c. the most severe and/or life-threatening entities
- E. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
 - a. risks and benefits
 - b. sensitivity and specificity
 - c. cost effectiveness
 - d. obtaining informed consent
- F. Develop, record and implement, as pertinent, a pharmacologic management plan to include
 - a. rationale for utilizing each drug, including mechanism of action
 - b. indications, contraindications and adverse reactions
 - c. potential drug-drug interactions
 - d. cost-effectiveness
 - e. documented patient education regarding side effects and adherence issues
- G. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate
 - a. behavioral and psychosocial interventions
 - b. referrals to other health care providers
 - c. referrals to community resources
 - d. utilization of family resources
 - e. plans for follow-up care
- H. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include
 - a. nutrition
 - b. accident and violence prevention (e.g., seat belts, helmets, screening for domestic violence)
 - c. physical activity/exercise
 - d. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
 - e. warning signs/symptoms of diseases
 - f. plan for age appropriate screening and periodic health assessment
- I. Provide patient counseling to include
 - a. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
 - b. consideration of patient's health beliefs and practices, religious/spiritual beliefs and lifestyle choices
 - c. family issues
 - d. occupational and leisure issues

- e. anticipatory guidance appropriate to patient's age
- J. Monitor patients' progress over time, to include
 - a. reassessment of subjective and objective data
 - b. reconsideration of differential diagnosis, as needed
 - c. modification of management plan, based on patient's health status and adherence issues
- K. Chart progress notes following the SOAP format to include
 - a. subjective data
 - b. objective data
 - c. assessment
 - d. plan
- L. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner
- M. Show professional and ethical behavior in clinical practice
- N. Communicate effectively in an interprofessional team
- O. Apply principles of academic honesty and integrity in all course-related activities

The student will demonstrate the knowledge and skills described above pertaining to:

PROBLEM LIST

Symptoms

Miscellaneous Problems

| | |
|----------------------|---|
| Fatigue and weakness | Adenopathy |
| Fever | Edema |
| Weight loss | Goiter |
| Syncope | Gastrointestinal bleeding |
| Headache | Common dermatology |
| Vertigo/dizziness | Health screening of asymptomatic adults |
| Angina | Chest pain |
| | Adult immunizations |
| Obesity | Basic EKG interpretation |
| Constipation | |
| Diarrhea | |

Dyspepsia

Low back pain

Shoulder, neck and arm pain

Joint pain/arthralgia

Abdominal pain

Amenorrhea

Disorders

Cardiovascular

- hypertension (essential & secondary), atrial fibrillation, heart failure, angina (stable & unstable), peripheral artery disease, varicose veins, venous insufficiency, thrombophlebitis

EENT

- **Eyes:** blepharitis, cataract, chalazion, conjunctivitis, corneal abrasion, corneal ulcer, dacryocystitis, ectropion, entropion, foreign body, glaucoma, hordeolum, hyphema, macular degeneration, nystagmus, papilledema, pterygium, strabismus.
- **Ears:** acute/chronic otitis media, acoustic neuroma, dysfunction of eustachian tube, foreign body, hearing impairment, hematoma of external ear, labyrinthitis, mastoiditis, otitis externa
- **Nose/Sinus Disorders:** acute/chronic sinusitis, allergic rhinitis, epistaxis, foreign body, nasal polyps.
- **Mouth/Throat Disorders:** acute pharyngitis, aphthous ulcers, diseases of the teeth/gums, epiglottitis, laryngitis

Endocrine

- **Diseases of the Thyroid Gland:** hyperthyroidism, hypothyroidism
- **Diabetes Mellitus:** Type 1, Type 2, hypoglycemia
- **Lipid Disorders:** hypercholesterolemia, hypertriglyceridemia

Gastrointestinal

- **Stomach:** gastroesophageal reflux disease, gastritis, peptic ulcer disease
- **Gallbladder:** acute/chronic cholecystitis, cholelithiasis
- **Liver:** acute/chronic hepatitis

- **Pancreas:** acute/chronic pancreatitis
- **Small Intestine/Colon:** appendicitis, celiac disease, constipation, diverticular disease, irritable bowel syndrome, lactose intolerance
- **Rectum:** Anal fissure, Abscess/fistula. Fecal impaction, Hemorrhoids

Genitourinary

- **GU Tract Conditions:** Benign prostatic hyperplasia, erectile dysfunction, hydrocele/varicocele, incontinence, nephro/urolithiasis, paraphimosis/phimosis
- **Infectious/Inflammatory Conditions:** cystitis, pyelonephritis, urethritis
- **Renal Diseases:** Chronic kidney disease

Hematologic

- **Anemias:** Iron deficiency, Vitamin B12 deficiency, folate deficiency

Infectious Disease

- Varicella-zoster, influenza, Cytomegalovirus infections, Epstein-Barr virus infections, Herpes simplex, HIV, tuberculosis

Musculoskeletal

- **Disorders of the Forearm/Wrist/Hand:** strains, sprains, arthritis
- **Disorders of the Back/Spine:** back strain/sprain, cauda equine syndrome, herniated nucleus pulposus, kyphosis, scoliosis, sciatica
- **Disorders of the Hip:** arthritis
- **Disorders of the Ankle/Foot:** arthritis
- **Osteoarthritis**
- **Osteoporosis**
- **Bone and Joint Disorders:** tendinitis, tenosynovitis, bursitis, temporomandibular joint disorder, olecranon bursitis

Neurologic

- **Diseases of Peripheral Nerves:** complex regional pain syndrome, peripheral neuropathies.
- **Headaches:** cluster headache, migraine, tension headache.
- **Vascular Disorders:** stroke, transient ischemic attack

Pulmonary

- acute bronchitis, pertussis, pneumonias (bacterial, viral) respiratory syncytial virus infection, tuberculosis, asthma, chronic bronchitis, emphysema

GENERAL SKILLS AND PROCEDURES

The student will observe and/or perform the following procedures, as pertinent to patient care and as possible at the clinical site:

- Venipuncture
- Administration of intradermal tests
- Administration of medications - i.e. topical, oral, IM, and IV
- Obtain and interpret electrocardiograms
- Perform CBC, urinalysis and other office laboratory procedures as indicated including gram stains, acid-fast stain, stool guaiac, etc.
- Collect specimens for blood cultures, urine cultures, stool cultures
- Proctoscopy
- Wound care and dressing changes
- Suturing and suture removal
- Incision and drainage
- Toenail removal

PROFESSIONAL GROWTH OBJECTIVES

The student's attitudes and behavior that contribute to Professionalism will be monitored by core PA faculty and clinical preceptors throughout the rotation. The student will demonstrate Professionalism by

- A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
 1. encouraging discussion of problems and/or questions
 2. recognizing verbal and non-verbal clues
 3. offering support and reassurance
 4. listening attentively
 5. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures
- B. Seeking and maintaining competence by
 1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
 2. completing rotation in accordance with assigned schedule, with punctuality
 3. adhering to the rotation objectives as set forth
- C. Demonstrating professionalism by
 1. recognizing one's limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
 2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee

3. eliciting and demonstrating receptivity to constructive feedback
4. forming and maintaining positive relationships with patients, peers, staff and supervisors
5. maintaining a calm and reasoned manner in stressful and/or emergency situations
6. showing respect for patients and maintaining appropriate confidentiality of the patient's record
7. demonstrating awareness and sensitivity to patients' cultural beliefs and behaviors
8. displaying a high level of motivation and interest
9. dressing and grooming appropriately
10. adhering to the AAPA Code of Ethics



Precepting Physician _____ PCAP Student _____

Facility Name _____ Student attended as contracted Yes ___ No ___

Please rate student performance from 1-5 (1 = Poor, 2 = Needs improvement, 3 = Competent, 4 = Skilled, 5 = Excellent) in the following areas. You may also include comments related to the student's strengths and areas for improvement.

Minimum passing score is 3. Please provide comments for any score below 3.

| | Competence Area | Score | Comments |
|--------------------|-----------------------------------|-----------|----------|
| Techniques | Medical Interview | 1 2 3 4 5 | |
| | Physical Examination | 1 2 3 4 5 | |
| | Oral Case Presentation | 1 2 3 4 5 | |
| | Written Patient Record | 1 2 3 4 5 | |
| | Clinical Procedures | 1 2 3 4 5 | |
| Clinical Knowledge | Factual Knowledge and Concepts | 1 2 3 4 5 | |
| | Problem Solving/Critical Thinking | 1 2 3 4 5 | |
| | Assessment/Differential Diagnosis | 1 2 3 4 5 | |
| | Ability to Form Management Plan | 1 2 3 4 5 | |
| | Patient Education | 1 2 3 4 5 | |
| | Patient Follow-up | 1 2 3 4 5 | |
| Professionalism | Relating to Patients | 1 2 3 4 5 | |
| | Relating to Colleagues | 1 2 3 4 5 | |
| | Responsiveness to Feedback | 1 2 3 4 5 | |
| | Understanding Role of PA | 1 2 3 4 5 | |
| | Confidence and Motivation | 1 2 3 4 5 | |
| | Reliability and Dependability | 1 2 3 4 5 | |
| | Overall Professionalism | 1 2 3 4 5 | |

Precepting physician's signature _____ Date _____

Please scan and email this completed form to Randy Fauver, rfauver@stanford.edu, or fax it to 650-723-9692.

Have questions or comments? Contact Camille Gordon at camilleg@stanford.edu or 650-498-5242.

Stanford Primary Care Associate Program, 1215 Welch Rd., Modular G, Stanford, CA 94305 650-725-8267

PRECEPTORSHIP II (4th QUARTER - April - June)

Instructional Objectives

Upon completion of **Preceptorship II**, based on reading and supervised clinical practice, the student will demonstrate knowledge and clinical skills pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List. In addition, students must be able to define and describe tertiary prevention services for all ages and genders,

- infants/children
- adolescents
- adult women
- adult men
- elders

The instructional objectives and Problem List are intended to guide the student's education and serve as a study guide for the end-of-course examination. The program does not expect each clinical site to provide the student access to patients with all of the symptoms and disorders in the Problem List. Nor should the preceptor limit the student's clinical experience based on the Problem List.

The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.

Pertaining to the Problem List below, the student will:

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis
- B. Elicit and record a complete and focused history, appropriate for the patient's age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
 5. appropriate use of questions
 6. listening to the patient
 7. an organized approach to eliciting the patient's history
 8. interpreting normal and abnormal historical data
- C. Perform and record a complete and focused physical examination, appropriate for the patient's age, to include the following
 - a. an organized head-to-toe approach
 - b. using proper technique
 - c. selecting the sections of the physical exam pertinent to the patient's complaint
 - d. interpreting normal and abnormal findings in the context of the patient's history
- D. Develop and record a differential diagnosis, based on the patient's complaint, to include a consideration of
 - a. the most likely diagnoses, based on history and physical exam data

- b. the most common entities
 - c. the most severe and/or life-threatening entities
- E. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
 - a. risks and benefits
 - b. sensitivity and specificity
 - c. cost effectiveness
 - d. obtaining informed consent
- F. Develop, record and implement, as pertinent, a pharmacologic management plan to include
 - a. rationale for utilizing each drug, including mechanism of action
 - b. indications, contraindications and adverse reactions
 - c. potential drug-drug interactions
 - d. cost-effectiveness
 - e. documented patient education regarding side effects and adherence issues
- G. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate
 - a. behavioral and psychosocial interventions
 - b. referrals to other health care providers
 - c. referrals to community resources
 - d. utilization of family resources
 - e. plans for follow-up care
- H. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include
 - a. nutrition
 - b. accident and violence prevention (eg seat belts, helmets, screening for domestic violence)
 - c. physical activity/exercise
 - d. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
 - e. warning signs/symptoms of diseases
 - f. plan for age appropriate screening and periodic health assessment
- I. Provide patient counseling to include
 - a. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
 - b. consideration of patient's health beliefs and practices, religious/spiritual beliefs and lifestyle choices
 - c. family issues
 - d. occupational and leisure issues
 - e. anticipatory guidance appropriate to patient's age
- J. Monitor patients' progress over time, to include
 - a. reassessment of subjective and objective data
 - b. reconsideration of differential diagnosis, as needed
 - c. modification of management plan, based on patient's health status and adherence issues
- K. Chart progress notes following the SOAP format to include
 - a. subjective data
 - b. objective data
 - c. assessment
 - d. plan

- L. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner
- M. Show professional and ethical behavior in clinical practice
- N. Communicate effectively in an interprofessional team
- O. Apply principles of academic honesty and integrity in all course-related activities

The student will demonstrate the knowledge and skills described above pertaining to:

PROBLEM LIST

Symptoms

Miscellaneous Problems

| | |
|-----------------------------|---|
| Fatigue and weakness | Adenopathy |
| Fever | Edema |
| Weight loss | Goiter |
| Syncope | Gastrointestinal bleeding |
| Headache | Common dermatologic problems |
| Vertigo/dizziness | Health screening of asymptomatic adults |
| Angina | Adult immunizations |
| Chest pain | Basic EKG interpretation |
| Obesity | Cancer screening: indications for fecal occult blood, sigmoidoscopy, colonoscopy, mammography |
| Constipation | |
| Diarrhea | |
| Dyspepsia | |
| Low back pain | |
| Shoulder, neck and arm pain | |
| Joint pain/arthritis | |
| Abdominal pain | |
| Amenorrhea | |

Disorders

Cardiovascular

- hypertension (essential & secondary), atrial fibrillation, heart failure, acute myocardial infarction, angina (stable & unstable), acute pericarditis, peripheral artery disease, varicose veins, venous insufficiency, thrombophlebitis, stroke

EENT

- **Eyes:** blepharitis, cataract, chalazion, conjunctivitis, corneal abrasion, corneal ulcer, dacryoadenitis, ectropion, entropion, foreign body, glaucoma, hordeolum, hyphema, macular degeneration, nystagmus, papilledema, pterygium, strabismus.
- **Ears:** acute/chronic otitis media, acoustic neuroma, dysfunction of eustachian tube, foreign body, hearing impairment, hematoma of external ear, labyrinthitis, mastoiditis, menieres disease, otitis externa, tinnitus, tympanic membrane perforation, vertigo, hearing disorder
- **Nose/Sinus Disorders:** acute/chronic sinusitis, allergic rhinitis, epistaxis, foreign body, nasal polyps.
- **Mouth/Throat Disorders:** acute pharyngitis, aphthous ulcers, diseases of the teeth/gums, epiglottitis, laryngitis, oral candidiasis, oral herpes simplex, oral leukoplakia, peritonsillar abscess, parotitis, oral health

Endocrine

- **Diseases of the Thyroid Gland:** hyperthyroidism, hypothyroidism
- **Diseases of the Adrenal Glands:** corticoadrenal insufficiency, Cushing's syndrome
- **Diabetes Mellitus:** Type 1, Type 2, hypoglycemia, DKA
- **Lipid Disorders:** hypercholesterolemia, hypertriglyceridemia
- **Nutrition and weight issues**

Gastrointestinal

- **Stomach:** gastroesophageal reflux disease, gastritis, peptic ulcer disease
- **Gallbladder:** acute/chronic cholecystitis, cholelithiasis
- **Liver:** acute/chronic hepatitis, cirrhosis
- **Pancreas:** acute/chronic pancreatitis
- **Small Intestine/Colon:** appendicitis, celiac disease, constipation, diverticular disease, irritable bowel syndrome, lactose intolerance, inflammatory bowel disease
- **Rectum:** Anal fissure, Abscess/fistula. Fecal impaction, Hemorrhoids
- **Infectious and Non-infections Diarrhea**
- **Vitamin and Nutritional Deficiencies**

Genitourinary

- **GU Tract Conditions:** Benign prostatic hyperplasia, cryptorchidism, erectile dysfunction, hydrocele/varicocele, incontinence, nephro/uroolithiasis, paraphimosis/phimosis, testicular torsion,

- **Infectious/Inflammatory Conditions:** cystitis, epididymitis, orchitis, prostatitis, pyelonephritis, urethritis
- **Renal Diseases:** Chronic kidney disease

Hematologic & Oncologic

- **Anemias:** Iron deficiency, Vitamin B12 deficiency, folate deficiency, anemia of chronic disease
- **Cancers:** mouth, larynx lung, stomach, pancreas, liver, colon, rectum, bone, breast, prostate, leukemia, lymphoma

Infectious Disease

- Varicella-zoster, influenza, Cytomegalovirus infections, Epstein-Barr virus infections, Herpes simplex, HIV, tuberculosis

Musculoskeletal

- **Disorders of the Forearm/Wrist/Hand:** strains, sprains, simple fractures, arthritis
- **Disorders of the Back/Spine:** back strain/sprain, cauda equine syndrome, herniated nucleus pulposus, kyphosis, scoliosis, sciatica
- **Disorders of the Hip:** arthritis
- **Disorders of the Ankle/Foot:** arthritis, simple fractures
- **Osteoarthritis**
- **Osteoporosis**
- **Bone and Joint Disorders:** tendinitis, tenosynovitis, bursitis, temporomandibular joint disorder, olecranon bursitis, DeQuervain's disease, Achilles tendonitis
- **Rheumatologic Conditions:** Fibromyalgia, Rheumatoid arthritis

Neurologic

- **Diseases of Peripheral Nerves:** complex regional pain syndrome, peripheral neuropathies.
- **Headaches:** cluster headache, migraine, tension headache.
- **Vascular Disorders:** stroke, transient ischemic attack
- **Other Neurologic Disorders:** concussion, dementias, seizure disorders, Parkinson's disease

Pulmonary

- acute bronchitis, pertussis, pneumonias (bacterial, viral) respiratory syncytial virus infection, tuberculosis, asthma, chronic bronchitis, emphysema, pneumothorax, foreign body aspiration

Psych/Behavior Medicine

Dementias, including Alzheimer's disease, mental health and mental disorders

GENERAL SKILLS AND PROCEDURES

The student will observe and/or perform the following procedures, as pertinent to patient care and as possible at the clinical site:

- Venipuncture
- Administration of intradermal tests
- Administration of medications - i.e. topical, oral, IM, and IV
- Obtain and interpret electrocardiograms
- Perform CBC, urinalysis and other office laboratory procedures as indicated including gram stains, acid-fast stain, stool guaiac, etc.
- Collect specimens for blood cultures, urine cultures, stool cultures
- Proctoscopy
- Wound care and dressing changes
- Suturing and suture removal
- Incision and drainage
- Toenail removal

PROFESSIONAL GROWTH OBJECTIVES

The student's attitudes and behavior that contribute to Professionalism will be monitored by core PA faculty and clinical preceptors throughout the rotation. The student will demonstrate Professionalism by

- A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
 1. encouraging discussion of problems and/or questions
 2. recognizing verbal and non-verbal clues
 3. offering support and reassurance
 4. listening attentively
 5. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures
- B. Seeking and maintaining competence by
 1. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
 2. completing rotation in accordance with assigned schedule, with punctuality
 3. adhering to the rotation objectives as set forth
- C. Demonstrating professionalism by
 1. recognizing one's limitations and informing preceptors when assigned tasks are not appropriate to current knowledge and/or skills
 2. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
 3. eliciting and demonstrating receptivity to constructive feedback
 4. forming and maintaining positive relationships with patients, peers, staff and supervisors
 5. maintaining a calm and reasoned manner in stressful and/or emergency situations
 6. showing respect for patients and maintaining appropriate confidentiality of the patient's record
 7. demonstrating awareness and sensitivity to patients' cultural beliefs and behaviors

8. displaying a high level of motivation and interest
9. dressing and grooming appropriately
10. adhering to the AAPA Code of Ethics



Precepting Physician _____ PCAP Student _____

Facility Name _____ Student attended as contracted Yes ___ No ___

Please rate student performance from 1-5 (1 = Poor, 2 = Needs improvement, 3 = Competent, 4 = Skilled, 5 = Excellent) in the following areas. You may also include comments related to the student's strengths and areas for improvement.

Minimum passing score is 3. Please provide comments for any score below 3.

| | Competence Area | Score | Comments |
|--------------------|-----------------------------------|-----------|----------|
| Techniques | Medical Interview | 1 2 3 4 5 | |
| | Physical Examination | 1 2 3 4 5 | |
| | Oral Case Presentation | 1 2 3 4 5 | |
| | Written Patient Record | 1 2 3 4 5 | |
| | Clinical Procedures | 1 2 3 4 5 | |
| Clinical Knowledge | Factual Knowledge and Concepts | 1 2 3 4 5 | |
| | Problem Solving/Critical Thinking | 1 2 3 4 5 | |
| | Assessment/Differential Diagnosis | 1 2 3 4 5 | |
| | Ability to Form Management Plan | 1 2 3 4 5 | |
| | Patient Education | 1 2 3 4 5 | |
| | Patient Follow-up | 1 2 3 4 5 | |
| Professionalism | Relating to Patients | 1 2 3 4 5 | |
| | Relating to Colleagues | 1 2 3 4 5 | |
| | Responsiveness to Feedback | 1 2 3 4 5 | |
| | Understanding Role of PA | 1 2 3 4 5 | |
| | Confidence and Motivation | 1 2 3 4 5 | |
| | Reliability and Dependability | 1 2 3 4 5 | |
| | Overall Professionalism | 1 2 3 4 5 | |

Precepting physician's signature _____ Date _____

Please scan and email this completed form to Randy Fauver, rfauver@stanford.edu, or fax it to 650-723-9692.

Have questions or comments? Contact Camille Gordon at camilleg@stanford.edu or 650-498-5242.

Stanford Primary Care Associate Program, 1215 Welch Rd., Modular G, Stanford, CA 94305 650-725-8267

PRECEPTORSHIP III (5th QUARTER - July – September)

Instructional Objectives

Upon completion of **Preceptorship III**, based on reading and supervised clinical practice, the student will demonstrate knowledge and clinical skills pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List.

The instructional objectives and Problem List are intended to guide the student's education and serve as a study guide for the end-of-course examination. The program does not expect each clinical site to provide the student access to patients with all of the symptoms and disorders in the Problem List. Nor should the preceptor limit the student's clinical experience based on the Problem List.

The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.

Pertaining to the Problem List below, the student will:

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis
- B. Elicit and record a complete and focused history, appropriate for the patient's age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
 9. appropriate use of questions
 10. listening to the patient
 11. an organized approach to eliciting the patient's history
 12. interpreting normal and abnormal historical data
- C. Perform and record a complete and focused physical examination, appropriate for the patient's age, to include the following
 - a. an organized head-to-toe approach
 - b. using proper technique
 - c. selecting the sections of the physical exam pertinent to the patient's complaint
 - d. interpreting normal and abnormal findings in the context of the patient's history
- D. Develop and record a differential diagnosis, based on the patient's complaint, to include a consideration of
 - a. the most likely diagnoses, based on history and physical exam data
 - b. the most common entities
 - c. the most severe and/or life-threatening entities
- E. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
 - a. risks and benefits
 - b. sensitivity and specificity
 - c. cost effectiveness
 - d. obtaining informed consent
- F. Develop, record and implement, as pertinent, a pharmacologic management plan to include
 - a. rationale for utilizing each drug, including mechanism of action
 - b. indications, contraindications and adverse reactions

- c. potential drug-drug interactions
- d. cost-effectiveness
- e. documented patient education regarding side effects and adherence issues
- G. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate
 - a. behavioral and psychosocial interventions
 - b. referrals to other health care providers
 - c. referrals to community resources
 - d. utilization of family resources
 - e. plans for follow-up care
- H. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include
 - a. nutrition
 - b. accident and violence prevention (eg seat belts, helmets, screening for domestic violence)
 - c. physical activity/exercise
 - d. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
 - e. warning signs/symptoms of diseases
 - f. plan for age appropriate screening and periodic health assessment
- I. Provide patient counseling to include
 - a. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
 - b. consideration of patient's health beliefs and practices, religious/spiritual beliefs and lifestyle choices
 - c. family issues
 - d. occupational and leisure issues
 - e. anticipatory guidance appropriate to patient's age
- J. Monitor patients' progress over time, to include
 - a. reassessment of subjective and objective data
 - b. reconsideration of differential diagnosis, as needed
 - c. modification of management plan, based on patient's health status and adherence issues
- K. Chart progress notes following the SOAP format to include
 - a. subjective data
 - b. objective data
 - c. assessment
 - d. plan
- L. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner
- M. Show professional and ethical behavior in clinical practice
- N. Communicate effectively in an interprofessional team
- O. Apply principles of academic honesty and integrity in all course-related activities

The student will demonstrate the knowledge and skills described above pertaining to:

PROBLEM LIST

Symptoms

Miscellaneous Problems

| | |
|-----------------------------|---|
| Fatigue and weakness | Adenopathy |
| Fever | Edema |
| Weight loss | Goiter |
| Syncope | Gastrointestinal bleeding |
| Headache | Common dermatologic problems |
| Vertigo/dizziness | Health screening of asymptomatic adults |
| Angina | Adult immunizations |
| Chest pain | Basic EKG interpretation |
| Obesity | Cancer screening: indications for fecal occult blood, sigmoidoscopy, colonoscopy, mammography |
| Constipation | |
| Diarrhea | |
| Dyspepsia | |
| Low back pain | |
| Shoulder, neck and arm pain | |
| Joint pain/arthralgia | |
| Abdominal pain | |
| Amenorrhea | |

Disorders

Cardiovascular

- hypertension (essential & secondary), atrial fibrillation, heart failure, acute myocardial infarction, angina (stable & unstable), acute pericarditis, peripheral artery disease, varicose veins, venous insufficiency, thrombophlebitis

EENT

- **Eyes:** blepharitis, cataract, chalazion, conjunctivitis, corneal abrasion, corneal ulcer, dacryoadenitis, ectropion, entropion, foreign body, glaucoma, hordeolum, hyphema, macular degeneration, nystagmus, papilledema, pterygium, strabismus.
- **Ears:** acute/chronic otitis media, acoustic neuroma, dysfunction of eustachian tube, foreign body, hearing impairment, hematoma of external ear, labyrinthitis, mastoiditis, menieres disease, otitis externa, tinnitus, tympanic membrane perforation, vertigo.
- **Nose/Sinus Disorders:** acute/chronic sinusitis, allergic rhinitis, epistaxis, foreign body, nasal polyps.
- **Mouth/Throat Disorders:** acute pharyngitis, aphthous ulcers, diseases of the teeth/gums, epiglottitis, laryngitis, oral candidiasis, oral herpes simplex, oral leukoplakia, peritonsillar abscess, parotitis

Endocrine

- **Diseases of the Thyroid Gland:** hyperthyroidism, hypothyroidism
- **Diseases of the Adrenal Glands:** corticoadrenal insufficiency, Cushing's syndrome
- **Diabetes Mellitus:** Type 1, Type 2, hypoglycemia, DKA
- **Lipid Disorders:** hypercholesterolemia, hypertriglyceridemia

Gastrointestinal

- **Stomach:** gastroesophageal reflux disease, gastritis, peptic ulcer disease
- **Gallbladder:** acute/chronic cholecystitis, cholelithiasis
- **Liver:** acute/chronic hepatitis, cirrhosis
- **Pancreas:** acute/chronic pancreatitis
- **Small Intestine/Colon:** appendicitis, celiac disease, constipation, diverticular disease, irritable bowel syndrome, lactose intolerance, inflammatory bowel disease
- **Rectum:** Anal fissure, Abscess/fistula. Fecal impaction, Hemorrhoids
- **Infectious and Non-infections Diarrhea**
- **Vitamin and Nutritional Deficiencies**

Genitourinary

- **GU Tract Conditions:** Benign prostatic hyperplasia, cryptorchidism, erectile dysfunction, hydrocele/varicocele, incontinence, nephro/uroolithiasis, paraphimosis/phimosis, testicular torsion,
- **Infectious/Inflammatory Conditions:** cystitis, epididymitis, orchitis, prostatitis,

- pyelonephritis, urethritis
- **Renal Diseases:** Chronic kidney disease

Hematologic & Oncologic

- **Anemias:** Iron deficiency, Vitamin B12 deficiency, folate deficiency, anemia of chronic disease
- **Cancers:** mouth, larynx lung, stomach, pancreas, liver, colon, rectum, bone, breast, prostate, leukemia, lymphoma

Infectious Disease

- Varicella-zoster, influenza, Cytomegalovirus infections, Epstein-Barr virus infections, Herpes simplex, HIV, tuberculosis

Musculoskeletal

- **Disorders of the Forearm/Wrist/Hand:** strains, sprains, simple fractures, arthritis
- **Disorders of the Back/Spine:** back strain/sprain, cauda equine syndrome, herniated nucleus pulposus, kyphosis, scoliosis, sciatica
- **Disorders of the Hip:** arthritis
- **Disorders of the Ankle/Foot:** arthritis, simple fractures
- **Osteoarthritis**
- **Osteoporosis**
- **Bone and Joint Disorders:** tendinitis, tenosynovitis, bursitis, temporomandibular joint disorder, olecranon bursitis, DeQuervain's disease, Achilles tendonitis
- **Rheumatologic Conditions:** Fibromyalgia, Rheumatoid arthritis

Neurologic

- **Diseases of Peripheral Nerves:** complex regional pain syndrome, peripheral neuropathies.
- **Headaches:** cluster headache, migraine, tension headache.
- **Vascular Disorders:** stroke, transient ischemic attack
- **Other Neurologic Disorders:** concussion, dementias, seizure disorders

Pulmonary

- acute bronchitis, pertussis, pneumonias (bacterial, viral) respiratory syncytial virus infection, tuberculosis, asthma, chronic bronchitis, emphysema, pneumothorax, foreign body aspiration

GENERAL SKILLS AND PROCEDURES

The student will observe and/or perform the following procedures, as pertinent to patient care and as possible at the clinical site:

- Venipuncture
- Administration of intradermal tests
- Administration of medications - i.e. topical, oral, IM, and IV
- Obtain and interpret electrocardiograms
- Perform CBC, urinalysis and other office laboratory procedures as indicated including gram stains, acid-fast stain, stool guaiac, etc.
- Collect specimens for blood cultures, urine cultures, stool cultures
- Proctoscopy
- Wound care and dressing changes
- Suturing and suture removal
- Incision and drainage
- Toenail removal

PROFESSIONAL GROWTH OBJECTIVES

The student's attitudes and behavior that contribute to Professionalism will be monitored by core PA faculty and clinical preceptors throughout the rotation.

The student will demonstrate Professionalism by

- A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
 - a. encouraging discussion of problems and/or questions
 - b. recognizing verbal and non-verbal clues
 - c. offering support and reassurance
 - d. listening attentively
 - e. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures
- B. Seeking and maintaining competence by
 - a. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
 - b. completing rotation in accordance with assigned schedule, with punctuality
 - c. adhering to the rotation objectives as set forth
- C. Demonstrating professionalism by
 - a. recognizing one's limitations and informing preceptors when assigned tasks are not appropriate to current knowledge and/or skills
 - b. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
 - c. eliciting and demonstrating receptivity to constructive feedback
 - d. forming and maintaining positive relationships with patients, peers, staff and supervisors

- e. maintaining a calm and reasoned manner in stressful and/or emergency situations
- f. showing respect for patients and maintaining appropriate confidentiality of the patient's record
- g. demonstrating awareness and sensitivity to patients' cultural beliefs and behaviors
- h. displaying a high level of motivation and interest
- i. dressing and grooming appropriately
- j. adhering to the AAPA Code of Ethics



STANFORD

SCHOOL OF MEDICINE

Primary Care Associate Program
with Foothill College

Preceptor Evaluation of Student

5th Quarter Primary Preceptorship

Precepting Physician _____ PCAP Student _____

Facility Name _____ Student attended as contracted Yes ___ No ___

Please rate student performance from 1-5 (1 = Poor, 2 = Needs improvement, 3 = Competent, 4 = Skilled, 5 = Excellent) in the following areas. You may also include comments related to the student's strengths and areas for improvement.

Minimum passing score is 3. Please provide comments for any score below 3.

| | Competence Area | Score | Comments |
|--------------------|-----------------------------------|-----------|----------|
| Techniques | Medical Interview | 1 2 3 4 5 | |
| | Physical Examination | 1 2 3 4 5 | |
| | Oral Case Presentation | 1 2 3 4 5 | |
| | Written Patient Record | 1 2 3 4 5 | |
| | Clinical Procedures | 1 2 3 4 5 | |
| Clinical Knowledge | Factual Knowledge and Concepts | 1 2 3 4 5 | |
| | Problem Solving/Critical Thinking | 1 2 3 4 5 | |
| | Assessment/Differential Diagnosis | 1 2 3 4 5 | |
| | Ability to Form Management Plan | 1 2 3 4 5 | |
| | Patient Education | 1 2 3 4 5 | |
| | Patient Follow-up | 1 2 3 4 5 | |
| Professionalism | Relating to Patients | 1 2 3 4 5 | |
| | Relating to Colleagues | 1 2 3 4 5 | |
| | Responsiveness to Feedback | 1 2 3 4 5 | |
| | Understanding Role of PA | 1 2 3 4 5 | |
| | Confidence and Motivation | 1 2 3 4 5 | |
| | Reliability and Dependability | 1 2 3 4 5 | |
| | Overall Professionalism | 1 2 3 4 5 | |

Precepting physician's signature _____ Date _____

Please scan and email this completed form to Randy Fauver, rfauver@stanford.edu, or fax it to 650-723-9692.

Have questions or comments? Contact Camille Gordon at camilleg@stanford.edu or 650-498-5242.

Stanford Primary Care Associate Program, 1215 Welch Rd., Modular G, Stanford, CA 94305 650-725-8267

PRECEPTORSHIP IV (6th QUARTER - October – December)

Instructional Objectives

Upon completion of **Preceptorship IV**, based on reading and supervised clinical practice, the student will demonstrate knowledge and clinical skills pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List.

The instructional objectives and Problem List are intended to guide the student's education and serve as a study guide for the end-of-course examination. The program does not expect each clinical site to provide the student access to patients with all of the symptoms and disorders in the Problem List. Nor should the preceptor limit the student's clinical experience based on the Problem List.

The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.

Pertaining to the Problem List below, the student will:

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis
- B. Elicit and record a complete and focused history, appropriate for the patient's age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
 - a. appropriate use of questions
 - b. listening to the patient
 - c. an organized approach to eliciting the patient's history
 - d. interpreting normal and abnormal historical data
- C. Perform and record a complete and focused physical examination, appropriate for the patient's age, to include the following
 - a. an organized head-to-toe approach
 - b. using proper technique
 - c. selecting the sections of the physical exam pertinent to the patient's complaint
 - d. interpreting normal and abnormal findings in the context of the patient's history
- D. Develop and record a differential diagnosis, based on the patient's complaint, to include a consideration of
 - a. the most likely diagnoses, based on history and physical exam data
 - b. the most common entities
 - c. the most severe and/or life-threatening entities
- E. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:
 - a. risks and benefits
 - b. sensitivity and specificity
 - c. cost effectiveness
 - d. obtaining informed consent
- F. Develop, record and implement, as pertinent, a pharmacologic management plan to include
 - a. rationale for utilizing each drug, including mechanism of action

- b. indications, contraindications and adverse reactions
- c. potential drug-drug interactions
- d. cost-effectiveness
- e. documented patient education regarding side effects and adherence issues
- G. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate
 - a. behavioral and psychosocial interventions
 - b. referrals to other health care providers
 - c. referrals to community resources
 - d. utilization of family resources
 - e. plans for follow-up care
- H. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include
 - a. nutrition
 - b. accident and violence prevention (eg seat belts, helmets, screening for domestic violence)
 - c. physical activity/exercise
 - d. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
 - e. warning signs/symptoms of diseases
 - f. plan for age appropriate screening and periodic health assessment
- I. Provide patient counseling to include
 - a. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
 - b. consideration of patient's health beliefs and practices, religious/spiritual beliefs and lifestyle choices
 - c. family issues
 - d. occupational and leisure issues
 - e. anticipatory guidance appropriate to patient's age
- J. Monitor patients' progress over time, to include
 - a. reassessment of subjective and objective data
 - b. reconsideration of differential diagnosis, as needed
 - c. modification of management plan, based on patient's health status and adherence issues
- K. Chart progress notes following the SOAP format to include
 - a. subjective data
 - b. objective data
 - c. assessment
 - d. plan
- L. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner
- M. Show professional and ethical behavior in clinical practice
- N. Communicate effectively in an interprofessional team
- O. Apply principles of academic honesty and integrity in all course-related activities

The student will demonstrate the knowledge and skills described above pertaining to:

PROBLEM LIST

Symptoms

Miscellaneous Problems

| | |
|-----------------------------|---|
| Fatigue and weakness | Adenopathy |
| Fever | Edema |
| Weight loss | Goiter |
| Syncope | Gastrointestinal bleeding |
| Headache | Common dermatologic problems |
| Vertigo/dizziness | Health screening of asymptomatic adults |
| Angina | Adult immunizations |
| Chest pain | Basic EKG interpretation |
| Obesity | Cancer screening: indications for fecal occult blood, sigmoidoscopy, colonoscopy, mammography |
| Constipation | |
| Diarrhea | |
| Dyspepsia | |
| Low back pain | |
| Shoulder, neck and arm pain | |
| Joint pain/arthralgia | |
| Abdominal pain | |
| Amenorrhea | |

Disorders

Cardiovascular

- hypertension (essential & secondary), atrial fibrillation, heart failure, acute myocardial infarction, angina (stable & unstable), acute pericarditis, peripheral artery disease, varicose veins, venous insufficiency, thrombophlebitis

EENT

- **Eyes:** blepharitis, cataract, chalazion, conjunctivitis, corneal abrasion, corneal ulcer, dacryoadenitis, ectropion, entropion, foreign body, glaucoma, hordeolum, hyphema, macular degeneration, nystagmus, papilledema, pterygium, strabismus.
- **Ears:** acute/chronic otitis media, acoustic neuroma, dysfunction of eustachian tube, foreign body, hearing impairment, hematoma of external ear, labyrinthitis, mastoiditis, menieres disease, otitis externa, tinnitus, tympanic membrane perforation, vertigo.
- **Nose/Sinus Disorders:** acute/chronic sinusitis, allergic rhinitis, epistaxis, foreign body, nasal polyps.
- **Mouth/Throat Disorders:** acute pharyngitis, aphthous ulcers, diseases of the teeth/gums, epiglottitis, laryngitis, oral candidiasis, oral herpes simplex, oral leukoplakia, peritonsillar abscess, parotitis

Endocrine

- **Diseases of the Thyroid Gland:** hyperthyroidism, hypothyroidism
- **Diseases of the Adrenal Glands:** corticoadrenal insufficiency, Cushing's syndrome
- **Diabetes Mellitus:** Type 1, Type 2, hypoglycemia, DKA
- **Lipid Disorders:** hypercholesterolemia, hypertriglyceridemia

Gastrointestinal

- **Stomach:** gastroesophageal reflux disease, gastritis, peptic ulcer disease
- **Gallbladder:** acute/chronic cholecystitis, cholelithiasis
- **Liver:** acute/chronic hepatitis, cirrhosis
- **Pancreas:** acute/chronic pancreatitis
- **Small Intestine/Colon:** appendicitis, celiac disease, constipation, diverticular disease, irritable bowel syndrome, lactose intolerance, inflammatory bowel disease
- **Rectum:** Anal fissure, Abscess/fistula. Fecal impaction, Hemorrhoids
- **Infectious and Non-infections Diarrhea**
- **Vitamin and Nutritional Deficiencies**

Genitourinary

- **GU Tract Conditions:** Benign prostatic hyperplasia, cryptorchidism, erectile dysfunction, hydrocele/varicocele, incontinence, nephro/urolithiasis, paraphimosis/phimosis, testicular torsion,
- **Infectious/Inflammatory Conditions:** cystitis, epididymitis, orchitis, prostatitis, pyelonephritis, urethritis
- **Renal Diseases:** Chronic kidney disease

Hematologic & Oncologic

- **Anemias:** Iron deficiency, Vitamin B12 deficiency, folate deficiency, anemia of chronic disease

- **Cancers:** mouth, larynx lung, stomach, pancreas, liver, colon, rectum, bone, breast, prostate, leukemia, lymphoma

Infectious Disease

- Varicella-zoster, influenza, Cytomegalovirus infections, Epstein-Barr virus infections, Herpes simplex, HIV, tuberculosis

Musculoskeletal

- **Disorders of the Forearm/Wrist/Hand:** strains, sprains, simple fractures, arthritis
- **Disorders of the Back/Spine:** back strain/sprain, cauda equine syndrome, herniated nucleus pulposus, kyphosis, scoliosis, sciatica
- **Disorders of the Hip:** arthritis
- **Disorders of the Ankle/Foot:** arthritis, simple fractures
- **Osteoarthritis**
- **Osteoporosis**
- **Bone and Joint Disorders:** tendinitis, tenosynovitis, bursitis, temporomandibular joint disorder, olecranon bursitis, DeQuervain's disease, Achilles tendonitis
- **Rheumatologic Conditions:** Fibromyalgia, Rheumatoid arthritis

Neurologic

- **Diseases of Peripheral Nerves:** complex regional pain syndrome, peripheral neuropathies.
- **Headaches:** cluster headache, migraine, tension headache.
- **Vascular Disorders:** stroke, transient ischemic attack
- **Other Neurologic Disorders:** concussion, dementias, seizure disorders

Pulmonary

- acute bronchitis, pertussis, pneumonias (bacterial, viral) respiratory syncytial virus infection, tuberculosis, asthma, chronic bronchitis, emphysema, pneumothorax, foreign body aspiration

GENERAL SKILLS AND PROCEDURES

The student will observe and/or perform the following procedures, as pertinent to patient care and as possible at the clinical site:

- Venipuncture
- Administration of intradermal tests
- Administration of medications - i.e. topical, oral, IM, and IV
- Obtain and interpret electrocardiograms
- Perform CBC, urinalysis and other office laboratory procedures as indicated including gram stains, acid-fast stain, stool guaiac, etc.

- Collect specimens for blood cultures, urine cultures, stool cultures
- Proctoscopy
- Wound care and dressing changes
- Suturing and suture removal
- Incision and drainage
- Toenail removal

PROFESSIONAL GROWTH OBJECTIVES

The student's attitudes and behavior that contribute to Professionalism will be monitored by core PA faculty and clinical preceptors throughout the rotation.

The student will demonstrate Professionalism by

- A. Developing and maintaining good interpersonal relationships with patients as demonstrated by
 - a. encouraging discussion of problems and/or questions
 - b. recognizing verbal and non-verbal clues
 - c. offering support and reassurance
 - d. listening attentively
 - e. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures
- B. Seeking and maintaining competence by
 - a. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
 - b. completing rotation in accordance with assigned schedule, with punctuality
 - c. adhering to the rotation objectives as set forth
- C. Demonstrating professionalism by
 - a. recognizing one's limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
 - b. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
 - c. eliciting and demonstrating receptivity to constructive feedback
 - d. forming and maintaining positive relationships with patients, peers, staff and supervisors
 - e. maintaining a calm and reasoned manner in stressful and/or emergency situations
 - f. showing respect for patients and maintaining appropriate confidentiality of the patient's record
 - g. demonstrating awareness and sensitivity to patients' cultural beliefs and behaviors
 - h. displaying a high level of motivation and interest
 - i. dressing and grooming appropriately
 - j. adhering to the AAPA Code of Ethics



STANFORD

SCHOOL OF MEDICINE

Primary Care Associate Program
with Foothill College

Preceptor Evaluation of Student

6th Quarter Primary Preceptorship

Precepting Physician _____ PCAP Student _____

Facility Name _____ Student attended as contracted Yes ___ No ___

Please rate student performance from 1-5 (1 = Poor, 2 = Needs improvement, 3 = Competent, 4 = Skilled, 5 = Excellent) in the following areas. You may also include comments related to the student’s strengths and areas for improvement.

Minimum passing score is 3. Please provide comments for any score below 3.

| | Competence Area | Score | Comments |
|--------------------|-----------------------------------|-----------|----------|
| Techniques | Medical Interview | 1 2 3 4 5 | |
| | Physical Examination | 1 2 3 4 5 | |
| | Oral Case Presentation | 1 2 3 4 5 | |
| | Written Patient Record | 1 2 3 4 5 | |
| | Clinical Procedures | 1 2 3 4 5 | |
| Clinical Knowledge | Factual Knowledge and Concepts | 1 2 3 4 5 | |
| | Problem Solving/Critical Thinking | 1 2 3 4 5 | |
| | Assessment/Differential Diagnosis | 1 2 3 4 5 | |
| | Ability to Form Management Plan | 1 2 3 4 5 | |
| | Patient Education | 1 2 3 4 5 | |
| | Patient Follow-up | 1 2 3 4 5 | |
| Professionalism | Relating to Patients | 1 2 3 4 5 | |
| | Relating to Colleagues | 1 2 3 4 5 | |
| | Responsiveness to Feedback | 1 2 3 4 5 | |
| | Understanding Role of PA | 1 2 3 4 5 | |
| | Confidence and Motivation | 1 2 3 4 5 | |
| | Reliability and Dependability | 1 2 3 4 5 | |
| | Overall Professionalism | 1 2 3 4 5 | |

Precepting physician’s signature _____ Date _____

Please scan and email this completed form to Randy Fauver, rfauver@stanford.edu, or fax it to 650-723-9692.

Have questions or comments? Contact Camille Gordon at camilleg@stanford.edu or 650-498-5242.

Stanford Primary Care Associate Program, 1215 Welch Rd., Modular G, Stanford, CA 94305 650-725-8267

PRECEPTORSHIP V (7th QUARTER - Jan - March)

Instructional Objectives

Upon completion of **Preceptorship V**, based on reading and supervised clinical practice, the student will demonstrate knowledge and clinical skills pertaining to each of the Instructional Objectives below, as they relate to the symptoms and diagnoses in the Problem List.

The instructional objectives and Problem List are intended to guide the student's education and serve as a study guide for the end-of-course examination. The program does not expect each clinical site to provide the student access to patients with all of the symptoms and disorders in the Problem List. Nor should the preceptor limit the student's clinical experience based on the Problem List.

The student must seek appropriate preceptor supervision for all the tasks listed below, particularly those related to management.

Pertaining to the Problem List below, the student will:

- A. Demonstrate knowledge of the etiology, epidemiology, pathophysiology, anatomy, prognosis and complications pertinent to each diagnosis
- B. Elicit and record a complete and focused history, appropriate for the patient's age, including Chief Complaint and HPI with pertinent Review of Systems, Past Medical History, Family History and Social History to include
 - a. appropriate use of questions
 - b. listening to the patient
 - c. an organized approach to eliciting the patient's history
 - d. interpreting normal and abnormal historical data
- C. Perform and record a complete and focused physical examination, appropriate for the patient's age, to include the following
 - a. an organized head-to-toe approach
 - b. using proper technique
 - c. selecting the sections of the physical exam pertinent to the patient's complaint
 - d. interpreting normal and abnormal findings in the context of the patient's history
- D. Develop and record a differential diagnosis, based on the patient's complaint, to include consideration of
 - a. the most likely diagnoses, based on history and physical exam data
 - b. the most common entities
 - c. the most severe and/or life-threatening entities
- D. Select and interpret diagnostic studies to evaluate the differential diagnosis, including the following for each study:

- a. risks and benefits
- b. sensitivity and specificity
- c. cost effectiveness
- d. obtaining informed consent
- E. Develop, record and implement, as pertinent, a pharmacologic management plan to include
 - a. rationale for utilizing each drug, including mechanism of action
 - b. indications, contraindications and adverse reactions
 - c. potential drug-drug interactions
 - d. cost-effectiveness
 - e. documented patient education regarding side effects and adherence issues
- F. Develop, record and implement, as pertinent, a non-pharmacologic management plan to include as appropriate
 - a. behavioral and psychosocial interventions
 - b. referrals to other health care providers
 - c. referrals to community resources
 - d. utilization of family resources
 - e. plans for follow-up care
- G. Provide and record pertinent patient education regarding disease prevention and health maintenance, which is clearly explained to the patient and checked for understanding, to include
 - a. nutrition
 - b. accident and violence prevention (eg seat belts, helmets, screening for domestic violence)
 - c. physical activity/exercise
 - d. pertinent risk factors, including occupation, environment, tobacco, alcohol, other drugs and genetic factors
 - e. warning signs/symptoms of diseases
 - f. plan for age appropriate screening and periodic health assessment
- H. Provide patient counseling to include
 - a. adjustment to states of health and disease as related to ADLs, sexuality, relationships, death and dying
 - b. consideration of patient's health beliefs and practices, religious/spiritual beliefs and lifestyle choices
 - c. family issues
 - d. occupational and leisure issues
 - e. anticipatory guidance appropriate to patient's age
- I. Monitor patients' progress over time, to include
 - a. reassessment of subjective and objective data
 - b. reconsideration of differential diagnosis, as needed
 - c. modification of management plan, based on patient's health status and adherence issues
- J. Chart progress notes following the SOAP format to include
 - a. subjective data
 - b. objective data
 - c. assessment
 - d. plan
- K. Make verbal case presentations to the clinical preceptor to include pertinent elements listed above, in an organized and time-efficient manner
- L. Show professional and ethical behavior in clinical practice

M. Communicate effectively in an interprofessional team

Apply principles of academic honesty and integrity in all course-related activities

The student will demonstrate the knowledge and skills described above pertaining to:

PROBLEM LIST

Symptoms

Miscellaneous Problems

| | |
|-----------------------------|---|
| Fatigue and weakness | Adenopathy |
| Fever | Edema |
| Weight loss | Goiter |
| Syncope | Gastrointestinal bleeding |
| Headache | Common dermatologic problems |
| Vertigo/dizziness | Health screening of asymptomatic adults |
| Angina | Adult immunizations |
| Chest pain | Basic EKG interpretation |
| Obesity | Cancer screening: indications for fecal occult blood, sigmoidoscopy, colonoscopy, mammography |
| Constipation | |
| Diarrhea | |
| Dyspepsia | |
| Low back pain | |
| Shoulder, neck and arm pain | |
| Joint pain/arthralgia | |
| Abdominal pain | |
| Amenorrhea | |

Disorders

Cardiovascular

- hypertension (essential & secondary), atrial fibrillation, heart failure, acute myocardial infarction, angina (stable & unstable), acute pericarditis, peripheral artery disease, varicose veins, venous insufficiency, thrombophlebitis

EENT

- **Eyes:** blepharitis, cataract, chalazion, conjunctivitis, corneal abrasion, corneal ulcer, dacryoadenitis, ectropion, entropion, foreign body, glaucoma, hordeolum, hyphema, macular degeneration, nystagmus, papilledema, pterygium, strabismus.
- **Ears:** acute/chronic otitis media, acoustic neuroma, dysfunction of eustachian tube, foreign body, hearing impairment, hematoma of external ear, labyrinthitis, mastoiditis, menieres disease, otitis externa, tinnitus, tympanic membrane perforation, vertigo.
- **Nose/Sinus Disorders:** acute/chronic sinusitis, allergic rhinitis, epistaxis, foreign body, nasal polyps.
- **Mouth/Throat Disorders:** acute pharyngitis, aphthous ulcers, diseases of the teeth/gums, epiglottitis, laryngitis, oral candidiasis, oral herpes simplex, oral leukoplakia, peritonsillar abscess, parotitis

Endocrine

- **Diseases of the Thyroid Gland:** hyperthyroidism, hypothyroidism
- **Diseases of the Adrenal Glands:** corticoadrenal insufficiency, Cushing's syndrome
- **Diabetes Mellitus:** Type 1, Type 2, hypoglycemia, DKA
- **Lipid Disorders:** hypercholesterolemia, hypertriglyceridemia

Gastrointestinal

- **Stomach:** gastroesophageal reflux disease, gastritis, peptic ulcer disease
- **Gallbladder:** acute/chronic cholecystitis, cholelithiasis
- **Liver:** acute/chronic hepatitis, cirrhosis
- **Pancreas:** acute/chronic pancreatitis
- **Small Intestine/Colon:** appendicitis, celiac disease, constipation, diverticular disease, irritable bowel syndrome, lactose intolerance, inflammatory bowel disease
- **Rectum:** Anal fissure, Abscess/fistula. Fecal impaction, Hemorrhoids
- **Infectious and Non-infections Diarrhea**
- **Vitamin and Nutritional Deficiencies**

Genitourinary

- **GU Tract Conditions:** Benign prostatic hyperplasia, cryptorchidism, erectile dysfunction, hydrocele/varicocele, incontinence, nephro/uroolithiasis, paraphimosis/phimosis, testicular torsion,
- **Infectious/Inflammatory Conditions:** cystitis, epididymitis, orchitis, prostatitis,

- pyelonephritis, urethritis
- **Renal Diseases:** Chronic kidney disease

Hematologic & Oncologic

- **Anemias:** Iron deficiency, Vitamin B12 deficiency, folate deficiency, anemia of chronic disease
- **Cancers:** mouth, larynx lung, stomach, pancreas, liver, colon, rectum, bone, breast, prostate, leukemia, lymphoma

Infectious Disease

- Varicella-zoster, influenza, Cytomegalovirus infections, Epstein-Barr virus infections, Herpes simplex, HIV, tuberculosis

Musculoskeletal

- **Disorders of the Forearm/Wrist/Hand:** strains, sprains, simple fractures, arthritis
- **Disorders of the Back/Spine:** back strain/sprain, cauda equine syndrome, herniated nucleus pulposus, kyphosis, scoliosis, sciatica
- **Disorders of the Hip:** arthritis
- **Disorders of the Ankle/Foot:** arthritis, simple fractures
- **Osteoarthritis**
- **Osteoporosis**
- **Bone and Joint Disorders:** tendinitis, tenosynovitis, bursitis, temporomandibular joint disorder, olecranon bursitis, DeQuervain's disease, Achilles tendonitis
- **Rheumatologic Conditions:** Fibromyalgia, Rheumatoid arthritis

Neurologic

- **Diseases of Peripheral Nerves:** complex regional pain syndrome, peripheral neuropathies.
- **Headaches:** cluster headache, migraine, tension headache.
- **Vascular Disorders:** stroke, transient ischemic attack
- **Other Neurologic Disorders:** concussion, dementias, seizure disorders

Pulmonary

- acute bronchitis, pertussis, pneumonias (bacterial, viral) respiratory syncytial virus infection, tuberculosis, asthma, chronic bronchitis, emphysema, pneumothorax, foreign body aspiration

GENERAL SKILLS AND PROCEDURES

The student will observe and/or perform the following procedures, as pertinent to patient care and as possible at the clinical site:

- Venipuncture

- Administration of intradermal tests
- Administration of medications - i.e. topical, oral, IM, and IV
- Obtain and interpret electrocardiograms
- Perform CBC, urinalysis and other office laboratory procedures as indicated including gram stains, acid-fast stain, stool guaiac, etc.
- Collect specimens for blood cultures, urine cultures, stool cultures
- Proctoscopy
- Wound care and dressing changes
- Suturing and suture removal
- Incision and drainage
- Toenail removal

PROFESSIONAL GROWTH OBJECTIVES

The student's attitudes and behavior that contribute to Professionalism will be monitored by core PA faculty and clinical preceptors throughout the rotation.

The student will demonstrate Professionalism by

- N. Developing and maintaining good interpersonal relationships with patients as demonstrated by
 - O. encouraging discussion of problems and/or questions
 - P. recognizing verbal and non-verbal clues
 - Q. offering support and reassurance
 - R. listening attentively
 - S. draping appropriately, offering explanations and displaying a professional demeanor during examinations and procedures
- B. Seeking and maintaining competence by
 - a. demonstrating evidence of inquiry (reading, research, utilizing principles of evidence based medicine)
 - b. completing rotation in accordance with assigned schedule, with punctuality
 - c. adhering to the rotation objectives as set forth
- C. Demonstrating professionalism by
 - i. recognizing one's limitations and informing preceptors when assigned task are not appropriate to current knowledge and/or skills
 - j. performing all clinical activities with the awareness of and under the supervision of the site preceptor or his/her designee
 - k. eliciting and demonstrating receptivity to constructive feedback
 - l. forming and maintaining positive relationships with patients, peers, staff and supervisors
 - m. maintaining a calm and reasoned manner in stressful and/or emergency situations
 - n. showing respect for patients and maintaining appropriate confidentiality of the patient's record
 - o. demonstrating awareness and sensitivity to patients' cultural beliefs and behaviors
 - p. displaying a high level of motivation and interest
 - i. dressing and grooming appropriately
 - d. adhering to the AAPA Code of Ethics

Precepting Physician _____ PCAP Student _____

Facility Name _____ Student attended as contracted Yes ___ No ___

Please rate student performance from 1-5 (1 = Poor, 2 = Needs improvement, 3 = Competent, 4 = Skilled, 5 = Excellent) in the following areas. You may also include comments related to the student’s strengths and areas for improvement.

Minimum passing score is 3. Please provide comments for any score below 3.

| | Competence Area | Score | Comments |
|--------------------|-----------------------------------|-----------|----------|
| Techniques | Medical Interview | 1 2 3 4 5 | |
| | Physical Examination | 1 2 3 4 5 | |
| | Oral Case Presentation | 1 2 3 4 5 | |
| | Written Patient Record | 1 2 3 4 5 | |
| | Clinical Procedures | 1 2 3 4 5 | |
| Clinical Knowledge | Factual Knowledge and Concepts | 1 2 3 4 5 | |
| | Problem Solving/Critical Thinking | 1 2 3 4 5 | |
| | Assessment/Differential Diagnosis | 1 2 3 4 5 | |
| | Ability to Form Management Plan | 1 2 3 4 5 | |
| | Patient Education | 1 2 3 4 5 | |
| | Patient Follow-up | 1 2 3 4 5 | |
| Professionalism | Relating to Patients | 1 2 3 4 5 | |
| | Relating to Colleagues | 1 2 3 4 5 | |
| | Responsiveness to Feedback | 1 2 3 4 5 | |
| | Understanding Role of PA | 1 2 3 4 5 | |
| | Confidence and Motivation | 1 2 3 4 5 | |
| | Reliability and Dependability | 1 2 3 4 5 | |
| | Overall Professionalism | 1 2 3 4 5 | |

Precepting physician’s signature _____ Date _____

Please scan and email this completed form to Randy Fauver, rfauver@stanford.edu, or fax it to 650-723-9692.

Have questions or comments? Contact Camille Gordon at camilleg@stanford.edu or 650-498-5242.

Program Schedule by Quarter

| Quarter | Didactic Training | Clinic Schedule | Preceptorship Days |
|--|--|---|--------------------|
| 3rd Quarter February - March | Classes at Stanford 2/27 /12 – 3/2/12 and 3/26/12 – 3/30/12 | 2/6/12 – 2/24/12 and 3/5/12 – 3/23/12 | 30 days |

| Quarter | Didactic Training | Clinic or Rotation Schedule | Preceptorship Days |
|---|--|--|--------------------|
| 4th Quarter April - June | Classes at Stanford 5/14/12-5/18/12 and 6/18/12-6/29/12 | 4/9/12-5/11/12 And 5/21/12-6/15/12 | 45 days |

| Quarter | Didactic Training | Clinic or Rotation Schedule | Preceptorship Days |
|---|--|-----------------------------|--------------------|
| 5th Quarter July - September | Classes at Stanford 9/17/12-9/21/12 | 7/2/12-0/14/12 | 55 days |

| Quarter | Didactic Training | Clinic or Rotation Schedule | Preceptorship Days |
|---|--|------------------------------------|---------------------------|
| 6th Quarter October - December | Classes at Stanford 12/10/12- 12/14/12 | 9/24/12-12/7/12 | 55 days |

| Quarter | Didactic Training | Clinic or Rotation Schedule | Preceptorship Days |
|--|--|------------------------------------|---------------------------|
| 7th Quarter Jan – March 2013 | Classes at Stanford 3/11/2013- 3/29/2013 | 1/7/2013- 3/8/2013 | 45 days |