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Hofstra University
Physician Assistant Program
2011 Clinical Year Calendar

Rotation #1:	1/3/2011 - 2/3/2011	Call Back Day 2/4/2011
Rotation #2:	2/7/2011 - 3/10/2011	Call Back Day 3/11/2011
Rotation #3:	3/14/2011 - 4/14/2011	Call Back Day 4/15/2011
Rotation #4:	4/18/2011 - 5/19/2011	Call Back Day 5/20/2011
Rotation #5:	5/23/2011 - 6/23/2011	Call Back Day 6/24/2011
Rotation #6:	6/27/2011 - 7/28/2011	Call Back Day 7/29/2011

Vacation: 7/30/2011 – 8/14/2011

Rotation #7:	8/15/2011 - 9/22/2011	Call Back Day 9/23/2011
Rotation #8:	9/26/2011 - 10/27/2011	Call Back Day 10/28/2011
Rotation #9:	10/31/2011 - 12/8/2011	Call Back Day 12/9/2011

INTRODUCTION

The Preceptor Guide outlines the policies and procedures of the Hofstra University Program in Physician Assistant Studies regarding expectations for student performance in clinical rotations. Furthermore, this handbook contains the objectives and discrete subject matter to which the student will be held responsible on a written examination. As physician assistant education is constantly evolving, this guide is periodically reviewed. Therefore, preceptors are encouraged to forward comments to the program on any portion of this guide that merits reexamination.

The faculty of the Hofstra University Program in Physician Assistant Studies wishes to express our gratitude for the generosity that preceptors extend to our students by teaching and mentoring them. Preceptors are among the most important role models that our students encounter. Thank you for your support in helping to educate the next generation of health care providers.

At any time, should you have any questions, comments or feedback regarding our students, please feel free to contact the program.

MISSION OF THE HOFSTRA UNIVERSITY PROGRAM IN PHYSICIAN ASSISTANT STUDIES

The mission of the Hofstra University Program in Physician Assistant Studies is to educate physician assistants to provide health care with clinical excellence, compassion and dedication to the community.

The goals to meet this mission include:

- Train competent physician assistants qualified to practice medicine in all clinical settings.
- Inspire a desire among physician assistants toward service with underserved communities out of the mainstream of health care delivery such as recent immigrants, prisoners and residents of low-income neighborhoods.
- Provide the skills necessary for life-long learning.
- Impart collaborative learning and working styles needed in order to participate in the team approach to medicine.
- Encourage the assumption of leadership roles within the profession and community.
- Develop competence in oral and written communication skills.

GRADUATE PHYSICIAN ASSISTANT
FUNCTION AND TASKS

Any graduate of the Hofstra University Physician Assistant Studies Program will be expected to demonstrate competence in the following functions and tasks:

- Elicit a detailed and accurate medical history, perform a complete physical examination and record all pertinent data.
- Perform and/or interpret diagnostic studies, including routine laboratory procedures, common radiological studies, electrocardiograms and pap smears.
- Counsel patients regarding physical and mental health, including diet, disease prevention, normal growth/development and family planning.
- Work as a member of the health care team by performing patient rounds, recording patient progress notes, determining and implementing therapeutic plans.
- Assist in the delivery of services to patients requiring continuing care in settings such as skilled nursing care facilities, at home and at other extended care facilities.
- Perform life-saving maneuvers such as cardiopulmonary resuscitation
- Facilitate the appropriate referral of patients and maintaining awareness of existing health delivery systems and social welfare resources.

HOFSTRA UNIVERSITY PROGRAM IN PA STUDIES

TECHNICAL STANDARDS

A physician assistant student must possess a number of abilities and skills. The use of a trained intermediary is not acceptable in many clinical situations in that it implies that a candidate's judgment must be mediated by someone else's power of selection and observation. Therefore each student must be able to:

- Observe a patient accurately, at a distance and close at hand, with or without standard medical instrumentation.

- Acquire information from written documents and to visualize information as presented in images from paper, film, slides or video.

- Comprehend X-ray, EKG and other graphic images with or without assistive devices.

- Speak, hear and observe patients by sight in order to elicit information, describe changes in mood, activity and posture, and perceive nonverbal communication.

- Communicate effectively with patients and their families in both written and oral modalities.

- Possess motor skills necessary to perform palpation, percussion, auscultation and other diagnostic and therapeutic maneuvers, basic laboratory tests and emergency therapeutic procedures, including airway management, placement of intravenous catheters, cardiopulmonary resuscitation, application of pressure to control bleeding, and suturing of wounds.

- Measure, calculate, reason, analyze, integrate, synthesize and comprehend three-dimensional

relationships and understand spatial relationships of structures according to standard medical care.

- Exercise good judgment and complete all responsibilities attendant to the diagnosis and care of patients promptly. Develop mature, sensitive and effective relationships with patients.

- Tolerate physically taxing workloads, function effectively under stress, adapt to changing environments, display flexibility and learn to function in the face of uncertainties inherent in the practice of clinical medicine.

Where a candidate's ability to observe or acquire information through sensory modalities is compromised, the candidate must demonstrate alternate means and/or abilities to acquire and demonstrate comprehension of essential information. Cost of necessary accommodations should be reasonable and will be properly borne by the University when not the responsibility of the student or otherwise funded.

COMPETENCIES FOR THE PHYSICIAN ASSISTANT PROFESSION

PREAMBLE

In 2003, the National Commission on Certification of Physician Assistants (NCCPA) initiated an effort to define PA competencies in response to similar efforts being conducted within other health care professions and growing demand for accountability and assessment in clinical practice. The following year, representatives from three other national PA organizations, each bringing a unique perspective and valuable insights, joined NCCPA in that effort. Those organizations were the Accreditation Review Commission for Education of the Physician Assistant (ARC-PA), the body that accredits PA educational programs; the Association of Physician Assistant Programs (APAP), the membership association for PA educators and program directors; and the American Academy of Physician Assistants (AAPA), the only national membership association representing all PAs.

The resultant document, *Competencies for the Physician Assistant Profession*, is a foundation from which each of those four organizations, other physician assistant organizations and individual physician assistants themselves can chart a course for advancing the competencies of the PA profession.

INTRODUCTION

The purpose of this document is to communicate to the PA profession and the public, a set of competencies that all physician assistants regardless of specialty or setting are expected to acquire and maintain throughout their careers. This document serves as a map for the individual PA, the physician-PA team and organizations that are committed to promoting the development and maintenance of these professional competencies among physician assistants.

The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. Professional competencies[1] for physician assistants include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, systems-based practice, as well as an unwavering commitment to continual learning, professional growth and the physician-PA team, for the benefit of patients and the larger community being served. These competencies are demonstrated within the scope of practice, whether medical or surgical, for each individual physician assistant as that scope is defined by the supervising physician and appropriate to the practice setting.

PHYSICIAN ASSISTANT COMPETENCIES

The PA profession defines the specific knowledge, skills, and attitudes required and provides educational experiences as needed in order for physician assistants to acquire and demonstrate these competencies.

1. MEDICAL KNOWLEDGE

Medical knowledge includes an understanding of pathophysiology, patient presentation, differential diagnosis, patient management, surgical principles, health promotion and disease prevention. Physician assistants must demonstrate core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care in their area of practice. In addition, physician assistants are expected to demonstrate an investigatory and analytic thinking approach to clinical situations. Physician assistants are expected to:

- understand etiologies, risk factors, underlying pathologic process, and epidemiology for medical conditions
- identify signs and symptoms of medical conditions
- select and interpret appropriate diagnostic or lab studies
- manage general medical and surgical conditions to include understanding the indications, contraindications, side effects, interactions and adverse reactions of pharmacologic agents and other relevant treatment modalities
- identify the appropriate site of care for presenting conditions, including identifying emergent cases and those requiring referral or admission
- identify appropriate interventions for prevention of conditions
- identify the appropriate methods to detect conditions in an asymptomatic individual
- differentiate between the normal and the abnormal in anatomic, physiological, laboratory findings and other diagnostic data
- appropriately use history and physical findings and diagnostic studies to formulate a differential diagnosis
- provide appropriate care to patients with chronic conditions

2. INTERPERSONAL & COMMUNICATION SKILLS

Interpersonal and communication skills encompass verbal, nonverbal and written exchange of information. Physician assistants must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients' families, physicians, professional associates, and the health care system. Physician assistants are expected to:

- create and sustain a therapeutic and ethically appropriate relationship with patients
- use effective listening, nonverbal, explanatory, questioning, and writing skills to elicit and provide information
- appropriately adapt communication style and messages to the context of the individual patient interaction
- work effectively with physicians and other health care professionals as a member or leader of a health care team or other professional group
- apply an understanding of human behavior
- demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety
- accurately and adequately document and record information regarding the care process for medical, legal, quality and financial purposes

3. PATIENT CARE

Patient care includes age-appropriate assessment, evaluation and management. Physician assistants must demonstrate care that is effective, patient-centered, timely, efficient and equitable for the treatment of health problems and the promotion of wellness. Physician assistants are expected to:

- work effectively with physicians and other health care professionals to provide patient-centered care
- demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans counsel and educate patients and their families
- competently perform medical and surgical procedures considered essential in the area of practice health care services and education aimed at preventing health problems or maintaining health

4. PROFESSIONALISM

Professionalism is the expression of positive values and ideals as care is delivered. Foremost, it involves prioritizing the interests of those being served above one's own. Physician assistants must know their professional and personal limitations. Professionalism also requires that PAs practice without impairment from substance abuse, cognitive deficiency or mental illness. Physician assistants must demonstrate a high level of responsibility, ethical practice, sensitivity to a diverse patient population and adherence to legal and regulatory requirements. Physician assistants are expected to demonstrate:

- understanding of legal and regulatory requirements, as well as the appropriate role of the physician assistant
- professional relationships with physician supervisors and other health care providers respect, compassion, and integrity
- responsiveness to the needs of patients and society
- accountability to patients, society, and the profession
- commitment to excellence and on-going professional development
- commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- sensitivity and responsiveness to patients' culture, age, gender, and disabilities
- self-reflection, critical curiosity and initiative

5. PRACTICE-BASED LEARNING AND IMPROVEMENT

Practice-based learning and improvement includes the processes through which clinicians engage in critical analysis of their own practice experience, medical literature and other information resources for the purpose of self-improvement. Physician assistants must be able to assess, evaluate and improve their patient care practices. Physician assistants are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology in concert with other members of the health care delivery team
- locate, appraise, and integrate evidence from scientific studies related to their patients' health problems
- obtain and apply information about their own population of patients and the larger population from which their patients are drawn

- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- apply information technology to manage information, access on-line medical information, and support their own education
- facilitate the learning of students and/or other health care professionals
- recognize and appropriately address gender, cultural, cognitive, emotional and other biases; gaps in medical knowledge; and physical limitations in themselves and others

6. SYSTEMS-BASED PRACTICE

Systems-based practice encompasses the societal, organizational and economic environments in which health care is delivered. Physician assistants must demonstrate an awareness of and responsiveness to the larger system of health care to provide patient care that is of optimal value. PAs should work to improve the larger health care system of which their practices are a part. Physician assistants are expected to:

- use information technology to support patient care decisions and patient education
- effectively interact with different types of medical practice and delivery systems
- understand the funding sources and payment systems that provide coverage for patient care
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- partner with supervising physicians, health care managers and other health care providers to assess, coordinate, and improve the delivery of health care and patient outcomes
- accept responsibility for promoting a safe environment for patient care, recognizing and correcting systems-based factors that negatively impact patient care
- apply medical information and clinical data systems to provide more effective, efficient patient care
- use the systems responsible for the appropriate payment of services

CURRICULUM DESIGN

Hofstra's program is designed to provide undergraduates the opportunity to earn both the B.S. and the M.S., as well as to provide graduate instruction for post-baccalaureate students. Undergraduate students first complete the pre-professional phase, consisting of three years of collegiate instruction including all prerequisite courses. Students apply to the program during the third year of undergraduate study, and if successful in gaining admission, enroll in the 28-month professional curriculum. The professional curriculum is divided into three semesters of didactic instruction, three semesters of clinical clerkships and one semester of research.

THE DIDACTRIC YEAR

The didactic phase is comprised of classroom and laboratory instruction in basic science, behavioral science and clinical medicine. Other courses address the social aspects of medicine. Health Psychology focuses on formulating and improving upon student interpersonal and communication skills, especially as it relates to difficult patients or clinical encounters. The Physician Assistant and Society course will explore the physician assistant role within the health care system as well as address medical ethical issues. Diagnostic Modalities provides education in the practical areas of medicine such as EKG interpretation, procedural skills and radiologic study interpretation. The last semester contains courses needed for research such as epidemiology and research design and analysis.

THE CLINICAL YEAR

The clinical year is comprised of nine clerkships. Mandatory clerkships included: Internal Medicine, Pediatrics, Obstetrics and Gynecology, Psychiatry, Family Medicine, Emergency Medicine, Surgery and Long Term Care. Students are also required to complete an elective clerkship in an area of special interest. The objectives for each rotation are found in the back of this handbook. Students are responsible for the objectives regardless of the types of patient care experiences they encounter in their rotation.

Students return to campus for "call back" days, which are held on the last day of each clerkship. Attendance during the call back day is mandatory for all students. These day-long sessions consist of such activities as presentations of interesting patient cases, health promotion projects, patient education projects, CME assignments, oral reasoning examinations, and end of rotation written examinations. Special classes, lectures and activities related to clinical medicine will also be held during call backs days.

RESEARCH SEMESTER

This semester synthesizes didactic and clinical knowledge in the application to epidemiology, research and evidence based medicine. The epidemiology course explores issues related to health and illness within populations, and potential interventions to prevent illness in the interest of improving public health. Evidence Based Medicine describes techniques for obtaining the most accurate information regarding treatment, diagnosis, and prognosis. The Research Project is the cornerstone of this semester. Students will be given the choice of two tracks. The first track will afford the opportunity to produce an exhaustive, evidence-based critical review of the clinical literature on a selected topic. The second is to perform an analysis of a population-based problem using the principles of Community Oriented Primary Care. Both tracks will lead to written capstone that integrates the elements of a scientific article.

PROGRAM CURRICULUM

First Semester		**16 credits**
Anatomy	4 credits	PHA 223
Mechanisms of Disease	2 credits	PHA 278
Physical Diagnosis I	3 credits	PHA 215
Physiology	4 credits	PHA 212
Medicine I	3 credits	PHA 224

Second Semester		**13 credits**
Health Psychology	2 credits	PHA 216
Physician Assistant and Society	2 credits	PHA 200
Pharmacology I	3 credit	PHA 217
Physical Diagnosis II	3 credits	PHA 220
Medicine II	3 credits	PHA 225

Third Semester		**13 credits**
Pharmacology II	3 credits	PHA 221
Diagnostic Modalities	2 credits	PHA 219
Medicine III	6 credits	PHA 227
Correlative Medicine	2 credits	PHA 223

Fourth – Sixth Semesters (Clerkships)		**27 credits**
Family Medicine	3 credits	PHA 250
Internal Medicine	3 credits	PHA 255
OB/GYN	3 credits	PHA 260
Surgery	3 credits	PHA 265
Emergency Medicine	3 credits	PHA 270
Long Term Care	3 credits	PHA 275
Pediatrics	3 credits	PHA 280
Psychiatry	3 credits	PHA 285
Elective	3 credits	PHA 290

Seventh Semester		**10 credits**
Epidemiology	2 credits	PHA 218
Evidence Based Medicine	2 credits	PHA 204
Research Design and Analysis	3 credits	PHA 301
Research Project	3 credits	PHA 302

Curriculum Total	**79 credits**

PRECEPTOR RESPONSIBILITIES

ROLE OF THE PRECEPTOR

The preceptor serves as both a teacher and an expert (Fam Med 2003;35(5):314-5.). As a teacher, the preceptor monitors the progress of the physician assistant student and supervises student activities. As an expert, the preceptor serves as a source of information concerning patient management, clinical medicine and technical skills. The preceptor combines these roles when he/she assigns readings, reviews student chart entries, observes physical examinations and critiques student case presentations. In addition to clinical teaching, preceptors play an important role by providing input which is used in the revising and updating clinical objectives.

The specific minimum learning objectives for each clinical experience can be found by discipline in the back of this handbook. Preceptors use the objectives by helping students accomplish basic clinical competencies. They are also used as a guide to evaluate the clinical acumen of physician assistant students when completing the Preceptor Evaluation Form, a sample of which is found at the end of this handbook.

Preceptors must agree to provide appropriate supervision of physician assistant students. The preceptor must be aware that students are not to be used to substitute for staff positions, employees or residents. Furthermore, students cannot be the sole contact for any patient. Each patient encounter must be reviewed by the preceptor.

PROVIDING STUDENTS WITH FEEDBACK

Preceptors are encouraged to provide students with feedback throughout clerkships as identification of strengths and weaknesses is essential for student self-improvement. A planned meeting with the student midway through the clerkship may be helpful. Suggested areas of feedback include weaknesses in raw clinical knowledge, history taking, physical exam skills, formulation of differential diagnoses, and management. The preceptor can provide helpful feedback on oral and written presentation skills as well as issues concerning professionalism. If a preceptor feels that a student is not meeting the expectations of the rotation they need to notify the clinical coordinator by either phone or email prior to the end of the rotation. It is also advised that the preceptor meet with the student directly to discuss any issues or deficiencies noted by the preceptor.

PRECEPTOR REVIEW AND COUNTERSIGNATURE

Preceptors must evaluate all patients seen by students. It is the responsibility of each student to insure that the supervising preceptor examine each patient seen by the student. The supervising preceptor must review, critique and countersign all notes written by the student. The student will sign each note with "PA-student" and **not** "PA-S" to prevent confusion. The supervising preceptor must countersign the note immediately.

The student is **not authorized** to initiate any orders for a patient without the consultation and the signature of the supervising preceptor. Students are **not permitted nor authorized** to sign any prescriptions. However, students are encouraged to practice writing unofficial orders and prescriptions and present them to preceptors for review. Similarly, if hospital policy does not allow students to write clinical notes in a patient chart, unofficial notes should be reviewed by the preceptor.

STUDENT LEARNING OBJECTIVES

Students are encouraged to review the objectives for their rotation with the preceptor on the first day of the clerkship. In addition, students are asked to have their preceptor sign the Student/Preceptor Review of Clinical Objectives Form so that both student and preceptor have a common understanding of what is expected during the clerkship. Once reviewed and signed, it is the students responsibility to assure that the objective form is faxed to the physician assistant program office at 516-463-5177 by the end of the first week of their rotation. Failure of the student to fax in a signed copy of the student/preceptor review of clinical objectives form will result in a (3) three point reduction off the students overall rotation grade. A copy for your reference can be found at the end of this handbook.

CLERKSHIP WORK SCHEDULE

Preceptors must sign all student clerkship work schedules. Students are required to fax to the program a completed clerkship work schedule form (see appendix) by Friday of the first week of **each** clinical rotation (Fax: 516-463-5177). If the schedule changes, a new clerkship schedule must be faxed. All absences must be listed on the bottom of the clerkship work schedule, as well as time used to make up absences. Failure to the student to fax in a clerkship work schedule or change in their work schedule will result in a grade of "incomplete" until all forms are received.

PRECEPTOR EVALUATION OF STUDENT

The preceptor evaluation comprises 25% of the grade for the clerkship. Yet, if a student fails a preceptor evaluation, the rotation is failed. By the end of each rotation, the preceptor evaluates the student with the Preceptor Evaluation Form. Preceptors should be as candid and objective as possible. This evaluation should be discussed and signed by both the student and preceptor and any deficiencies should be addressed. This form should be returned directly to the program office in a sealed envelope with the preceptor's signature and stamp across the seal. A faxed or emailed copy will be accepted only if the preceptor speaks directly to one of the staff beforehand. The program fax number is 516-463-5177. All preceptor evaluations must be turned in upon completion of the clerkship. Grades for the clerkship will not be posted until the evaluation form is received.

PATIENT LOGGING AND CLINICAL PROCEDURES

In order for the program to ensure that each student has adequate exposure to a diverse mix of patients regarding demographics and type and severity of disorder, we use a web-based tracking system called Typhon. Each student logs the patients he/she saw each day. Typhon provides the opportunity for preceptors to review student logs, if desired. <u>All patient logs must be signed and stamped by the preceptor.</u>

Students must also complete a predefined number of procedures during the clinical year, and these are logged through Typhon as well. While students are encouraged to seek opportunities to learn procedures, the preceptor decides if this is within the capabilities of a given clerkship experience. Preceptors are encouraged to consider the learning needs of the student and grant opportunities as appropriate. The final decision rests with the preceptor, and cannot be appealed by the student. Students are required to document the following procedures during the clinical year:

Procedure	Required Amount
ABG	4
Abscess I &D	2
Blood Cultures	2
Cardiopulmonary Resuscitation	3
Foley Catheter Placement	4
IM/SC/ID-injections	10
IV Placement	10
NG Tube Placement	2
Well Woman Pelvic Exam	5
Obstetrical Pelvic Exam	5
Splinting	5
Suturing	5
Venipuncture	10
Assist in Operating Room	10
Wound Care/Debridement	10
Rectal Examinations	10

PRECEPTOR CONTACT

Students are required to contact preceptors at least one week prior to the start of the clerkship. Preceptors should provide the clinical coordinator with updated and preferred contact information. This allows students an opportunity to communicate with preceptors to discuss student expectations and logistical information.

POLICIES REGARDING CLINICAL ROTATIONS

HEALTH INSURANCE

Health insurance is mandatory for the clinical year. All students on clinical rotations have submitted proof of health insurance to the program. All student health insurance policies cover the students in the event of illness or injury that may result from patient care.

HEALTH CLEARANCE

All students provide the program with evidence of fitness to perform physician assistant student functions by a health care provider. Fitness includes proof of immunization requirements in accordance with the Centers for Disease Control (CDC) recommendations for health care professionals. Students are required to keep their own medical information and present it at the beginning of each clinical clerkship.

IDENTIFICATION

Students must display their Hofstra University photo identification in an easily visible location while on clinical rotations. All students must identify themselves as a “physician assistant student” to patients and medical staff. Under no circumstance should a student encourage or fail to correct the misconception that he/she is a physician or a medical student. Students answering pages or phone calls for clinical preceptors must use their title when answering.

LIABILITY INSURANCE

Hofstra University holds malpractice liability insurance through Marsh Insurance Company, which covers each site with which the University has a contract. This is renewed on a yearly basis. Copies of the insurance policy can be obtained by contacting the clinical coordinator. Please allow two-four weeks to receive your requested copy of liability insurance.

WORK POLICY

Students who choose to volunteer or be paid employees during the course of their physician assistant training cannot use their affiliation with the program in any aspect of that employment. Any activity undertaken by the student, independent of the program, is not covered by the liability insurance offered for clinical work associated with physician assistant training.

Students may not substitute for regular clinical or administrative staff during the clinical year. Should such a request be made of a student, it should be reported to the program director immediately.

PATIENT RIGHTS AND CONFIDENTIALITY

All students have been HIPAA certified prior to entrance into clinical clerkships. All information regarding a patient's health is privileged information. All students must strictly adhere to each institutional policy governing patient rights and confidentiality and to all federal, state and local governances. Students must not discuss or divulge any healthcare information in a manner or location that might reveal the identification of the patient to individuals not directly involved in the care of an individual patient.

Patient charts, inclusive of progress notes or lab reports, will not be removed from the clinical site by the physician assistant student. If photocopies of a patient's record are needed for site evaluation, all information that might identify the patient will be removed, omitted or deleted to protect patient confidentiality.

SOCIAL MEDIA POLICY

While on clinical rotations the taking of pictures, diagnostic images and patient data that is acquired during any patient encounter (including the operating room) even if the patient is not identified is strictly prohibited. Any transmission of confidential patient data on any social media platform such as but not limited to: You Tube, Face Book, iTunes, LinkedIn, Twitter and Blogs is also strictly prohibited. Violation of this policy is inappropriate and will result in a meeting with the Academic Standing Committee and possible dismal from the program will be discussed. Any violation of this policy should be immediately reported to the clinical coordinator or program director.

UNIVERSAL PRECAUTIONS

All PA students must complete a training session for healthcare professionals in infection control/universal precautions provided by the Medical Society of the State of New York and New York State Department of Health before entering the hospital setting. A certificate of completion is kept by the student and provided to any clinical site requesting a copy.

EXPOSURE POLICY AND INCIDENT REPORTING

Should a student be exposed to a foreign body fluid during a clerkship, he/she will immediately report the incident to the clerkship preceptor, other site supervisor or if on campus, to a faculty member. The student will follow institutional infectious and environmental hazard policy, including completing all necessary documentation as required by the institution. Students should be aware that an infectious or environmental hazard exposure can adversely affect student overall health and performance in the Physician Assistant Studies Program.

The student must also contact the clinical coordinator or program director directly via voice mail or e-mail, within 24 hours of the incident. The student is required to complete and return an incident form (see appendix) to the clinical coordinator, program director and university within 48 hours of the incident. Health information of the student or patient **should not** be included when filling out the exposure form to protect the privacy of both parties. Additionally, the form **should not** contain the name or other identification of the patient involved in the exposure. Following an exposure, the student must follow-up with his/her private Family Medicine provider for further evaluation and/or treatment. Should any expense be incurred as a result of an exposure, the student is responsible for all costs related to the incident.

CLINICAL YEAR ATTENDANCE

Clinical year students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain until excused. Students are expected to take call as well as work weekends and holidays as would any member as the healthcare team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year**. **There are no personal days.** Students may not take vacations apart from those delineated in this handbook on the clinical year schedule. Students are not permitted to take off the last day of clerkships to prepare for end of rotation examinations and projects. The program requires preceptors to notify the program should any problems regarding absences or lateness arise.

ABSENCE FROM CLINICAL ROTATIONS

If a student is unable to report to the clinical site for any reason, he/she is required to:

1. Call and e-mail the clinical preceptor **before** the day of the absence.
2. Call and e-mail the clinical coordinator at (516) 463-4233 by 9 AM that day.

Any absence, for any reason, must be made up at the site. There are no personal days.
Failure to report an absence in the correct manner and obtain approval from the clinical coordinator will mean that the absence will be considered unexcused. More than one unexcused absences or excessive excused absences will result in the student being placed on professional probation. The student will remain on professional probation for the duration of the program. All absences must be listed on the bottom of the clerkship work schedule, as well as time used to make up absences.

TARDINESS

Students are expected to arrive at the clinical site on-time. If delayed, the clinical coordinator and site preceptor must be informed. Should a student be physically present on a site but away from the team he/she will be considered absent. It is not acceptable to go to the library to study or to be away from the team without the preceptor's knowledge and permission.

PROFESSIONALISM

Adherence to standards of professional behavior is required of all students at all times. These standards are the ethical foundation of medical practice and of our integrity as physician assistants. Should the Academic Standing Committee (ASC) find that a student has behaved unprofessionally, he/she will be placed on professional probation. Professional probation is a status designated by the ASC when a student violates one of the tenets of professional conduct or of the Hofstra University Bulletin. The possibility of dismissal will be considered by the ASC, even if all other elements of training are completed satisfactorily. The student will remain on professional probation for the duration of the program. Examples of unprofessional behavior include:

- Failure to comply with program rules and regulations, including but not limited to:
    - attendance,
    - punctuality,
    - preparedness,
    - conduct,
    - performance in the classroom and clinical setting
- More than one unexcused absences during the clinical year
- Excessive excused absences during the clinical year
- Excessive lateness during the clinical year
- Unauthorized departure from the clinical setting
- Failure to perform all or part of assigned tasks and responsibilities
- Failure to follow protocol, or directions of supervising physician, physician assistant or program faculty
- Immature demeanor
- Unacceptable dress in the clinical arena
- Academic or personal dishonesty
- Failure to accept constructive criticism
- Performing unauthorized procedures or administering services not permitted by the supervisor, the facility, or the physician assistant program
- Violation of the Health Insurance Portability and Accountability Act (HIPAA)
- Failure to identify oneself as a physician assistant student, especially after being addressed as "Doctor"
- Failure to report all observed unethical conduct by other members of the health profession, including other students
- Insensitivity to patients; lack of respect for the rights of patients to competent, confidential service
- Endangering the health and welfare of any patient
- Failure to submit an incident report both to the program and the clinical site

DRESS REQUIREMENTS

Both men and women should wear business attire while on clinical rotations. Men should wear a dress shirt with tie. Closed toed shoes with socks or stockings as well as a short white uniform jacket must be worn by men and women, at all times. Each student should wear a watch with a second hand. Bracelets are not permitted on clinical rotations. Students should avoid wearing insignia, buttons or decals of a political nature while on clinical rotation.

Unacceptable clothing includes:

- Low cut, revealing blouses for women
- Sandals
- Short skirts
- Stirrup pants or leggings
- T-shirts, sweatshirts or sweatpants
- Any clothing made of denim
- Clothing that exposes the mid-abdomen
- Clothing that is soiled, in poor repair, or not well maintained

Students may wear scrubs **only** while in the operating room, emergency room or in the delivery room. Students may wear sneakers **only** while wearing scrubs as listed above. Students may not wear scrubs while outside the hospital, or while traveling to or from the hospital.

Hair must be pulled back away from the face if it is longer than shoulder length. Fingernails must be less than ¼“ long. Nail polish should not be worn while on rotations that requires the student to scrub. No artificial nails, wraps, multi-colored or designer nail polish or nail paintings are permitted.

Students should be sensitive to the needs of patients and avoid wearing fragrances while in the health care setting. Only post earrings are permitted. All tattoos should be concealed. Other body piercings should not be worn during rotations.

SEXUAL MISCONDUCT

Sexual relations between a PA student and a patient are unethical, regardless of who initiated the relationship. Reasonable proof of a sexual relationship between a student and patient will result in dismissal from the program. Sexual relations between a PA student and clinical staff at a site are unacceptable.

Sexual harassment of a physician assistant student by a preceptor or other rotation site employee is a serious matter and must be reported to the clinical coordinator immediately. All good faith reports of inappropriate behavior will be supported. Students should not attempt to handle this problem alone, as sexual harassment involves issues of unequal power. Should a student feel you he/she has been sexually harassed, assistance from the program faculty should be sought immediately.

ACADEMIC HONESTY

Cheating and plagiarism are grave infractions of academic and professional ethical behavior and are contrary to the purpose of any educational institution. They must be addressed seriously for student scholarship to have validity. Preceptors are required to report all suspicions of academic dishonesty. Faculty may require students suspected of cheating or plagiarizing to confirm the originality of their work.

STUDENT AND CLERKSHIP MONITORING

MID-CLERKSHIP EVALUATION

Students fill out a mid-clerkship evaluation at the end of the second week of the clerkship.
This tool is designed for the student to identify personal strengths and weaknesses as well as provide an opportunity to discuss his/her progress and expectations with the preceptor. Preceptors may approach the student at this time to initiate a discussion, if the student has not done so. This tool also provides the program with feedback regarding clerkship quality. Lastly, it allows the clinical coordinator to identify problems with a clinical site or with an individual student and provide early intervention should it be necessary

STUDENT EVALUATION OF PROGRAM ROTATIONS

At the end of each rotation, students are required to complete an evaluation of the experience at the site. A copy of this instrument can be found at the end of this handbook. Data collected from these forms are compiled and analyzed at the end of each year. These results are forwarded to the preceptor either during an on-site evaluation or via email/regular mail. This data is used to initiate a dialog with the preceptor concerning issues regarding clerkship objectives or student experiences.

ASSESSMENT OF CLINICAL SITES

Every two years a representative from Hofstra University's Program in Physician Assistant Studies will visit the site to conduct a continuous assessment of clinical site. This meeting will involve both preceptors and/or site facility administrators. All parties will be contacted by a Hofstra representative to decide on a mutually convenient time to meet. This meeting will review the sites ability to meet the students learning objectives and program expectations. Suggestions and comments by the site are highly encouraged.

ASSIGNMENTS AND ACADEMIC PERFORMANCE

CLERKSHIP GRADES

Each clinical clerkship must be passed in order to graduate from the program. The minimum passing grade for each clerkships is a "C."

Grades for the required clerkships are based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case Assignment or Rotation Specific Project (as designated for specific rotation)	25%
Preceptor Evaluation	25%
Clinical Documentation (1 H&P or SOAP note as designated for specific rotation) & 3 Drug Cards	15%

Grades for elective clerkships are based on the following components:

Preceptor Evaluation	25%
Oral Reasoning Examination	35%
Patient Education Project	30%
Elective PRE and POST Essay	10%

END-OF-ROTATION EXAM

In order to determine comprehensive knowledge of each clerkship discipline, a 50 question multiple choice online examination will be given at the end of each rotation. The exam questions will be derived from the clerkship minimum learning objectives and the assigned readings.

ON SITE EVALUATION

During some clinical clerkships, students will be visited by the clinical coordinator for an on-site evaluation within the last two weeks of the clerkship. The site evaluation is a means to assess the student's command of clinical knowledge of the medical discipline practiced at the site. The visit will be scheduled to meet the needs of the preceptor when possible. The site evaluation will be comprised of the following:

1. One H&P or SOAP note as designated for the specific rotation.
2. Three (3) pharmaceuticals to be presented as "drug cards".
3. Depending upon the requirements of each rotation, the student will be responsible for one of the following:
    a. Interesting Patient Case Assignment
    b. Continuing Medical Education Project
    c. Health Promotion Project

SUBMISSION OF MEDICAL NOTES

Each student will submit one complete history and physical or SOAP note for each clerkship. The table below outlines the requirements for each clerkship.

Family Medicine	1 Complete H&P
Long Term Care	1 Complete H&P
Elective	N/A
Surgery	1 SOAP Note
Obstetrics and Gynecology	1 SOAP Note
Psychiatry	1 Complete H&P
Internal Medicine	1 Complete H&P
Pediatrics	1 SOAP Note
Emergency Medicine	1 SOAP Note

DRUG CARDS

Students are required to research three (3) pharmaceutical agents used for each clerkship and make flash cards indicating the class, mechanism of action, indications, contraindications, side effects and cost of medication. The student is required to present these cards on the day of the site visit, and be prepared to be questioned regarding the drugs selected.

PROJECT REQUIREMENTS

Emergency Medicine	Interesting Patient Case Assignment
Family Medicine	Health Promotion Project
Pediatrics	Interesting Patient Case Assignment
Ob/Gyn	Interesting Patient Case Assignment
Surgery	Interesting Patient Case Assignment
Elective	Patient Education Project & Pre and Post Essay
Psychiatry	Interesting Patient Case Assignment
Internal Medicine	Continuing Medical Education Project
Long Term Care	Interesting Patient Case Assignment

INTERESTING PATIENT CASE ASSIGNMENTS

The formal presentation of an interesting patient seen during the clerkship is a part of the site visit grade for the emergency medicine, pediatrics, ob/gyn, surgery, psychiatry and long term care rotations. For clerkships that do not include a site visit, the presentation may be done on call back day. The student leads a discussion of the course of illness and treatment of the patient before fellow classmates as well as the faculty member. This discussion should include the rationale for the choice of treatment, and a literature search of the illness or treatment of the patient. The literature search should only contain references from academic, peer-reviewed medical journals, less than 5 years old.

CONTINUING MEDICAL EDUCATION PROJECT

During the internal medicine rotation, students will be assigned a CME project. This project may be either web-based or found in a peer-review journal article.

HEALTH PROMOTION PROJECT

The objective of the health promotion project is to find ways to enable patients to increase control over risk factors and improve their health. An important element of Family Medicine is to promote healthy lifestyles, identify risky behavior and prevent complications from chronic illness. This project provides a vehicle for students to counsel, teach and support patients about preventive measures for their disease states and to evaluate the effectiveness of their efforts.

The student will choose a patient with chronic illness or lifestyle risk factors and provide counseling. Afterward, the questionnaire found in the appendix is completed. Question number 4 requires that the student follow-up with the patient. This can be accomplished via a follow-up visit or by telephone conversation. Should a telephone conversation be chosen, permission must be obtained from the patient, and the site preceptor. Question 5 requires that the student read and submit an academic article, not more than five years old that discusses the health promotion issues related to the patient. A one-paged,

typed, double-spaced paper summarizing the article and discussing how to implement the recommendations is submitted and/or presented during the site visit or on call back day should a site visit not occur.

PATIENT EDUCATION PROJECT

During the elective clerkship, the student will be assigned a patient education topic to research and present to the class during call back day. The patient education project requires the student to create a unique plan to educate patients on their assigned topic. This may include but is not limited to: poster, pamphlet, creating a lesson plan or small group discussion. The student is then required to present to fellow classmates his/her education plan and educate classmates on how to teach patients about the topic. Presentations should be no longer than **10 minutes** in length.

PRE AND POST ESSAY

As the elective rotation gives the student a chance to explore a special interest, the pre and post essay evaluates how that choice was made and the level of success of the clerkship experience. The "pre" portion of the essay will discuss the reasons for choosing the elective, the expectations for skills gained, types of patients seen etc and the personal goals and objectives for the clerkship experience

The "post" portion of this essay will discuss what was enjoyed and disliked about the specialty, if it met expectations, how it differed from expectations and if it may become a career choice. It will also discuss the degree to which goals and objectives were met, and how adjustments were made to optimize learning. This portion must be completed near the end of the clerkship.

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Clinical Year Objectives

PHA 250 FAMILY MEDICINE CLERKSHIP
Clinical Coordinator: Shannan Ricoy, M.S., RPA-C
Email: Shannan.Ricoy@hofstra.edu
Tele: 516-463-4233

3 s.h.

COURSE DESCRIPTION:
Family Medicine Clerkship provides students with a working knowledge of the principles of family medicine and the biopsychosocial model of health care. Working with board-certified family physicians, students will evaluate patients in all age groups with a wide variety of illness in the outpatient setting. Health promotion and preventive medicine are incorporated in this clerkship as well.

COURSE GOALS AND OBJECTIVES:
Upon completion of this clerkship students will be able to:

1. Describe the principles of the medical home.
2. Perform complete physical assessments on patients throughout the life span.
3. Develop differential diagnoses and treatment plan.
4. Perform procedures as specified by the clerkship objectives.
5. Integrate knowledge of counseling techniques and patient education.
6. Participate in all rounds, conferences, lectures, and call as specified by the site.
7. Provide coordination of care with members of the health care team, with a system-based approach.

COURSE REQUIREMENTS & EVALUATION CRITERIA:
The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Health Promotion Project	25%
Preceptor Evaluation	25%
One complete history and physical note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Goroll, et al, Primary Care Medicine, Office Evaluation and Management of the Adult Patient, 6th edition, J.B Lippincott Company, 2008.
- Fishbach, Frances and Dunning, Marshall B.. A Manual of Laboratory and Diagnostic Tests, 8th edition, J.B. Lippincott Company, 2008.
- Dehn, Richard and David Asprey. Essential Clinical Procedures for Physician Assistants. W.B. Saunders, 2007.
- Fitzpatrick, Johnson, Wolff. Color Atlas and Synopsis of Clinical Dermatology. 5th edition, 2005.

ALTERNATIVE REFERENCE MATERIALS:

- Rakel, David. Textbook of Family Medicine. 7th edition. Saunders Elsevier, 2007.

USEFUL WEBSITES:

- American Academy of Family Physicians: http://www.aafp.org/online/en/home.html
- Center for Disease Control and Prevention: http://www.cdc.gov/
- Medscape: http://www.medscape.com/
- World Health organization: http://www.who.int/en/
- Diabetes: https://diabetesmanagement.joslin.org
- US Preventative Services Task Force. Guide to clinical preventative services: http://www.ahrq.gov/clinic/uspstfix.htm

ACADEMIC HONESTY:

Plagiarism is a serious ethical and professional infraction. Hofstra's policy on academic honesty reads: "The academic community assumes that work of any kind [...] is done, entirely, and without assistance, by and only for the individual(s) whose name(s) it bears." Please refer to the "Procedure for Handling Violations of Academic Honesty by Graduate Students at Hofstra University" to be found at http://www.hofstra.edu/PDF/Senate_FPS_11.pdf , for details about what constitutes plagiarism, and Hofstra's procedures for handling violations.

ATTENDANCE POLICY:

Students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year**. Students may not take days off during this rotation. Please refer to the Clinical Year Handbook for further discussion.

LEARNING OBJECTIVES:

The learning objectives for the Family Medicine clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CLINICAL KNOWLEDGE:
Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

SYSTEMIC DISORDERS

- Generalized lymphadenopathy
- Fever of unknown origin
- Significant weight change
- Tobacco use/dependence
- Nutritional deficiencies
  - Niacin
  - Thiamine
  - Vitamin A
  - Riboflavin
  - Vitamin C
  - Vitamin D
  - Vitamin K

DERMATOLOGICAL DISORDERS

Eczematous Eruptions
- Dermatitis
- Atopic
- Contact
- Diaper
- Nummular eczematous
- Perioral
- Seborrheic
- Stasis
- Dyshidrosis
- Lichen simplex chronicus

Papulosquamous Diseases
- Dermatophyte infections
- Tinea versicolor
- Tinea corporis/pedis
- Drug eruptions
- Lichen planus
- Pityriasis rosea
- Psoriasis
- Vesicular Bullae
- Bullous pemphigoid
- Acneiform Lesions
- Acne vulgaris
- Rosacea
- Folliculitis

Verrucous Lesions
- Seborrheic keratosis
- Actinic keratosis

Insects/Parasites
- Lice
- Scabies

Neoplasms
- Basal cell carcinoma
- Melanoma
- Squamous cell carcinoma

Hair and Nails
- Alopecia areata
- Androgenetic alopecia
- Onycomycosis
- Paronychia

Viral Diseases
- Condyloma acuminatum
- Exanthems
- Pityriasis rosea
- Herpes simplex
- Molluscum contagiosum
- Verrucae
- Varicella-zoster virus

Bacterial Infections
- Cellulitis/vasculitis
- Impetigo

Other Dermatologic Conditions
- Acanthosis nigricans
- Burns
- Decubitus ulcers/leg ulcers
- Hidradenitis suppurativa
- Lipomas/epithelial inclusion cysts
- Melasma
- Urticaria
- Vitiligo

- Drug eruptions
- Bites/stings
- Abscess
- Decubitus ulcers
- Erythema multiforme

OPHTHALMOLOGIC DISORDERS

- Blepharitis
- Cataract
- Chalazion
- Conjunctivitis
- Corneal abrasion
- Dacryoadenitis
- Ectropion
- Entropion
- Glaucoma
- Hordeolum
- Macular degeneration
- Orbital cellulitis
- Pterygium
- Diabetic retinopathy
- Hypertensive retinopathy
- Strabismus
- Amblyopia
- Herpetic keratitis
- Optic neuritis
- Papilledema

HEMATOLOGIC DISORDERS

Anemias
- B12 & Folate deficiency
- Iron deficiency
- Sickle cell anemia

Coagulation Disorders

Malignancies
- Acute and Chronic lymphocyctic leukemia
- Acute and Chronic myelogenous leukemia
- Lymphoma
- Hodgkin's disease
- Polycythemia

ENDOCRINOLOGIC DISORDERS

- Adrenal insufficiency
- Cushing's Disease
- Diabetes Type 1 & 2
- Hypoglycemia
- Hyperthyroidism
- Hypothyroidism
- Graves' disease
- Hashimoto's thyroiditis
- Thyroid storm
- Neoplastic Disease

GI DISORDERS

Esophagus
- Esophagitis
- Neoplasms

Stomach
- Gastroesophageal reflux disease
- Gastritis
- Neoplasms
- Peptic ulcer disease

Gallbladder
- Acute/chronic cholecystitis
- Cholelithiasis

Liver
- Acute/chronic hepatitis
- Cirrhosis
- Neoplasms

Pancreas
- Acute/chronic pancreatitis
- Neoplasms

Small Intestine/Colon
- Appendicitis
- Diarrhea/Constipation
- Gastroenteritis
- Diverticular disease
- Inflammatory bowel disease
- Irritable bowel disease

- Ischemic bowel disease
- Neoplasm
- Obstruction
- GI Bleed
- Polyps

Rectum
- Anal fissure
- Anorectal abscess/fistula
- Fecal impaction
- Hemorrhoids
- Neoplasms
- Pilonidal disease
- Polyps

Hernia
- Hiatal
- Incisional
- Inguinal
- Umbilical
- Ventral

Infectious Diarrhea

Metabolic Disorders
- Lactose intolerance

ENT DISORDERS

Ear Disorders
- Acute/chronic otitis media
- Cerumen impaction
- Mastoiditis
- Meniere's disease
- Labyrinthitis
- Otitis externa
- Tympanic membrane perforation
- Vertigo

Nose/Sinus Disorders
- Acute/chronic sinusitis
- Allergic rhinitis
- Nasal polyps

Mouth/Throat Disorders
- Acute pharyngitis
- Acute tonsillitis
- Aphthous ulcers
- Dental abscess
- Laryngitis
- Oral candidiasis
- Oral herpes simplex
- Oral leukoplakia
- Peritonsillar abscess
- Parotitis
- Sialadenitis
- Hearing loss
    - Sensorineural: (presbycusis, noise, drug induced)
    - Conductive: (cerumen, otosclerosis, infection)
- Bacterial / fungal / viral infections
- Lymphadenopathy
- Neck masses

GENITOURINARY DISORDERS

Benign Conditions of the GU Tract
- Benign prostatic hyperplasia
- Erectile dysfunction
- Incontinence
- Nephro/urolithiasis
- Paraphimosis/phimosis

Infectious/Inflammatory Conditions
- Cystitis
- Epididymitis
- Prostatitis
- Pyleonephritis
- Urethritis
- Sexually transmitted diseases

Other GU Problems
- Prostatic cancer
- Testicular cancer

RESPIRATORY DISORDERS

Infectious Disorders
- Acute bronchitis
- Influenza
- Pneumonias
    - Bacterial
    - Viral

    - Fungal
    - HIV-related
- Tuberculosis/PPD converters

Neoplastic Disease
- Bronchogenic carcinoma
- Carcinoid tumors
- Metastatic tumors
- Pulmonary nodules

Obstructive Pulmonary Disease
- Asthma
- Chronic bronchitis
- Emphysema

Pleural Diseases
- Pleural effusion

Pulmonary Circulation
- Pulmonary embolism

Other Pulmonary Disease
- Foreign body aspiration
- Sleep Apnea
- Respiratory arrest or failure
- Allergic reaction/anaphylaxis

CARDIOVASCULAR DISORDERS

Conduction Disorders
- Atrial fibrillation/flutter
- Atrioventricular block
- Bundle branch block
- Paroxysmal supraventricular tachycardia
- Premature beats
- Ventricular tachycardia
- Ventricular fibrillation/flutter

Cardiomyopathy
- Dilated
- Hypertrophic
- Restrictive

Congestive Heart Failure

Hypertension
- Essential
- Secondary
- Malignant

Hypotension
- Orthostasis/postural

Ischemic Heart Disease
- Acute myocardial infarction
- Angina pectoris
- Stable
- Unstable
- Prinzmetal's/variant

Vascular Disease
- Acute rheumatic fever
- Aortic aneurysm/dissection
- Arterial embolism/thrombosis
- Chronic/acute arterial occlusion
- Giant cell arteritis
- Peripheral vascular disease
- Phlebitis/thrombophlebitis
- Venous thrombosis
- Varicose veins

Lipid Disorders
- Hypercholesterolemia
- Hypertriglyceridemia

Coronary Artery Disease/Atherosclerosis

Valvular Disease
- Aortic stenosis/insufficiency
- Mitral stenosis/insufficiency
- Mitral valve prolapse
- Tricuspid stenosis/insufficiency
- Pulmonary stenosis/insufficiency

INFECTIOUS DISORDERS

Fungal Disease
- Candidiasis

Bacterial Disease
- Chlamydia
- Gonococcal Infections

Mycobacterial Disease
- Tuberculosis

- Atypical mycobacterial disease

Parasitic Disease
- Pin worms

Spirochetal Disease
- Lyme Borreliosis
- Lyme disease
- Syphilis
- Viral Diseases
- Epstein-Barr virus infections
- Herpes simplex
- HIV infection
- Human papillomavirus infections
- Influenza
- Varicella-zoster virus
- Infections
- Mononucleosis
- Lyme disease
- Meningitis
- Chronic fatigue syndrome

OB/GYN DISORDERS

- Dysmenorrhea/irregular menses
- Vaginitis (candidal, bacterial, trichomonal)
- Premenstrual syndrome
- Pelvic inflammatory disease
- Breast
    - Abscess
    - Carcinoma
    - Fibroadenoma
    - Fibrocystic disease
    - Mastitis
- Menopause
- Intrauterine pregnancy
- Ectopic pregnancy
- Uncomplicated pregancy
- Spontaneous abortion
- Contraception methods
- Ovarian cyst

PSYCHIATRIC DISORDERS

- ADD / ADHD

Anxiety Disorders
- Panic
- Generalized
- Posttraumatic stress
- Phobias
- Eating Disorders
- Anorexia nervosa
- Bulimia nervosa
- Obesity
- Insomnia
- Mood Disorders
- Ajustment
- Depressive
- Bipolar
- Acute psychosis

Substance Use Disorders
- Alcohol abuse/dependence
- Drug abuse/dependence
- Tobacco use/dependence

Other Behavioral and Emotional Disorders
- Acute reaction to stress
- Child/elder abuse
- Domestic violence
- Uncomplicated bereavement

NEUROLOGICAL DISORDERS

Headache
- Cluster
- Migraine
- Tension

Diseases of Peripheral Nerves
- Bell's palsy
- Diabetic peripheral
- neuropathy
- Guillain-Barre syndrome
- Tic douloureux

Movement Disorders
- Essential tremor
- Parkinson's disease

Multiple Sclerosis

Seizure Disorders

- Generalized convulsive disorder
- Generalized nonconvulsive Disorder
- Status epilepticus

Vascular Diseases

- Stroke
- Transient ischemic attack
- Parkinson's disease

Delirium / Dementia

Alzheimer's disea**se**

MUSCULOSKELETAL DISORDERS

- Neck / low back pain (lumbrosacral strain, degenerative disc disease)
- Bursitis/tendinitis
- Costochondritis
- Osteoarthritis/Rheumatoid Arthritis
- Osteoporosis
- Fibromyalgia
- Ganglion cyst
- Gout
- Minor orthopedic trauma
- Over use syndromes
- Plantar fascitis
- Sprains/strains
- Systemic lupus erythematosis
- Scleroderma
- Sjogren's syndrome

PROCEDURES:
The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of results for the following:

- KOH preparation
- Wood's lamp
- Fungal, bacterial and viral cultures
- Serologic titers
- Tissue biopsy
- Tzank smear
- Gram stain
- Slit lamp exam
- Tonometry
- Fluorescein stain

- Office and home spirometry
- Skin testing
- Echocardiogram
- Electrocardiogram (ECG)
- Physical therapy
- Occupational therapy
- Vaccinations
- Medication administration

PATIENT EDUCATION:
The student will describe the elements and indications of patient education, preventative care and family dynamics concerning the following:

- Contraception
- Nutrition
- Heart Disease
- Hypertension
- Pregnancy
- Smoking cessation
- Osteoporosis
- Screening- cholesterol, pap, mammogram, fecal occult blood, etc …
- Substance and alcohol use
- Immunizations
- Exercise
- Injury prevention
- Sexual risk prevention

PHA 255 INTERNAL MEDICINE CLERKSHIP
Clinical Coordinator: Shannan Ricoy, M.S., RPA-C
Email: Shannan.Ricoy@hofstra.edu
Tele: 516-463-4233

3 s.h.

COURSE DESCRIPTION:
The Internal Medicine Clerkship provides clinical experience in the in-hospital diagnosis and management of medical disorders in adult patients. Working with board-certified internists, students will evaluate and formulate treatment plans for patients with a wide variety of illnesses. Accurate data analysis, synthesis of pertinent clinical information, the presentation of problem-oriented patient data, indications for and interpretation of laboratory studies and competence in clinical procedures will be emphasized.

COURSE GOALS AND OBJECTIVES:
Upon completion of this clerkship students will be able to:

1. Elicit an accurate, detailed medical history relevant to the diagnosis of the presenting problem or to the comprehensive evaluation of the patient.
2. Perform complete physical assessments.
3. Develop differential diagnoses and treatment plans.
4. State an orderly, succinct case presentation focusing on relevant positive and negative findings elicited in the history, physical and laboratory/diagnostic studies.
5. Perform procedures as specified by the clerkship objectives.
6. Participate in all rounds, conferences, lectures, and call as specified by the site.
7. Identify the relationship between socio-economic problems and disease.
8. Identify the members of the "health care team" and the roles that they play in the delivery of health care.
9. Demonstrate the ability to provide patient education at an acceptable level of patient comprehension.

COURSE REQUIREMENTS & EVALUATION CRITERIA:
The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Continuing Medical Education Project	25%
Preceptor Evaluation	25%
One complete history and physical note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Fauci, A., Braunwald, E. et al. *Harrison's Principles of Internal Medicine, 17th edition*, McGraw Hill Professional, March 2008.
- Pagana & Pagana, *Manual of Diagnostic & Laboratory Tests*, *4th edition*, Mosby, 2010.
- Dehn, R.W. & Asprey, D.P. *Clinical Procedures for the Physician Assistants,* Elsevier Health Sciences, 2003.
- Novelline, R.A. *Squire's Fundamentals of Radiology, 6th edition,* Harvard University Press, 2004.
- Dubin, Dale. *Rapid Interpretation of EKG's, 6th edition*, Cover Publishing, 2000.
- Howland, R. *Lippincott's Illustrated Reviews: Pharmacology,* Lippincott, 2005.
- Fitzpatrick, TB et al., *Color Atlas and Synopsis of Clinical Dermatology, 5th edition*, McGraw-Hill, 2005.

ALTERNATIVE REFERENCE MATERIALS:

- Kwoh, C. et al. The Washington Manual General Internal Medicine Consult, Lippincott, 2008.
- Haist, S.A. and Gomella, L.G. Internal Medicine On-Call. 4th edition, Mc-Graw Hill, 2005.

USEFUL WEBSITES:

- Center for Disease Control: www.cdc.gov
- UpToDate: https://www.uptodate.com/online/login.do
- Pharmacology: www.rxlist.com
- Radiology: http://www.learningradiology.com/medstudents/medstudtoc.htm
- Internal Medicine Cases: http://info.med.yale.edu/casebook/intmed/index.html
- Links to additional resources: http://www.e-meducation.org/links/internal-medicine/
- Arterial Blood Gas Interpretation: http://www.anaesthesiamcq.com/AcidBaseBook/ab9_6.php#Cases
- Infectious Disease: http://emedicine.medscape.com/infectious_diseases
- Case Studies – EKG: http://www.hrt.org/ecghome.html

ACADEMIC HONESTY:
Plagiarism is a serious ethical and professional infraction. Hofstra's policy on academic honesty reads: "The academic community assumes that work of any kind [...] is done, entirely, and without assistance, by and only for the individual(s) whose name(s) it bears." Please refer to the "Procedure for Handling Violations of Academic Honesty by Graduate Students at Hofstra University" to be found at http://www.hofstra.edu/PDF/Senate_FPS_11.pdf , for details about what constitutes plagiarism, and Hofstra's procedures for handling violations.

ATTENDANCE POLICY:
Students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year**. Students may not take days off during this rotation. Please refer to the Clinical Year Handbook for further discussion.

LEARNING OBJECTIVES:
The learning objectives for the Internal Medicine clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CLINICAL KNOWLEDGE:
Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

EYE DISORDERS

- Glaucoma
- Macular degeneration
- Orbital cellulitis
- Retinal detachment
- Retinal vascular occlusion
- Diabetic Retinopathy
- Hypertensive Retinopathy
- Strabismus
- Amarosis fugax

EAR DISORDERS

- Mastoiditis
- Meniere's disease
- Tympanic membrane perforation
- Vertigo

NOSE/SINUS DISORDERS

- Acute/chronic sinusitis
- Allergic rhinitis

MOUTH/THROAT DISORDERS

- Peritonsillar abscess
- Parotitis

PULMONARY DISORDERS

Infectious Disorders
- Acute bronchitis

- Influenza
- Pneumonias
    - Bacterial
    - Viral
    - Fungal
    - HIV-related
- Tuberculosis

Neoplastic Disease
- Bronchogenic carcinoma
- Carcinoid tumors
- Metastatic tumors
- Pulmonary nodules

Obstructive Pulmonary Disease
- Asthma
- Chronic bronchitis
- Cystic fibrosis
- Emphysema
- Bronchiectasis

Pleural Diseases
- Pleural effusion
- Pneumothorax

Pulmonary Circulation
- Pulmonary embolism
- Pulmonary hypertension
- Cor pulmonale

Restrictive Pulmonary Disease
- Idiopathic pulmonary fibrosis
- Pneumoconiosis
- Sarcoidosis

Other Pulmonary Disease
- Acute respiratory distress syndrome
- Hyaline membrane disease
- Foreign body aspiration

CARDIOVASCULAR DISORDERS

Cardiomyopathy
- Dilated
- Hypertrophic
- Restrictive

Conduction Disorders
- Atrial fibrillation/flutter
- Atrioventricular block
- Bundle branch block
- Paroxysmal supraventricular tachycardia
- Premature beats
- Ventricular tachycardia
- Ventricular fibrillation/flutter

Congestive Heart Failure

Hypertension
- Essential
- Secondary
- Malignant

Hypotension
- Orthostasis/postural

Ischemic Heart Disease
- Acute myocardial infarction
- Angina pectoris
    - Stable
    - Unstable
    - Prinzmetal's/variant

Vascular Disease
- Acute rheumatic fever
- Aortic aneurysm/dissection
- Arterial embolism/thrombosis
- Chronic/acute arterial occlusion
- Giant cell arteritis
- Peripheral vascular disease
- Phlebitis/thrombophlebitis
- Venous thrombosis

- Varicose veins

Valvular Disease
- Aortic stenosis/insufficiency
- Mitral stenosis/insufficiency
- Mitral valve prolapse
- Tricuspid stenosis/insufficiency
- Pulmonary stenosis/insufficiency

Other Forms of Heart Disease
- Acute and subacute bacterial endocarditis
- Acute pericarditis
- Cardiac tamponade

GI DISORDERS

Esophagus
- Esophagitis
- Motor disorders
- Mallory-Weiss tear
- Neoplasms
- Strictures
- Portal Hypertension/Varices

Stomach
- Gastroesophageal reflux disease
- Gastritis
  Neoplasms
- Peptic ulcer disease

Gallbladder
- Acute/chronic cholecystitis
- Cholelithiasis

Liver
- Acute/chronic hepatitis
- Cirrhosis
- Neoplasms

Pancreas
- Acute/chronic pancreatitis
- Neoplasms

Small Intestine/Colon
- Diverticular disease
- Inflammatory bowel disease
- Irritable bowel disease
- Ischemic bowel disease
- Neoplasms
- Obstruction
- Toxic megacolon

Rectum
- Anal fissure
- Anorectal abscess/fistula
- Neoplasms
- Pilonidal disease
- Polyps

Hernia
- Hiatal

Infectious Diarrhea

Nutritional Deficiencies
- Niacin
- Thiamine
- Vitamin A
- Riboflavin
- Vitamin C
- Vitamin D
- Vitamin K

Metabolic Disorders
- Lactose intolerance

MUSCULOSKELETAL DISORDERS

Disorders of the Shoulder
- Fractures/dislocations
- Rotator cuff disorders
- Separations
- Sprain/strain

Disorders of the Forearm/Wrist/Hand
- Fractures/dislocations
- Boxer's

- Colles'
- Gamekeeper's thumb
- Humeral
- Nursemaid's elbow
- Scaphoid
- Sprains/strains
- Tenosynovitis
- Carpal tunnel syndrome
- de Quervain's tenosynovitis
- Elbow tendinitis
- Epicondylitis
- Disorders of the Back/Spine
- Ankylosing spondylitis
- Back strain/sprain
- Cauda equina
- Herniated nucleus pulposus
- Kyphosis/scoliosis
- Low back pain
- Spinal stenosis

Disorders of the Hip
- Aseptic necrosis
- Fractures/dislocations
- Slipped capital femoral Epiphysis

Disorders of the Knee
- Bursitis
- Fractures/dislocations
- Meniscal injuries
- Sprains/strains

Disorders of the Ankle/Foot
- Fractures/dislocations
- Sprains/strains

Infectious Diseases
- Acute/chronic osteomyelitis
- Septic arthritis

Neoplastic Disease
- Bone cysts/tumors
- Ganglion cysts
- Osteosarcoma

Osteoarthritis

Osteoporosis

Rheumatologic Conditions
- Fibromyalgia
- Gout/pseudogout
- Juvenile rheumatoid arthritis
- Polyarteritis nodosa
- Polymyositis
- Polymyalgia rheumatica
- Reiter's syndrome
- Rheumatoid arthritis
- Systemic lupus erythematosus
- Scleroderma
- Sjogren's syndrome

GENITOURINARY DISORDERS

Benign Conditions of the GU Tract
- Benign prostatic hyperplasia
- Hydrocele/varicocele
- Nephro/urolithiasis
- Erectile Dysfunction

Infectious/Inflammatory Conditions
- Cystitis
- Prostatitis
- Pyelonephritis
- Urethritis

Neoplastic Diseases
- Bladder carcinoma
- Prostate carcinoma
- Renal cell carcinoma
- Testicular carcinoma
- Wilms' tumor

Renal Diseases
- Acute/chronic renal failure
- Glomerulonephritis
- Nephrotic syndrome
- Polycystic kidney disease
- Interstitial nephritis

- Minimal change disease

Electrolyte and Acid/Base Disorders
- Hypo/hypernatremia
- Hypo/hyperkalemia
- Hypo/hypercalcemia
- Hypomagnesemia
- Metabolic alkalosis/acidosis
- Respiratory alkalosis/acidosis
- Volume depletion

ENDOCRINE DISORDERS

Diseases of the Thyroid Gland
- Hyperparathyroidism
- Hypoparathyroidism
- Hyperthyroidism
- Hypothyroidism
- Thyroiditis
- Neoplastic disease

Diseases of the Adrenal Glands
- Cushing's syndrome
- Corticoadrenal insufficiency
- Addison's disease

Diseases of the Pituitary Gland
- Acromegaly/gigantism
- Dwarfism
- Diabetes insipidus
- Pheochromocytoma

Diabetes Mellitus
- Type 1
- Type 2
- Hypoglycemia

HEMATOLICAL DISORDERS

Anemias
- Aplastic anemia
- Vitamin B12 deficiency
- Folate deficiency
- Iron deficiency
- G6PD deficiency
- Hemolytic anemia
- Sickle cell anemia
- Thalassemia

Coagulation Disorders
- Factor VIII disorders
- Factor IX disorders
- Factor XI disorders
- Thrombocytopenia
- Idiopathic thrombocytopenic
- purpura
- Thrombotic thrombocytopenic purpura
- Von Willebrand's disease
- Hemophilia

Malignancies
- Acute/chronic lymphocytic leukemia
- Acute/chronic myelogenous leukemia
- Lymphoma
- Multiple myeloma

NEUROLOGICAL DISORDERS

Alzheimer's Disease

Cerebral Palsy

Diseases of Peripheral Nerves
- Bell's palsy
- Diabetic peripheral neuropathy
- Guillain-Barre syndrome
- Myasthenia gravis

Headaches
- Cluster headache
- Migraine
- Tension headache

Infectious Disorders
- Encephalitis
- Meningitis

Movement Disorders
- Essential tremor
- Huntington's disease
- Parkinson's disease

Multiple Sclerosis

Seizure Disorders
- Generalized convulsive disorder
- Generalized nonconvulsive disorder
- Status epilepticus

Vascular Diseases
- Cerebral aneurysm
- Stroke
- Transient ischemic attack

Intracranial tumors

PSYCHIATRIC DISORDERS

- ADD / ADHD
- Anxiety Disorders
  - Panic
  - Generalized
  - Posttraumatic stress
  - Phobias
- Eating Disorders
  - Anorexia nervosa
  - Bulimia nervosa
  - Obesity
- Insomnia
- Mood Disorders
  - Adjustment
  - Depressive
  - Bipolar
- Acute psychosis

Substance Use Disorders
- Alcohol abuse/dependence
- Drug abuse/dependence
- Tobacco use/dependence
- Prescription drug abuse

Other Behavioral and Emotional Disorders
- Acute reaction to stress
- Child/elder abuse
- Domestic violence
- Uncomplicated bereavement

INFECTIOUS DISORDERS

Fungal Disease
- Candidiasis
- Cryptococcosis
- Histoplasmosis
- Pneumocystis

Bacterial Disease
- Botulism
- Chlamydia
- Cholera
- Diphtheria
- Gonococcal infections
- Salmonellosis
- Shigellosis
- Tetanus

Mycobacterial Disease
- Tuberculosis
- Atypical mycobacterial Disease

Parasitic Disease
- Amebiasis
- Hookworms
- Malaria
- Toxoplasmosis

Spirochetal Disease
- Lyme borreliosis
  Lyme disease
- Rocky Mountain spotted fever
- Syphilis

Viral Diseases
- Cytomegalovirus infections
- Epstein-Barr virus infections
- Erythema infectiosum
- Herpes simplex

- Human papillomavirus infections
- Influenza
- Varicella-zoster virus infections
- HIV & AIDS

DERMATOLICAL DISORDERS

Desquamation
- Stevens-Johnson syndrome
- Toxic epidermal necrolysis
- Erythema multiforme

Vesicular Bullae
- Bullous pemphigoid

Neoplasms
- Basal cell carcinoma
- Melanoma
- Squamous cell carcinoma

Other
- Acanthosis nigricans
- Burns
- Decubitus ulcers/leg ulcers
- Hidradenitis supprative

Bacterial Infections
- Cellulitis/vasculitis
- Erysipelas

PROCEDURES:
The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of results of the following:

- Intravenous cannulation
- Venipuncture
- Intramuscular injection
- Subcutaneous injection
- Lumbar puncture
- Nasogastric tube insertion
- Urinary bladder catheterization
- 12 lead electrocardiogram
- Cardioversion

- Endotracheal intubation
- Chest tube insertion
- Joint aspiration and/or injection
- Arteriopuncture (ABG's)
- Urinalysis, including microscopic examination
- Bedside spirometry

PATIENT EDUCATION:
The student will be able to describe, formulate and demonstrate patient education concerning the treatment, disease process and preventative aspects of care to the patient and family members to include the following topics:

- Management plan
- Disease process
- Disease prevention
- Lifestyle modifications
- Nutrition
- Exercise
- Smoking cessation
- Substance and alcohol use
- Sexual counseling and risk prevention
- Breaking bad news
- End of life issues
- Loss and debilitation
- Rationale and need for referral

PHA 260 OBSTETRICS/GYNECOLOGY CLERKSHIP
Clinical Coordinator: Shannan Ricoy, M.S., RPA-C
Email: Shannan.Ricoy@hofstra.edu
Tele: 516-463-4233

3 s.h.

DESCRIPTION:
The Obstetrics/Gynecology Clerkship provides students with clinical competency in the approach to the full range of women's health, throughout the reproductive and post-menopausal years. Participation in common gynecological surgical procedures along with assisting in labor and delivery may be included in this clerkship. Students work with board certified obstetricians, gynecologists, or other health care workers. This clerkship may take place in a hospital, clinic or private practice setting.

COURSE GOALS AND OBJECTIVES:
Upon completion of this clerkship students will be able to:

1. Perform a complete gynecological or obstetrical assessment.
2. Provide the elements of well-woman care.
3. Develop differential diagnoses and treatment plans for patients with OB or GYN disorders.
4. Perform gynecologic procedures as specified by the clerkship objectives..
5. Integrate knowledge of counseling techniques and patient education.
6. Participate in all rounds, conferences, lectures, and call as specified by the site.
7. Demonstrate the ability to elicit and record a history and perform a physical exam from ante-partum to post-partum.

COURSE REQUIREMENTS:
The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case Assignment	25%
Preceptor Evaluation	25%
One SOAP note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Beckman CR, et al. Obstetrics & Gynecology, 6th edition, Lippincott, 2009.

ALTERNATIVE REFERENCE MATERIALS:

- Ob/Gyn Mentor: Your Clerkship and Shelf Exam Companion, 4th edition, Davis, 2010.

USEFUL WEBSITES:

- American Congress of Obstetricians and Gynecologists: http://www.acog.org/
- Analyzing Fetal Sonograms: www.fetalsono.com
- Ob/Gyn Case Studies: http://www.rmf.harvard.edu/case-studies/specialty-reference/obgyn/complications-follow-induction-of-labor.aspx

ACADEMIC HONESTY:

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ATTENDANCE POLICY:

Students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year**. Students may not take days off during this rotation. Please refer to the Clinical Year Handbook for further discussion.

LEARNING OBJECTIVES:

The learning objectives for the Obstetrics and Gynecology clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CLINICAL KNOWLEDGE:

Upon successful completion of this clerkship, the student will be able to:

1. Determine the indications of onset or the stage of labor, the station of the fetal head and The position of the fetal head during the time of labor.
2. Demonstrate the ability to identify, access and manage patients with complications associated with pregnancy, delivery and post-partum.
3. Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

Uterus
- Dysfunctional uterine bleeding
- Endometrial cancer
- Endometriosis/adenomyosis
- Leiomyoma/Uterine fibroids
- Metritis
- Prolapse
- Uterine rupture

Ovary
- Cysts
- Neoplasms
- Polycystic ovary disease
- Ovarian torsion
- Ruptured ovarian cyst

Cervix
- Carcinoma
- Cervicitis
- Dysplasia
- Incompetent
- Des cervix
- Human papilloma virus
- Evaluation of abnormal pap smear
- Cervical polyps

Vagina/Vulva
- Cystocele
- Neoplasm
- Prolapse
- Rectocele
- Vaginitis
    - Candidal vulvovaginitis
    - Trichomonas vaganalis
    - Bacterial vaginosis
    - Atrophic vaginitiS

Menstrual Disorders
- Amenorrhea
    - Primary
    - Secondary
- Dysmenorrhea
- Premenstrual syndrome
- Menorrhagia
- Premenstrual dysthmic disorder

Menopause

Breast
- Abscess
- Carcinoma
- Fibroadenoma
- Fibrocystic disease
- Mastitis
- Evaluation of nipple discharge

Infection
- Salpingitis / tubo-ovarian abscess
- Gonorrhea
- Syphilis
- Chlamydia
- Herpes simplex type II
- Urinary tract infection
- Pelvic Inflammatory Disease

Infertility

Osteoporosis

Uncomplicated Pregnancy
- Prenatal diagnosis/care
- Normal labor/delivery

Complicated Pregnancy
- Abortion
    - Threatened
    - Inevitable
    - Missed
    - Habitual
    - Complete/incomplete
- Abruptio placentae
- Dystocia
- Ectopic pregnancy
- Fetal distress
- Gestational diabetes
- Gestational trophoblastic Disease

- Molar pregnancy
- Multiple gestation
- Placenta previa
- Postpartum hemorrhage
- Pregnancy-induced hypertension
- Premature rupture of membranes
- Rh incompatibility
- Preeclampsia/eclampsia
- Vaginal colonization with Group B streptococcus
- Prolapsed umbilical cord

External Genalita

- Cancer of external genitalia
- Bartholin's or skene's gland cysts
- Condyloma acuminata
- Vulvitis

PROCEDURES:
The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of results for the following:

- Pap smear with pelvic examination
- Perform "routine" deliveries
- Amniocentesis
- Ultrasound (transvaginal and abdominal)
- Fetal monitoring
- Caesarian section
- Hysterectomy (vaginal and abdominal)
- D&C/D&E
- Episiotomy and repair
- Bilateral salpingo-oophorectomy
- Cervical conization
- Cervical biopsy
- Laser surgery
- Colposcopy

PATIENT EDUCATION:
The stu**d**ent will describe the elements and indications of patient education, preventative care and family dynamics concerning the following:

- Management plan
- Disease process
- Disease prevention
- Lifestyle modification

- Nutrition and eating habits
- Exercise and activities
- Family planning and methods of contraception
- Genetic counseling
- Breast feeding
- Instructions on self-breast exam
- Maternal physiologic changes during menstruation and pregnancy
- Normal labor and delivery
- Normal and abnormal pregnancy
- Post-coital contraception
- Rationale and need for referral
- Contraception methods

PHA 265 SURGERY CLERKSHIP
Clinical Coordinator: Shannan Ricoy, M.S., RPA-C
Email: Shannan.Ricoy@hofstra.edu
Tele: 516-463-4233

3 s.h.

COURSE DESCRIPTION:
The Surgery Clerkship will provide opportunities for the student to explore the surgical patient from the aspects of diagnosis, pre-operative, peri-operative and post-operative care. This clerkship takes place on the surgical service of a hospital setting with board-certified surgeons and other health personnel. The student will participate in the daily monitoring of patients, perform diagnostic procedures and assist with surgical management. The student will accompany the preceptor to emergency department consults and participate in surgical clinics as instructed by the preceptor staff. The student will assist in the operating room as required.

COURSE GOALS AND OBJECTIVES:
Upon completion of this clerkship students will be able to:

1. Evaluate the surgical patient in the out-patient and emergency settings.
2. Perform pre-surgical care.
3. Perform care for pre-operative surgical emergencies.
4. Participate in operating room care.
5. Manage care for post-operative patients.
6. Perform procedures as specified by clerkship objectives..
7. Integrate knowledge of counseling techniques and patient education.
8. Participate in all rounds, conferences, lectures, and call as specified by the site.
9. Demonstrate the ability interpret and maintain appropriate surgical records.
10. Determine the prognosis and potential complications of surgical diseases.
11. Demonstrate the ability to recognize common surgical entities through the use of appropriate physical examination and historical skills and suggest a management plan.

COURSE REQUIREMENTS:
The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case Assignment	25%
Preceptor Evaluation	25%
One SOAP note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Lawrence, PF, Bell, RM; & Dayton, MT. Essentials of General Surgery 4th edition. Philadelphia: Lippincott, Williams & Wilkins. 2006.
- Blackbourne, L.H. Surgical Recall, 5th North American Edition. Philadelphia: Lippincott, Williams & Wilkins. 2009.

ALTERNATIVE REFERENCE MATERIALS

- Lawrence, PF. Bell, RM; & Dayton, MT Essentials of Surgical Subspecialties 3rd edition. Philadelphia: Lippincott, Williams & Wilkins. 2006.

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LEARNING OBJECTIVES:
The learning objectives for the Surgical Clerkship are in five parts: clinical knowledge, procedures, preoperative and postoperative assessment, peri-operative and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CARDIOVASCULAR

- Aortic aneurysm/dissection
- Carotid ASHD
- Hypovolemic shock
- Cardiogenic shock
- Intracranial aneurysm/AVM
- Mallory-Weiss tear
- Arterial embolism/thrombosis
- Acute/Chronic arterial occlusion
- Peripheral vascular disease
- Portal hypertension
- Pulmonary embolism
- Thrombophlebitis
- Venous insufficiency
- Venous thrombosis
- Varicose veins
- Ischemic bowel disease
- Cardic tamponade
- Arrhythmias

GENITOURINARY

- Nephro/urolithasis
- Testicular torsion
- Cryptochidism
- Neoplastic diseases

PULMONARY

- Neoplastic disease
- Pneumothorax
    - Primary
    - Secondary
    - Traumatic
    - Tension
- Pleural effusion

GASTROINTESTINAL

- Neoplastic disease
- Anal fissure
- Anorectal abscess/fistula
- Pilonidal disease
- Esophagus strictures/varices
- Appendicitis
- Acute/Chronic Cholecystitis
- Bowel obstruction (small and large)
- Cholangitis
- Cholelithisasis
- Constipation
- Fecal impaction
- Diverticular disease
- Mallory-Weiss tear
- Esophageal motility disorders
- Hemorrhoids
- Hernias
    - Hiatal
    - Incisional
    - Inguinal
    - Umbilical
    - Ventral
- Inflammatory bowel disease
- Intussusception
- Meckel's diverticulum
- Ischemic bowel disease
- Pancreatitis
- Peptic ulcer disease
- Volvulus
- Toxic megacolon
- Ulcerative colitis
- Crohn’s disease

NEOPLASMS

- Colorectal cancer/ polyps
- Breast mass/cancer
- Pancreatic cancer
- Gastric carcinoma

- Bladder carcinoma
- Lung cancer
- Prostate cancer
- Intracranial tumor
- Renal cell carcinoma
- Hepatic carcinoma
- Testicular carcinoma
- Esophageal carcinoma
- Thyroid carcinoma

MUSCULOSKELETAL

- Fractures
- Spinal stenosis
- Aseptic necrosis of the hip
- Meniscal injuries
- Bone cysts/tumors
- Ganglion cysts
- DeQuervain's tenosynovitis
- Elbow tendonitis
- Rotator cuff injuries
- Carpal tunnel syndrome
- Epicondylitis
- Herniated nucleus pulposus
- Slipped capital femoral epiphysis
- Osteomyelitis
- Osteosarcoma
- Osteoarthritis

MISCELLANEOUS

- Trauma management
- Thermal burn injuries
- Goiter/neck mass

POST OPERATIVE COMPLICATIONS:
The student should be able to recognize (through appropriate use of historical and physical examination skills) and formulate and create the differential diagnosis and management of the following post-operative complications:

- Acid-base disorders
- Adhesions
- Arrhythmias
- Atelectasis
- Constipation
- Deep venous thrombosis
- Electrolyte disorders
- Fever
- Hematoma/seroma
- Ileus
- Pneumonia
- Pulmonary embolism
- Renal failure
- Urinary retention
- Wound dehiscence/evisceration
- Wound infection

PROCEDURES:
The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ration and interpretation of results for the following:

- Arterial/venous blood collection
- IV canalization
- Performing EKG/basic interpretation of EKG
- Foley catheter insertion
- Nasogastric tube insertion
- Suture techniques
- Maintain aseptic techniques
- Assisting in the operating room
- Wound dressing
- Wound debridement

PATIENT EDUCATION:
The student will be able to describe, formulate and demonstrate patient education concerning the treatment, disease process and preventative aspects of care to the patient and family members to include the following topics:

- Post operative complications
- Wound care
- Management plan
- Disease process
- Disease prevention
- Lifestyle modifications
- Nutrition
- Exercise
- Rationale and need for referral
- Anticoagulation management
- Analgesic/Pain management
- Analgesic complications/side effects

PHA 270: EMERGENCY MEDICINE CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C
Email: Shannan.Ricoy@hofstra.edu
Tele: 516-463-4233

3 s.h.

COURSE DESCRIPTION:

The Emergency Medicine Clerkship will provide the student with opportunities to see a variety of patients with emergent medical complaints or concerns under the supervision of the site preceptor. Students will learn how to establish priorities while diagnosing and treating critically ill patients.

COURSE GOALS AND OBJECTIVES:

Upon completion of this clerkship students will be able to:

1. Elicit an accurate, detailed medical history relevant to the diagnosis of the presenting problem.
2. Perform focused physical assessments.
3. Develop differential diagnoses and treatment plans for these patients.
4. State an orderly, succinct case presentation focusing on relevant positive and negative findings elicited in the history, physical and laboratory/diagnostic studies.
5. Perform procedures as specified by clerkship objectives.
6. Participate in all rounds, conferences, lectures, and call as specified by the site.
7. Participate in the management of emergent medical conditions.

COURSE REQUIREMENTS & EVALUATION CRITERIA:

The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case	25%
Preceptor Evaluation	25%
One complete SOAP note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Tintinalli, Judith and *et al*. *Emergency Medicine: A Comprehensive Study Guide.* 6th edition, McGraw-Hill, 2004.
- Pagana & Pagana, *Manual of Diagnostic & Laboratory Tests*, *4th edition*, Mosby, 2010.
- Dehn, R.W. & Asprey, D.P. *Clinical Procedures for the Physician Assistants,* Elsevier Health Sciences, 2003.
- Novelline, R.A. *Squire's Fundamentals of Radiology, 6th edition,* Harvard University Press, 2004.
- Dubin, Dale. *Rapid Interpretation of EKG's, 6th edition*, Cover Publishing, 2000.
- Howland, R. *Lippincott's Illustrated Reviews: Pharmacology,* Lippincott, 2005.

ALTERNATIVE REFERENCE MATERIALS:

- Keim, Samual. *Emergency On-Call,* Appleton & Lange, 2004.
- Fitzpatrick, TB et al., *Color Atlas and Synopsis of Clinical Dermatology, 5th edition*, McGraw-Hill, 2005.

USEFUL WEBSITES:

- Society of Emergency Medicine Physician Assistants**:** http://www.sempa.org
- American Academy of Emergency: http://www.aaem.org/
- Peer reviewed radiology teaching files: http://rad.usuhs.edu/medpix/medpix.html?mode=tf2

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LEARNING OBJECTIVES:

The learning objectives for the Emergency Medicine clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CLINICAL KNOWLEDGE:
Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

DERMATOLOGIC DISORDERS

- Lacerations/abrasions
- Puncture/stab wounds
- Cellulitis/skin infections
- Vasculitis
- Wound management
- Rashes
- Allergic reactions
- First, second, third degree burns (heat, chemical, electrical, radiation.)
- Erysipelas
- Steven-Johnson syndrome
- Toxic epidermal necrolysis
- Erythema multiforme
- Human, animal & insect bites

PULMONARY DISORDERS

- Acute respiratory distress
- Asthma
- COPD
- Chest trauma
- Bronchitis
- Foreign body
- Hemoptysis
- Influenza
- Pleural effusion
- Pneumonia
- Hemothorax
- Pneumothorax
    - Primary
    - Secondary
    - Trauamatic
    - Tension
- Pulmonary edema
- Pulmonary embolus
- Tuberculosis
- Lung abscess

CARDIOVASCULAR

Ischemic Heart Disease

- Acute myocardial infarction
- Angina pectoris
    - Stable
    - Unstable
    - Prinzmetal's/variant

Hypertension

- Malignant

Hypotension

Conduction Disorders

- Atrial fibrillation/flutter
- Atrioventricular block
- Bundle branch block
- Paroxysmal supraventricular tachycardia
- Premature beats
- Ventricular tachycardia
- Ventricular fibrillation/flutter

Vascular Disease

- Acute rheumatic fever
- Aortic aneurysm/dissection
- Arterial embolism/thrombosis
- Chronic/acute arterial occlusion
- Giant cell arteritis
- Peripheral vascular disease
- Phlebitis/thrombophlebitis
- Venous thrombosis

Shock

- Cardiogenic
- Anaphylactic
- Hypovolemic

- Endotoxic

Other Forms of Heart Disease

- Cardiac tamponade
- Pericarditis
  - Acute
  - Subacute
- Endocarditis
- Pericardial effusion
- Aneurysms

Cardiopulmonary arrest
Congestive Heart Failure

ENDOCRINE DISORDERS

- Adrenal crisis
- Hypoglycemia
- Diabetic ketoacidosis
- Diabetes type 1
- Diabetes type 2
- Thyroid storm
- Acid base disturbances
- Electrolyte disorders

GI DISORDERS

- Aortic & abdominal aneurysm
- Appendicitis
- Mallory-Weiss tear
- Abdominal trauma
- Gastroenteritis/Gastritis
- Cholangitis
- Acute and Chronic Cholecystitis
- Cholelithiasis
- Diverticular disease
- Gastrointestinal bleeding
- Hernias
- Hepatitis
- Intestinal obstruction
- Swallowed foreign bodies
- Esophageal obstruction
- Infectious diarrhea
- Mesenteric ischemia
- Pancreatitis
- Peptic ulcer disease/perforated ulcer
- GERD
- Intussusceptions
- Ischemic bowel disease
- Toxic Megacolon
- Fecal impaction

GENITOURINARY DISORDERS

- Epididymitis
- Phimosis & paraphimosis
- Priapism
- Prostatitis
- Pyelonephritis
- Testicular torsion
- Urinary retention
- Cystitis
- Pyelonephritis
- Nephrolithiasis
- STDs
- Orchitis
- Urethritis
- Hydrocele/varicocele

OB/GYN

- Spontaneous/threatened abortion
- Abdominal trauma in pregnancy
- Eclampsia
- Pre-Eclampsia
- Ectopic pregnancy
- Hyperemesis gravidarum
- Ovarian cyst
- Ovarian torsion
- Pelvic inflammatory disease
- Vaginitis/cervicitis
- Salpingitis
- Dysfunctional Uterine Bleeding
- Sexual assault
- Third trimester bleeding
- Toxic shock syndrome

- Abruptio placentae
- Placenta previa

PSYCHIATRIC DISORDERS

- ETOH abuse
- Substance abuse
- Overdose
- Anxiety disorders
- Personality disorders
- Hyperventilation
- Mood disorders
- Suicidal/Homicidal ideation
- Acute psychotic episode
- Domestic violence issues
- Sexual assault
- Acute reaction to stress
- Child/Elder abuse

INFECTIOUS DISORDERS

- Cellulitis
- Endocarditis
- Erysipelas
- Fungal Infections
- HIV and associated infections
- Parasitic disease
- SARS
- Spirochetal diseases
- Sexually transmitted diseases
- Tetanus
- Cholera
- Diphtheria
- Salmonellosis
- Shigellosis
- Botulism
- Tuberculosis
- Varicella Zoster
- Influenza
- Rabies
- Infectious diarrhea
- Erythema infectiosum
- Pregancy-induced hypertension
- Premature rupture of membranes

NEUROLOGICAL DISORDERS

- Bell's Palsey
- Headaches
- Cervical spine injuries
- Coma
- Epidural and subdural hematomas
- Subarachnoid hemorrhage
- Meningitis
- Seizures disorders
- Status epilepticus
- Alcohol withdrawal seizures
- Delirium
- Change in mental status
- Hepatic encephalopathy
- Encephalitis
- Dizziness/vertigo
- Syncope
- Transient ischemic attack
- CVA
- Cerebral aneurysm

MUSCULOSKELETAL

- Muscle strains, sprains
- Muscle spasms
- Rotator cuff disorders
- Shoulder separations
- Tendonitits
- Osteoarthritis
- Gout
- Spinal injury
- Back strain/ pain
- Cauda equina
- Herniated nucleus pulposes
- Low back pain
- Bursitis
- Meniscal/tendoninjuries
- Septic joint
- Carpal tunnel syndrome

- Compartment syndrome
- Felon / paronychia
- Fractures/dislocations
- Osteomyelitis
- Costochondritis

HEENT

- Head trauma
- Ocular trauma
- Facial trauma
- Oral trauma
- Corneal Abrasions/foreign bodies
- Hyphema
- Upper airway obstruction
- Orbital cellulitis
- Acute glaucoma
- Acute epiglottitis
- Pharyngitis
- Peritonsillar abscess
- Tonsillitis
- Tympanic membrane perforation
- Conjunctivitis
- Ocular chemical burn
- Blowout fracture Retinal detachment
- Retail vascular occlusion
- Barotrauma
- Epistaxis
- Dental abscess/caries
- Otitis media
- Otitis externa
- Retrophatyngeal abscess
- Upper respiratory infections
- Sinusitis

OTHER EMERGENCIES

- Ingestion of poisonous/harmful substances
- Near drowning
- Severe dehydration
- Anaphylaxis
- Electrical injuries
- Frostbite/hypothermia

- Heatstroke
- Smoke inhalation
- Carbon monoxide poisoning
- Gunshot wounds
- Multi-trauma patient

PROCEDURES:
The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of results for the following:

- Venipuncture
- Arteriopuncture (ABG)
- Urinalysis, including microscopic examination
- 12 lead EKG
- Fungal, bacterial and viral cultures
- Intradermal injections
- Subcutaneous injections
- Intramuscular injections
- Tube insertions; urinary catheters/chest tubes/intravenous lines
- Venous cutdown
- Paracentesis
- Joint aspiration or injection
- Endotracheal intubation
- Wound cleaning and debridement
- Suturing: skin, fascial layers of superficial lacerations
- I & D of superficial abscess
- Splint and cast application under supervision
- Lumbar puncture under supervision
- Cardiopulmonary resuscitation
- Administration of nebulizer treatment for asthma

PATIENT EDUCATION:
The student will be able to describe, formulate and demonstrate patient education concerning the treatment, disease process and preventative aspects of care to the patient and family members to include the following topics:

- Management plan
- Disease process
- Disease prevention
- Lifestyle modifications
- Nutrition
- Exercise
- Smoking cessation
- Substance and alcohol use
- Sexual counseling and risk prevention
- Breaking bad news
- End of life issues
- Rationale and need for referrals

PHA 275 LONG TERM CARE CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C
Email: Shannan.Ricoy@hofstra.edu
Tele: 516-463-4233

3 s.h.

COURSE DESCRIPTION:

The Long Term Care Clerkship provides students with a working knowledge of the principles of geriatrics and rehabilitative medicine and the opportunity to participate in the practice and care of patients housed in chronic care facilities. Working with board certified physicians and other healthcare providers, students will evaluate patients with a wide variety of illnesses in a long term care facility. The psychosocial issues arising from end of life and debilitation will be stressed.

COURSE GOALS AND OBJECTIVES:

Upon completion of this clerkship students will be able to:

1. Elicit an accurate, detailed medical history relevant to the diagnosis of the presenting problem or to the comprehensive evaluation of the patient.
2. Perform complete physical assessments.
3. Develop differential diagnoses and treatment plans.
4. State an orderly, succinct case presentation focusing on relevant positive and negative findings elicited in the history, physical and laboratory/diagnostic studies.
5. Perform procedures as specified by the clinical site.
6. Integrate knowledge of counseling techniques and patient education to provide counseling to patients.
7. Participate in all rounds, conferences, lectures, and call as specified by the site.
8. To better understand the health care needs of the elderly or institutionalized patient, including the medical, surgical, psychological, social, and economic factors unique to this patient population.
9. Demonstrate the ability to identify normal physiologic aging of the elderly patient.
10. Integrate the importance of health care maintenance into the treatment plan for the elderly patient.
11. Demonstrate the ability to identify the ethical concerns of the elderly patient.

COURSE REQUIREMENTS & EVALUATION CRITERIA:
The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case Assignment	25%
Preceptor Evaluation	25%
One complete history and physical note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Kane, Robert and et al. Essentials of Clinical Geriatric, 6th edition,. McGraw-Hill, 2004.
- Pagana & Pagana, *Manual of Diagnostic & Laboratory Tests*, *4th edition*, Mosby, 2010.
- Dehn, R.W. & Asprey, D.P. *Clinical Procedures for the Physician Assistants,* Elsevier Health Sciences, 2003.
- Novelline, R.A. *Squire's Fundamentals of Radiology, 6th edition,* Harvard University Press, 2004.
- Dubin, Dale. *Rapid Interpretation of EKG's, 6th edition*, Cover Publishing, 2000.
- Howland, R. *Lippincott's Illustrated Reviews: Pharmacology,* Lippincott, 2005.

ALTERNATIVE REFERENCE MATERIALS:

- Fauci, A., Braunwald, E. et al. *Harrison's Principles of Internal Medicine, 17th edition*, McGraw Hill Professional, March 2008.
- Halter, J., Ouslander, J. et al. *Hazzard's Geriatric Medicine & Gerontology, 6th edition,* Mcgraw Hill, 2009.

USEFUL WEBSITES:

- The American Geriatrics Society: http://www.americangeriatrics.org/
- Medscape: http://www.medscape.com/
- World Health organization: http://www.who.int/en/
- Infectious Disease: http://emedicine.medscape.com/infectious_diseases

ACADEMIC HONESTY:
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LEARNING OBJECTIVES:
The learning objectives for the Long Term Care clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CLINICAL KNOWLEDGE:
Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

NEUROLOGOCAL DISORDERS

Altered mental status

Alzheimer's disease

Dementia
- Dementia /Delirium
- Multi-infarct dementia
- Sun downing syndrome

Movement Disorders
- Essential tremor
- Huntington's disease
- Parkinson's disease

Syncope/dizziness

PSYCIATRIC DISORDERS

Anxiety & Mood Disorders
- Depression
- Anxiety
- Panic disorder
- Generalized anxiety disorder
- Phobias
- Adjustment
- Dysthymic

Insomnia

Eating Disorders
- Obesity
- Anorexia nervosa

Acute reaction to stress

Uncomplicated bereavement

ORTHOPEDIC/RHEUMATOLOGIC DISORDERS

- Osteoporosis
- Fractures /Dislocations
- Strains and sprains
- Tenosynovitis
- kyphosis
- Rheumatoid arthritis
- Osteoarthritis
- Rheumatoid arthritis
- Paget's disease
- Polymyalgia rheumatica

- Gout/pseudogout

ENDOCRINE DISEASES

- Thyroid disorders
- Diabetes Type II

VASCULAR DISORDERS

- Stroke/cerebrovascular disease
- Transient ischemic attack
- Giant cell arteritis
- Peripheral vascular disease
- Phlebitis/thrombophebitis
- Various veins
- Venous thrombosis

PULMONARY DISORDERS

- Pneumonia
- COPD
- Influenza
- Chronic bronchitis

DERMATOLOGIC DISORDERS

- Neoplasms
    - Basal cell carcinoma
    - Melanoma
    - Squamous carcinoma
- Acne rosacea
- Herpes zoster
- Decubitus ulcers
- Dermatits
- Drug eruptions
- Cellulitis
- Seborrheic keratosis
- Actinic keratosis

UROLOGICAL DISORDERS

- Incontinence
- Urinary tract infections
- BPH
- Erectile dysfunction
- Sexually transmitted disease in the elderly

HEMATOLOGIC DISORDERS

Malignancies in the elderly

- Lung
- Breast
- Prostate
- Colorectal

Anemia

- Iron deficiency
- Vitamin b12 deficiency
- Folate deficiency

CARDIAC DISORDERS

Hypertension

- Essential
- Secondary
- Malignant

Hypotension

- Orthostasis/postural

Ischemic Heart Disease

- Acute myocardial infarction
- Angina pectoris
    - Stable
    - Unstable
    - Prinzmetal's/variant

Congestive Heart Failure

Conduction Disorders

- Atrial fibrillation/flutter
- Atrioventricular block
- Bundle branch block
- Paroxysmal supraventricular
- tachycardia
- Premature beats
- Ventricular tachycardia
- Ventricular fibrillation/flutter

Lipid Disorders

GI DISORDERS

- Gastrointestinal bleeding
- Gastrointestinal neoplasms
- Constipation
- Biliary tract disease
- Abdominal infections
- Fecal impaction
- Elderly Nutrition/Deficiencies

OPHTHALMOLOGIC DISORDERS

- Glaucoma
- Cataracts
- Retinopathy
- Macula degeneration

EAR DISORDERS

- Cerement impaction
- Hearing impairment
- Meniere's disease
- Vertigo

OTHER LONG-TERM CARE ISSUES:

- Elder abuse
- Mobility and immobility
- Falls in the elderly
- Activities of daily living

PROCEDURES:
The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of result of the following:

- Intravenous catheterization
- Venipuncture
- Intramuscular injection
- Subcutaneous injection
- Lumbar puncture
- Nasogastric tube
- Urinary bladder catheterization
- 12 lead electrocardiogram
- Cardioversion
- Endotracheal intubation
- Chest tube insertion
- Joint aspiration and/or injection
- Arteriopuncture for arterial blood gases
- Stool, urine, and gastric contents for occult blood
- Urinalysis, including microscopic examination
- Bedside spirometry
- Pulmonary function tests

PATIENT EDUCATION:
The student will be able to describe, formulate and demonstrate patient education concerning the treatment, disease process and preventative aspects of care to the patient and family members to include the following topics:

- Rehabilitation care
- Palliative care
- Management plan
- Disease process and prevention
- Lifestyle modifications
- Nutrition and Excercise
- Smoking cessation
- Substance and alcohol use
- Sexual counseling and risk prevention
- Breaking bad news
- End of life issues
- Loss and debilitation
- Appropriate referral
- Psychosocial dynamics
- Community resources
- Health maintenance issues
- End of life issues
- Polypharmacy issues
- Drug interactions

PHA 280 PEDIATRIC CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C
Email: Shannan.Ricoy@hofstra.edu
Tele: 516-463-4233

3 s.h.

COURSE DESCRIPTION:

The Pediatrics Clerkship trains students in the care of children from birth through adolescence. Students will evaluate patients with a wide variety of pediatric illnesses. Acute illness, developmental delay, genetic abnormalities, psychosocial issues, preventive medicine and the care of the well child is explored.

COURSE GOALS AND OBJECTIVES:

Upon completion of this clerkship students will be able to:

1. Elicit an accurate, detailed medical history relevant to the diagnosis of the presenting problem or to the comprehensive evaluation of the patient, including the evaluation of a well baby/child/adolescent.
2. Perform complete age appropriate physical assessments.
3. Develop differential diagnoses and treatment plans.
4. State an orderly, succinct case presentation focusing on relevant positive and negative findings elicited in the history, physical and laboratory/diagnostic studies.
5. Perform procedures as specified by the clerkship objectives.
6. Integrate knowledge of counseling techniques and patient education.
7. Participate in all rounds, conferences, lectures, and call as specified by the site.
8. Elicit the ability to evaluate and monitor common pediatric problems.
9. Demonstrate the ability to recognize developmental abnormalities.
10. Demonstrate the ability to administer and recognize when the pediatric patient is due for routine immunizations.

COURSE REQUIREMENTS & EVALUATION CRITERIA:

The grade for this clerkship is based on the following components:

End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case	25%
Preceptor Evaluation	25%
One SOAP note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Hay, W., Kaplan, D. (2007). *Current Essentials of Pediatrics,* New York: McGraw Hill
- John Hopkins Hospital (2008). *The Harriet Lane Handbook 18th edition* Philadelphia: Mosby.

ALTERNATIVE REFERENCE MATERIALS

- Kliegman, R. et al. (2007). *Nelson Textbook of Pediatrics, 18th edition,* Elsevir Science,
- Fitzpatrick, TB et al., *Color Atlas and Synopsis of Clinical Dermatology, 5th edition*, McGraw-Hill, 2005.
- Burns, Dunn, Brady, Barber Starr, & Blossy. (2009). *Pediatric Primary Care, 4th Edition.* Philadelphia: Saunders.

USEFUL WEBSITES:

- American Academy of Pediatrics: www.aap.org
- Links to pediatric resources: http://www.generalpediatrics.com/
- Pediatric cases: http://www.hawaii.edu/medicine/pediatrics/pemxray/pemxray.html
- Merck Manual – Pediatrics: http://www.merck.com/mmpe/sec19.html
- Pediatric Cardiology: http://pediatriccardiology.uchicago.edu/MP/pcmedprof.htm
- Pediatric Orthopedics: http://www.posna.org/education/StudyGuide/general.asp

ACADEMIC HONESTY:

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LEARNING OBJECTIVES:
The learning objectives for the Pediatric clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below

CLINICAL KNOWLEDGE:
Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

DERMATOLOGY DISORDERS

- Tinea capitis/corporis/ pedis/versicolor
- Impetigo/Cellulitis
- Eczema
- Candida
- Dermatitis
- Scabies/Pediculosis
- Verrucae
- Molluscum contagiosum
- Scarlet Fever
- Steven-Johnson syndrome
- Allergic reaction and anaphylaxis
- Café-au-late, port wine
- Herald patch
- Mongolian spots
- Hemangiomas
- Scalded skin syndrome
- Diaper dermatitis
- Acneiform lesions
- Exanthems
- Burns

OPHTHALMOLOGICAL DISORDERS

- Conjunctivitis
- Orbital and periorbital cellulitis
- Corneal abrasion
- Strabismus
- Blepharitis
- Chalazion
- Dacryoadenitis
- Ectropion
- Entropion
- Hordeolum

ENT DISORDERS

- Otitis media
  - Acute/Chronic
  - Serous
  - Supporative
- Otitis externa
- Mastoiditis
- Epiglottitis
- Acute/Chronic Sinusitis
- Exudative pharyngitis

- Diphtheria
- Acute Tonsillitis
- Aphthous ulcers
- Oral candidiasis
- Allergic Rhinitis
- Epistaxis
- Perforated tympanic membrane
- Presentation of ENT foreign bodies

PULMONARY DISORDERS

- Upper respiratory infections
- Pneumonia
- Acute Bronchitis
- Bronchiolitis
- Asthma
- Influenza
- Respiratory syncytial virus
- Laryngotracheobronchitis (croup)
- Pertussis
- Tuberculosis
- Foreign body aspiration
- Hyaline membrane disease
- Cystic fibrosis
- Sudden infant death syndrome (SIDS)

CARDIOVASCULAR DISORDERS

- Congenital heart disease
    - Atrial septal defect
    - Coarctation of aorta
    - Patent ductus arteriosus
    - Tetralogy of Fallot
    - Ventricular septal defect
- Acute Rheumatic fever
- Heart murmurs
- Arrhythmias

GI DISORDERS

- GERD
- Gastritis
- Pyloric stenosis
- Colic/feeding problems
- Intussusception
- Volvulus
- Malabsorption syndromes
- Gastroenteritis and dehydration
- Chronic diarrhea
- Appendicitis
- Inflammatory bowel disease
- Constipation
- Hernias
- Meckel’s diverticulum
- Over/Under feeding
- Cow’s milk allergy
- Poisoning’s and overdoses
- Vitamin/nutritional deficiencies

GENITOURINARY DISORDERS

- Urinary tract infection
- Wilms' tumor
- Acute glomerulonephritis
- Hypospadias
- Cryptorochidism
- Testicular torsion
- Poststreptococcal glomerulonephritis
- Orchitis

ORTHOPEDIC DISORDERS

- Osteomyelitis
- Congenital hip dislocation
- Slipped capital femoral epiphysis
- Scoliosis
- Osteogenesis imperfecta
- Juvenile rheumatoid arthritis
- Spina bifida
- Legg-Calves-Perthes disease

- Osgood-Schlatter Disease
- Osteosarcoma/Bone tumors
- Nursemaid's elbow
- Sprains/strains
- Fractures/dislocations
- Genu varum/valgum
- Tibial torsion
- Ganglion cyst

NEUROLOGICAL DISORDERS

- Seizure disorders/Febrile seizure
- Meningitis
- Congenital malformations
- Neurofibromatosis
- Neuromuscular disorders
- Headaches
- Head trauma

ENDOCRINE DISORDERS

- Diabetes Type I & II
- Short/Tall stature
- Thyroid disease

GENETIC DISORDERS

- Down Syndrome
- Turner's Syndrome
- Klinefelter's Syndrome
- Prader-Willi Syndrome
- Phenylketonuria
- Common autosomal dominant conditions
    - Huntington's
    - Marfan's
    - Dwarfism
- Sickle Cell Disease/Trait
- IdiopathicThrombocytopenic Purpura
- Lead poisoning
- Erythroblastosis fetalis
- Common autosomal recessive conditions
    - Cystic Fibrosis
    - X-Linked Recessive
    - Duchenne and Becker
    - Muscular Dystrophy
    - G6PD

INFECTIOUS DISORDERS

- Viral exanthems
- Bacterial infections
- Hand-Foot-Mouth Disease
- HIV/AIDS
- Hepatitis
- Mononucleosis
- Reye's Syndrome
- Sexually transmitted diseases
- Respiratory syncytial virus
- Scarlet fever
- Herpes simplex
- Varicella/herpes zoster
- Fifth disease-Parovirus B19
- Parotitis
- Lyme disease
- Herpangina/Coxsacke infections
- Lymphadenopathy/lymphadenitis
- Candidiasis
- Pinworms

HEMATOLOGICAL DISORDERS

- Anemia
- Leukemia/lymphoma
- Bleeding disorder

IMMUNOLOGICAL DISORDERS

- Henoch-Shönlein Purpura
- Kawasaki's Disease

PSYCHIATRIC/BEHAVIOR DISORDERS

- Pica
- Enuresis and encopresis
- Attention Deficit-Hyperactivity Disorder
- Munchausen Syndrome by Proxy
- Child abuse
- Substance abuse
- Tobacco abuse
- Autistic behavior
- Anorexia nervosa
- Bulimia nervosa
- Obesity
- Anxiety disorders

GROWTH & DEVELOPMENT

- Primitive reflexes
- Failure to thrive
- Developmental milestones
- Staging and delays in development in the pediatric patient
- Pediatric nutrition

PROCEDURES:
The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of results for the following:

- Intradermal injections
- Subcutaneous injections
- Intramuscular injections
- Venipuncture
- Wood's lamp
- Fungal, bacterial and viral cultures
- Tympanometry
- Slit lamp exam
- Fluorescein stain
- Electrocardiogram (ECG)
- Urinanalysis

- Lumbar puncture
- Throat culture

PATIENT EDUCATION:
The stu**d**ent will describe the elements and indications of patient education, preventative care and family dynamics concerning the following:

- Management plan
- Disease process
- Immunizations
- Lead screening
- Routine lab studies
- Vision, hearing and speech evaluations
- Anticipatory guidance
- Well child visits
- Safety issses
- Infant feeding and nutrition
- Growth and development
- Teething
- Breast feeding
- Toilet training
- Behavior problems
- Sibling rivalry
- Bedwetting
- Proper hygeine
- Pediatric dosing
- Injury and illness prevention
- Rationale and need for referral

PHA 285 PSYCHIATRY CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C
Email: Shannan.Ricoy@hofstra.edu
Tele: 516-463-4233

3 s.h.

COURSE DESCRIPTION:

The Psychiatry Clerkship provides students with a working knowledge of psychiatric diseases. Patient care experiences focus on the diagnosis, treatment and management of patients with psychiatric illness.

COURSE GOALS AND OBJECTIVES:

Upon completion of this clerkship students will be able to:

1. Elicit an accurate, detailed medical and psychiatric history relevant to the diagnosis of the presenting problem or to the comprehensive evaluation of the patient.
2. Perform a complete physical and psychiatric assessment.
3. Develop differential diagnoses and treatment plans.
4. Present the patient's pertinent findings; focusing on relevant positive and negative findings elicited in the history, physical and laboratory/diagnostic studies in both oral and written forms.
5. Perform procedures as specified by the clinical site.
6. Participate in all rounds, conferences, lectures, and call as specified by the site.

COURSE REQUIREMENTS:

The grade for this clerkship is based on the following components:

	Percentage of Final Grade
End of Clerkship Examination	35%
On-Site Visit or Interesting Patient Case	25%
Preceptor Evaluation	25%
One complete history and physical note Three drug cards	15%

CLERKSHIP BIBLIOGRAPHY:

- Sadock, Benjamin J. and Virginia A. Sadock. (2007). Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry. 10th Edition. Lippincott**.**
- Fauman, MA. (2002). Study Guide to DSM-IV-TR. American Psychiatric Publishing.

ALTERNATIVE REFERENCE MATERIALS:

- Roberts, LW; Hoop, JG; Heinrich, TW. (2010). Clinical Psychiatry Essentials. Philadelphia: Wolters, Kluwer, Lippincott, Williams & Wilkins.
- Manley, MJR. (2007). Psychiatry: Clerkship Guide. Philadelphia: Mosby/Elsevier

USEFUL WEBSITES:

- American Psychiatric Association: http://www.psych.org/
- Psychiatry Cases: http://priory.com/case.htm

ACADEMIC HONESTY:

Plagiarism is a serious ethical and professional infraction. Hofstra's policy on academic honesty reads: "The academic community assumes that work of any kind [...] is done, entirely, and without assistance, by and only for the individual(s) whose name(s) it bears." Please refer to the "Procedure for Handling Violations of Academic Honesty by Graduate Students at Hofstra University" to be found at http://www.hofstra.edu/PDF/Senate_FPS_11.pdf , for details about what constitutes plagiarism, and Hofstra's procedures for handling violations.

ATTENDANCE POLICY:

Students are required to follow the schedule set by their preceptor. Students should arrive at the facility before their scheduled shift, and remain on the site until excused by the preceptor. Students are expected to take call as designated by the preceptor. Students are expected to work weekends and holidays with their team. **University holidays do not pertain to the clinical year. Snow days do not pertain to the clinical year**. Students may not take days off during this rotation. Please refer to the Clinical Year Handbook for further discussion.

LEARNING OBJECTIVES:

The learning objectives for the Psychiatry clerkship are in three parts: clinical knowledge, procedures and patient education. The specific competencies students are to demonstrate upon completion of this clerkship are listed below.

CLINICAL KNOWLEDGE:

Integrate the pathophysiology, epidemiology and genetic factors with historical and physical exam findings to formulate a differential diagnosis and treatment plan for the following disorders (Prognosis and potential complications must be described as well):

Anxiety Disorders

- Panic disorder
- Generalized anxiety disorder
- Posttraumatic stress disorder
- Phobias

Attention-Deficit Disorder

Autistic Disorder

Eating Disorders

- Anorexia nervosa
- Bulimia nervosa
  Obesity

Mood Disorders

- Adjustment
- Depressive
- Dysthymic
- Bipolar

Personality Disorders

- Antisocial
- Avoidant
- Borderline
- Histrionic
- Narcissistic
- Obsessive-compulsive
- Paranoid
- Schizoid
- Schizotypal

Psychoses

- Delusional disorder
- Schizophrenia
- Schizoaffective disorder
- Somatoform Disorder

Somatoform Disorders

Substance Use Disorders

- Alcohol abuse/dependence
- Drug abuse/dependence
- Tobacco use/dependence

Other Psychiatric Disorders

- Behavior/Emotional Disorders
- Acute reaction to stress
- Child/elder abuse
- Domestic violence
- Uncomplicated bereavement

PROCEDURES:
The student will be able to demonstrate competence to the preceptor, and/or to describe the indications for, risk/benefit ratio and interpretation of results of the following:

- Intradermal injections
- Subcutaneous injections
- Intramuscular injections
- Electrocardiogram (ECG)
- Urinanalysis

PATIENT EDUCATION:
The student will be able to describe, formulate and demonstrate patient education concerning the treatment, disease process and preventative aspects of care to the patient and family members to include the following topics:

- Management plan
- Disease process
- Disease prevention
- Lifestyle modifications
- Nutrition
- Exercise
- Smoking cessation
- Substance and alcohol use
- Sexual counseling and risk prevention
- Loss and debilitation
- Rationale and need for referral

PHA 290 ELECTIVE CLERKSHIP

Clinical Coordinator: Shannan Ricoy, M.S., RPA-C
Email: Shannan.Ricoy@hofstra.edu
Tele: 516-463-4233
Cell phone: 516-509-6470

3 s.h.

COURSE DESCRIPTION:

This course provides the opportunity for students to either explore a medical or surgical sub-specialty or to gain an intensive experience in one of the core practice areas of medicine. The Physician Assistant Program must approve placements for this clerkship.

COURSE GOALS AND OBJECTIVES:

1. Students are responsible for setting their own goals with their preceptor and with PA Program faculty. The integration of the breadth of knowledge needed for medicine, as well as developing life-long learning skills will guide the student in his/her study.
2. Develop a reading list as appropriate for the discipline of study.
3. Perform procedures as specified by the clinical site.
4. Integrate knowledge of counseling techniques, patient education and preventive medicine as appropriate.
5. Participate in all rounds, conferences, lectures, and call as specified by the site.

COURSE REQUIREMENTS:

The grade for elective clerkships are based on the following components:

Preceptor Evaluation	25%
Oral reasoning Examination	25%
Patient Education Project	30%
Elective PRE and POST Essay	10%

Clinical Year Forms

PHYSICIAN ASSISTANT STUDIES PROGRAM
PRECEPTOR EVALUATION FORM

Student Name_____ Rotation Type & Site _____

Preceptor Name _____ Rotation Dates _____

(1/5 = poor, 5/5 = excellent, Total possible points = 100)

						COMMENTS
Medical Interview*** (see the back for descriptions)**	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	
Knowledge & Utilization of Lab Tests	1	2	3	4	5	
Clinical Procedures*** (if not performed please comment)**	1	2	3	4	5	
Problem Solving / Clinical Thinking	1	2	3	4	5	
Factual Knowledge & Concepts	1	2	3	4	5	
Assessment / Differential Diagnosis	1	2	3	4	5	
Ability to Implement & Develop Management Plan	1	2	3	4	5	
Ability to Work Collaboratively in Interprofessional Teams	1	2	3	4	5	
Relating to Colleagues	1	2	3	4	5	
Relating to Patients	1	2	3	4	5	
Understanding of PA Role	1	2	3	4	5	
Recognition of PA Limitations	1	2	3	4	5	
Self-Confidence	1	2	3	4	5	
Reliability and Dependability	1	2	3	4	5	
Professionalism	1	2	3	4	5	
Appearance	1	2	3	4	5	
Overall Competence	1	2	3	4	5	

Total Points = _____
Comments:

_____

Preceptor's signature: _____ Date: _____

Student's signature after review: _____ Date: _____

On-Site/Interesting Case Presentation Evaluation Form

Student _____ Site Visitor _____

Rotation Type _____ Site _____ Visit Dates _____

Rotation Dates _____ Preceptor Name _____

SCORING: 0 = Not done, 1/5 = Poor, 5/5 = Excellent

TOPIC: _____ COMMENTS

HISTORY:							
Descriptors included in HPI	0	1	2	3	4	5	_____
Clear & concise HPI	0	1	2	3	4	5	_____
HPI includes pertinent positive and negatives in HPI	0	1	2	3	4	5	_____
Includes all pertinent PMHX information	0	1	2	3	4	5	_____
PHYSICAL EXAM:							
Focused physical exam-including all components	0	1	2	3	4	5	_____
Includes pertinent positive & negative PE findings	0	1	2	3	4	5	_____
LABS/DIAGNOSTIC PROCEDURES:							
Presents pertinent findings	0	1	2	3	4	5	_____
Understands reason for ordering each test	0	1	2	3	4	5	_____
Draws appropriate conclusions from findings	0	1	2	3	4	5	_____
DIAGNOSIS:							
Addresses both acute and chronic disease	0	1	2	3	4	5	_____
Ability to formulate & eliminate differential dx	0	1	2	3	4	5	_____
Describes pathophysiology of disease state	0	1	2	3	4	5	_____
MANAGEMENT:							
Understands pharmacologic therapy	0	1	2	3	4	5	_____
Discusses appropriate non-pharmacologic therapy	0	1	2	3	4	5	_____
Addresses disease prevention	0	1	2	3	4	5	_____
Addresses medications given & possible side effects	0	1	2	3	4	5	_____
Explains tests & procedures to patient	0	1	2	3	4	5	_____
Provides patient with follow-up instructions	0	1	2	3	4	5	_____
JOURNAL:							
Discusses or writes a summary of article							
Submits supporting journal article (< 5yrs old)	0	1	2	3	4	5	_____
PROFESSIONALISM:	0	1	2	3	4	5	_____

TOTAL POINTS _____

Faculty Signature: _____ **Date:** _____

PHYSICIAN ASSISTANT PROGRAM

Mid-Clerkship Evaluation

Please complete this evaluation by the end of the second week of the clerkship. The mid-clerkship evaluation is designed to have students reflect on their strengths and weaknesses at the mid-point of their clerkship. This provides the opportunity for students to obtain the best possible clinical experience and correct deficiencies before the clerkship ends. This tool also provides the program with feedback regarding clerkship quality. This allows for identification of deficiency areas at clerkship sites and early intervention should it be necessary.

ROTATION:

1- PC 2- Med 3- Ob/Gyn 4- Surg 5- LTC 6- EM 7- Psych 8- Peds 9- Elective:_____

ROTATION NUMBER: 1 2 3 4 5 6 7 8 9 ROTATION SITE: _____

Please rate the following learning experiences as appropriate to your rotation

5= superior 4= very good 3= good 2= fair 1= poor N/A = Not Applicable

Student Self Assessment: How would you rate the following items:

1) Your ability to acclimate and acculturate to the clinical team? _____
2) Your professional behavior and attendance? _____
3) Your ability to perform histories and administer physical examinations? _____
4) Your ability to formulate a differential diagnosis? _____
5) Your ability to formulate and implement a management plan? _____
6) Your oral presentations? _____
7) Your ability to perform clinical procedures? _____

Clerkship Site Analysis: How would you rate the following items:

1) Appropriateness of supervision (ie. is the supervisor adequately supervising patient encounters)? _____
2) Opportunity to perform history and physical examinations? _____
3) Opportunity to formulate differential diagnosis and management plans? _____
4) Opportunity to perform oral presentations? _____
5) Opportunity to perform clinical procedures? _____
6) Ability for this clerkship to meet the stated learning objectives? ____

COMMENTS:

PHYSICIAN ASSISTANT PROGRAM
Student Evaluation of Program Rotations

The Physician Assistant Program is always interested in improving. Therefore, your input is very important. Please complete this **anonymous** evaluation of your rotation and recommendations on how to improve it.
(Your comments **will not**, in any manner, affect your final clerkship grade.)

ROTATION:

1- PC 2- Med 3- Ob/Gyn 4- Surg 5- LTC 6- EM 7- Psych 8- Peds 9- Elective:_____

ROTATION NUMBER: 1 2 3 4 5 6 7 8 9 ROTATION SITE:_____

Please rate the following learning experiences as appropriate to your rotation as

5= superior 4= very good 3= good 2= fair 1= poor N/A = Not Applicable

1. Opportunity to interview and examine patients _____
2. Opportunity to formulate assessments and create management plan _____
3. Opportunity to present patients _____
4. Preceptor review of student clinical documentation _____
5. Quality of performance feedback from preceptor _____
6. Adequate supervision of students _____
7. Opportunity to perform clinical procedures ____
8. Integration of student into part of medical team _____
9. Quality of teaching _____
10. Quality of the department conferences _____
11. Ability of the clerkship to permit student achievement of stated objectives _____

Please utilize this section for professionally written, constructive comments.

COMMENTS:

STUDENT/PRECEPTOR REVIEW OF CLINICAL OBJECTIVES FORM

Student_____ of Hofstra University Physician
(NAME)

Assistant Program has provided me the learning objectives for this rotation. We discussed in detail the expectations involved in successfully completing this rotation.

Preceptor_____

Student_____

Date_____

BLOOD BORNE PATHOGEN EXPOSURE FORM

Name: _____ **Date of Report:** _____

Date of Exposure: _____ **Time of Exposure:** _____ **am/ pm**

Clerkship Location of Exposure: _____

Brief Description of Exposure: **(OMIT ANY PATIENT SPECIFIC INFORMATION)**

_____

_____

_____

_____

_____

_____

_____

_____

(Signature at end of statement is mandatory)

	Yes	**No**
Completed institution's exposure forms:.....	☐	☐
Submitted institution's exposure forms:.....	☐	☐

FOR PHYSICIAN ASSISTANT PROGRAM STAFF ONLY:

Reviewed by : _____ Date: _____

CLERKSHIP SCHEDULE FORM

Complete the following schedule form and fax it to the Program by the Friday of the first week of the clerkship. Program fax number: 516-463-5177.

Student Name:_____
Date:_____
Preceptor Name:_____
Preceptor Telephone:_____
Clerkship Specialty:_____
Clerkship Number:_____

Document the **date** and **hours** that you are assigned to work on the following table. Also document any hours that you are making up.

	Sunday	***Monday***	***Tuesday***	***Wednesday***	***Thursday***	***Friday***	***Saturday***
Week 1 Dates:							
Week 2 Dates:							
Week 3 Dates:							
Week 4 Dates:							
Week 5 Dates:							

Any changes to this schedule must be submitted to the program immediately and prior to date/dates changed. All changes must be approved by the clinical coordinator and this form needs to be signed by your designated preceptor.

Excused Absences (please list date of absence and make-up date)
1._____
2._____
3._____

Student Signature_____**Date** _____

Preceptor Signature_____**Date** _____

Preceptor Resources

For the Office-based Teacher of Family Medicine

William Huang, MD
Feature Editor

Editor's Note: In this month's column, Alison Dobbie, MD; James Tysinger, PhD; and Joshua Freeman, MD, give practical tips to help the office-based preceptor efficiently teach students during busy patient care sessions. Drs Dobbie and Freeman are faculty members of the University of Kansas School of Medicine and Dr Tysinger is a faculty member of the University of Texas Health Science Center at San Antonio.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 3701 Kirby, Suite 600, Houston, TX 77098-3915. 713-798-6271. Fax: 713-798-7789. Submissions should be no longer than 3–4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Strategies for Efficient Office Precepting

Alison E. Dobbie, MD; James W. Tysinger, PhD; Joshua Freeman, MD

Many family physicians teach because they enjoy the personal satisfaction of working with students and want to share their enthusiasm for family medicine while contributing to the education of the next generation of physicians.[1,2] However, most office-based teachers are unpaid volunteers,[3] and evidence indicates that time spent teaching can lengthen the preceptors' working day[3-5] and/or decrease their clinical productivity.[3] Fortunately, preceptors can use several strategies to minimize the added tasks of teaching while optimizing students' educational experience. Preceptors who use these strategies have reported practicing more efficiently with a student than without one.[6] In this article, we summarize some practical strategies for efficient office-based teaching that are likely to be highly valued by preceptors and students.

(Fam Med 2005;37(4):239-41.)

From the Department of Family Medicine, University of Kansas (Drs Dobbie and Freeman); and the Department of Family and Community Medicine, University of Texas Health Science Center at San Santonio (Dr Tysinger).

Planning and Preparing

Agree on Daily Goals

The vast amount of potential learning material in each session can overwhelm both teacher and student. To better manage this learning material, spend 1 or 2 minutes before each session agreeing on mini-learning goals that relate to the clerkship objectives and are achievable that day. For example, it may be too time-consuming to observe a student conduct a complete physical exam, but it is practical to observe and give feedback on two abdominal exams in one session and ensure that the student has mastered this part of the physical exam. Achieving such mini goals over several sessions results in an impressive amount of clinical observation, teaching, and feedback.

Limit the Number of Patients That Your Student Sees

Seeing too many patients often prevents students from reflecting on how the clinical experience aids their learning. Depending on the number of clerkships completed, the clerkship's goals, and the patients' clinical complexity, third-year students should see between three and six patients for each 4-hour session.

Encourage "Just in Time" Learning

Between patients, students should review content related to the patients they see. For example, after

seeing a child with a sore throat, students can use their handheld computers or the Internet to look up the risk factors for strep throat and determine the sensitivity and specificity of the "rapid strep" test. This "just in time" learning, especially when combined with formulating clinical questions, encourages students to seek and use evidence-based medicine. Such integration of evidence-based medicine into practice has been reported as one of the top three factors students associate with effective teaching.[7]

Debrief and Plan for the Next Session

At the end of each session, it is efficient to spend a few minutes debriefing on the teaching session, reviewing how well the student met the mini goals, agreeing on any homework, and planning for the next session.

Maximizing Learning Efficiency

Limit Presentation Time

Students must learn to give a focused 2–3 minute patient presentation that includes pertinent positive and negative findings and their assessment and plan. Students consistently report the opportunity to formulate assessments and plans as one of the top factors associated with high-quality clinical teaching.[8]

Use the Five Clinical Teaching Microskills

Most preceptors are familiar with the five microskills of clinical teaching[9] but may not use them because they think that completing all steps after every patient is too time-consuming. However, all five microskills do not need to be completed for every patient. For example, if a patient presents with a sprained ankle, the preceptor can use the microskill "teach general rules" in discussing and demonstrating a proper ankle exam and use the microskills "reinforce what was done right" and "correct mistakes" in giving the student feedback about his/her actual exam of the patient's ankle. For other sprained ankle issues such as understanding why an X ray was or was not ordered, the teacher can direct the student to find the Ottawa ankle rules as "just in time" learning between patients and discuss their application in more detail later.

Make Feedback Routine

Giving feedback challenges most preceptors because they see it as time-consuming and fear it may upset the student. Yet students report receiving high-quality feedback as one of the top two factors associated with excellent clinical teaching.[8] Feedback that is based on observation, consistent, fair, routine, and given in a spirit of unconditional positive regard will be accepted and appreciated. For example, while observing the student perform an abdominal exam, a preceptor might say, "You correctly palpated all four quadrants superficially and deeply, but you forgot to observe and listen first! Remember: always observe the abdomen first, listen to it second, and then palpate it."

Teaching With Patients

Develop a Cadre of "Teaching Patients"

Every physician has patients who have interesting stories to share. If these patients have conditions that add to students' learning, both student and patient usually enjoy spending extra time together. Such regular "teaching patients" can become familiar with students and may even learn to evaluate them and give informal feedback on students' performance. Such patient feedback is particularly powerful for students.

Seize Unexpected Learning Opportunities

Besides planning in advance which patients the student will see, one should seize unexpected learning opportunities. For example, where a patient has a newly discovered goiter or heart murmur, the student may be briefly introduced to the patient simply to experience the abnormal sign.

Hear Presentations in the Exam Room

When all parties are comfortable and the clinical problem is suitable, it is efficient and mutually satisfying to have the student present his/her findings and for the preceptor to teach in the patient's presence. Patients can then give immediate feedback on the accuracy and completeness of the student's presentation.

Using Service Learning

Use the Students for Administrative Tasks

Many non-clinical tasks can aid student learning. For example, students can learn a great deal by performing administrative tasks under the preceptor's guidance and supervision. These tasks may include filling out lab requests, writing referrals, updating problem lists, and doing telephone callbacks.

Let Students Write Notes

Writing notes aids students' learning and helps students present the patient's issues to the preceptor in an efficient and organized manner. According to Health Care Financing Administration documentation guidelines, only a small portion of a student's note is billable, and the preceptor must still write or dictate a note and personally document major aspects of the patient visit.[10] However, preceptors can still save time by using the student's note as a guide when dictating or writing their own note. In one study, students' notes saved preceptors 3.3 minutes of charting time per patient.[11]

Use Students to Teach Patients

Students learn a great deal by teaching patients about such topics

as smoking cessation and weight loss. Teaching patients sharpens students' communication and negotiation skills and makes them aware of the many reasons patients don't comply with medical advice.

Conclusions

Using these simple strategies can help office-based teachers improve the teaching experience for themselves and their students. Devoting a few minutes each day to these activities can maximize the teaching session's efficiency and minimize extra work for the preceptor.

Acknowledgment: We presented this manuscript's contents as a lecture-discussion at the Society of Teachers of Family Medicine 2005 Predoctoral Education Conference in Albuquerque, NM.

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References

1. Fulkerson PK, Wang-Cheng R. Community-based faculty: motivation and rewards. Fam Med 1997;29(2):105-7.
2. Starr S, Ferguson WJ, Haley HL, Quirk M. Community preceptors' views of their identities as teachers. Acad Med 2003;78:820-5.
3. Vinson DC, Paden C, Devera-Sales A, Marshall B, Waters EC. Teaching medical students in community-based practices: a national survey of generalist physicians. J Fam Pract 1997;45:487-94.
4. Ricer RE, Van Horne A, Filak AT. Costs of preceptors' time spent teaching during a third-year family medicine outpatient rotation. Acad Med 1997;72:547-51.
5. Vinson DC, Paden C. The effect of teaching medical students on private practitioners' workloads. Acad Med 1994;69:237-8.
6. Usatine RP, Nguyen K, Randall J, Irby DM. Four exemplary preceptors' strategies for efficient teaching in managed care settings. Acad Med 1997;72:766-9.
7. Elnicki DM, Kolarik R, Bardella I. Third-year medical students' perceptions of effective teaching behaviors in a multidisciplinary ambulatory clerkship. Acad Med 2003;78:815-9.
8. Torre DM, Sebastian JL, Simpson DE. Learning activities and high-quality teaching: perceptions of third-year IM clerkship students. Acad Med 2003;78:812-4.
9. Neher JO, Gordon KC, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. J Am Board Fam Pract 1992;5:419-24.
10. Chappelle KG, Blanchard SH, Ramirez-Williams MF, Fields SA. Medical students and Health Care Financing Administration documentation guidelines. Fam Med 2000;32(7):459-61.
11. Usatine RP, Tremoulet PT, Irby D. Time-efficient preceptors in ambulatory care settings. Acad Med 2000;75:639-4.

For the Office-based Teacher of Family Medicine

William Huang, MD
Feature Editor

Editor's Note: In this month's column, Sarah Parrott, DO; Alison Dobbie, MD; Heidi Chumley, MD; and James Tysinger, PhD, summarize evidence supporting the efficiency and effectiveness of the well-known five-step microskills model of clinical teaching, also known as the "One-minute Preceptor" model. Drs Parrott, Dobbie, and Chumley are with the Department of Family Medicine at the University of Kansas Medical Center in Kansas City, while Dr Tysinger is with the University of Texas Health Science Center at San Antonio.

I welcome your comments about this feature, which is also published on the STFM Web site at www.stfm.org. I also encourage all predoctoral directors to make copies of this feature and distribute it to their preceptors (with the appropriate *Family Medicine* citation). Send your submissions to williamh@bcm.tmc.edu. William Huang, MD, Baylor College of Medicine, Department of Family and Community Medicine, 3701 Kirby, Suite 600, Houston, TX 77098-3915. 713-798-6271. Fax: 713-798-7789. Submissions should be no longer than 3–4 double-spaced pages. References can be used but are not required. Count each table or figure as one page of text.

Evidence-based Office Teaching—The Five-step Microskills Model of Clinical Teaching

Sarah Parrott, DO; Alison Dobbie, MD; Heidi Chumley, MD; James W. Tysinger, PhD

The five-step microskills model of clinical teaching, also referred to as the "One-minute Preceptor" model, offers the office-based family physician a structured set of learner-centered steps for conducting an ambulatory teaching encounter. While many family physicians have learned the five-step microskills from the Society of Teachers of Family Medicine's PEP2 materials[1] or through this column,[2] some may still not have heard of the model or fully realize its benefits. In this article, we summarize evidence from the literature to illustrate how using the five-step microskills model in ambulatory teaching encounters can benefit office-based teachers and their learners.

(Fam Med 2006;38(3):164-7.)

From the Department of Family Medicine, University of Kansas Medical Center (Drs Parrott, Dobbie, and Chumley); and the Department of Family Medicine, University of Texas Health Science Center at San Antonio (Dr Tysinger).

Description of the Five-step Microskills Model of Clinical Teaching

Neher and colleagues first described the five-step microskills model in 1992 as a "specific sequence (of questions) to maximize the benefit of the teaching encounter."[3] (See case example in Table 1.) Using the first microskill, "Get a commitment," the teacher asks an open-ended question to encourage the learner to commit to one or more aspects of the assessment or management of the patient. Using the second microskill, "Probe for supporting evidence," the teacher uses more direct questioning to bring out and evaluate the learner's knowledge base and clinical reasoning underlying the commitment. The third microskill, "Teach general rules" allows the teacher to generate and communicate a general teaching point resulting from the case. The final two microskills, "Reinforce what was done right" and "Correct mistakes," prompt the teacher to deliver the positive and constructive feedback that students greatly desire.[4]

Usage of the Five-step Microskills in Actual Practice

In their initial paper, Neher and colleagues reported that most physicians trained in using the five-step microskills continue to use them. In their study, 26 out of 29 faculty development fellows who learned the five-step microskills model in a single workshop reported using this material in 90% of teaching encounters up to 4 years later.[3] Huang and colleagues reported that even preceptors who have

Table 1

Case Example Using the Five-step Microskills—A Third-year Medical Student Presents a Young Pregnant Woman With Dysuria

Preceptor:	What do you think is going on with this patient?	First microskill—Get a commitment
Student:	I think the patient has a urinary tract infection.	
Preceptor: (nodding)	What clinical findings led you to that conclusion?	Second microskill—Probe for supporting evidence
Student:	She has symptoms of frequency and dysuria, lower abdominal tenderness to palpation, and her urine dipstick is positive for nitrites and leucocytes.	
Preceptor:	That's an excellent summary. It shows that you've taken a good history, performed a focused physical exam, and performed the proper lab studies. I agree with your diagnosis. Now, how do you want to manage her urinary tract infection?	Fourth microskill—Reinforce what was done right First microskill—Get a commitment
Student:	I want to obtain a urine culture and sensitivity and start her on a 3-day course of ciprofloxacin.	
Preceptor:	I agree that we should culture the urine. However, remember that she is pregnant, and that will affect the choice of antibiotic. The general rule to learn from this case is that ciprofloxacin is contraindicated in pregnancy. So we should choose some other antibiotic, such as nitrofurantoin or amoxicillin, which is safer for a pregnant woman. Please look up ciprofloxacin on your PDA so we can further discuss this contraindication at the end of today's clinic.	Third microskill—Teach general rules Fifth microskill—Correct mistakes

Note: The five microskills do not need to be used in strict order. For example, the preceptor repeats the first microskill to encourage the student to commit to different aspects of the diagnosis and management throughout the encounter.

received no training in the five-step microskills use them to some extent. In their observations of 86 teaching encounters by 12 community preceptors who had received no formal microskills training, they discovered that the preceptors spontaneously used the first three microskills in 40%–60% of encounters. However, the preceptors used the feedback microskills (reinforce what was done right and correct mistakes) in only 12.8% and 18.6% of encounters, respectively.[5]

Studies Investigating the Usefulness of the Five-step Microskills Model

Recent studies have investigated the effectiveness of the five-step microskills model. Irby et al and Aagaard et al videotaped teaching encounters of two different cases (a patient with a pneumothorax and a patient with a hiatal hernia and gastroesophageal reflux) using two different teaching models, the five-step microskills model and a traditional precepting model. In the traditional model cases, there was more focus on correctly treating the patient and less emphasis on the learner's educational needs and participation in the medical decision making. The investigators asked 116 clinical teachers to view each of the four encounters and then diagnose the clinical condition and rate the student's knowledge and skills, their own confidence in evaluating the student, and the efficiency and effectiveness of the teaching encounter.[6,7]

Salerno et al recorded the teaching encounters of nine board-certified internal medicine preceptors before and after they learned the five-step microskills and then analyzed the preceptor-student discussions for the presence of a number of teacher and student behaviors. The preceptors and students also completed surveys on various aspects of the encounter before and after the teachers learned the microskills.[8] Furney and colleagues conducted a randomized controlled study in which the intervention was training 28 internal medicine resident-teachers to use the microskills. They compared the change in teacher self-ratings and learner ratings after the intervention with the change in these items for a control group of 29 internal medicine resident-teachers who did not receive any training.[9]

Evidence Supporting the Efficiency of the Five-step Microskills Model

The clinical teachers in the Aagaard et al study rated the encounters in which the five-step microskills model was used as more efficient than the encounters in which the traditional model of precepting was used. One contributing factor was that the teachers were able to glean more clinical information despite the identical length of the tapes.[7] Salerno and colleagues also found the five-step

microskills model to be efficient since they observed that the duration of the teaching discussion was the same after preceptors learned the microskills, yet the preceptors spent more time listening to their students.[8]

Evidence Supporting the Effectiveness of the Five-step Microskills Model

The clinical teachers in Aagaard and colleagues' study also rated the five-step microskills encounters as more effective than the traditional precepting encounters.[7] That study and the others have identified a number of factors that contribute to the effectiveness of this model. Some of these factors are supported by direct observation while others are supported by more-indirect methods such as teacher or learner ratings. These factors are as follows:

The Clinical Teacher's Ability to Correctly Diagnose the Patient's Problem. The clinical teachers in the Aagaard et al study were more likely to correctly diagnose the hiatal hernia/gastroesophageal reflux case when the five-step microskills model was used than when the traditional precepting model was used.[7]

The Clinical Teacher's Confidence in Evaluating the Learner. The clinical teachers in the Aagaard et al study rated themselves as more confident in their ability to evaluate the learner's presentation skills, clinical reasoning skills, and fund of knowledge when the five-step microskills model was used.[7] Similarly, in the Salerno et al study, the preceptors' self-ratings of the opportunity to evaluate student competence during the encounter improved after they received training in the microskills.[8]

The Clinical Teacher's Ability to Encourage the Learner to Do Independent Learning and Outside Reading. In the Salerno et al study, the preceptors' self-ratings of their ability to prompt students to reach their own conclusions and help them create plans for post-encounter learning improved after they received the training in the microskills.[8] Similarly, the learners in Furney and colleagues' study also more highly rated their teachers for the item "Motivate you to do reading" after the teachers received training in the microskills. Furney and colleagues postulate that this finding was due to learners being regularly prompted to make a commitment about a patient's diagnosis or management.[9]

The Quality of Feedback That Clinical Teachers Give to Learners. Salerno et al reported that after receiving training in the microskills, the preceptors in their study gave twice as much higher-order feedback (mostly specific feedback) and almost twice as much negative feedback to students after receiving training in the microskills.[8]

The Frequency With Which Clinical Teachers Give Feedback to Learners. In analyzing the audiotapes of actual preceptor-student discussions, Salerno et al observed no significant difference in the frequency of feedback that preceptors gave to their students after learning to use the microskills.[8] However, Furney et al reported some indirect evidence that suggests that the frequency of feedback may increase after training teachers in the five-step microskills. In their study, the teachers' self-ratings on the items "Offered suggestions for improvement" and "Gave feedback frequently" improved after they received microskills training.[9] Similarly, the learners in this study gave the teachers higher ratings on these same two items after the teachers had received the training.[9]

Limitations of the Five-step Microskills Model

The five-step microskills model has several limitations. If applied rigidly and used as the preceptor's only teaching technique, it can be overly simplistic and may reduce the ambulatory teaching encounter's richness. For example, the model includes no provision for assessing the learner's psychological reaction to the encounter.[3] Also, the model cannot enable learners to make good decisions if they gathered poor-quality data. Preceptors still must satisfy themselves that the learner's presentation and exam findings are accurate.

Conclusions

Despite its limitations, the five-step microskills model of clinical teaching is a practical, easy to use, and well-accepted teaching tool. Recent reports from the literature provide evidence of its efficacy. For preceptors, the model will likely increase the efficiency and effectiveness of their ambulatory teaching encounters since it does not prolong the teaching process and helps the preceptor feel more confident in diagnosing patients and evaluating learners. Usage of this model also encourages preceptors to give more-specific feedback and motivate their learners to continue learning by doing outside reading.

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References

1. Mygdal WK. Teaching. In: Sheets KJ, Garrett EA, eds. Preceptor Education Project, second edition: a guide for teaching in your practice. Leawood, Kan: Society of Teachers of Family Medicine, 1999.
2. Neher JO, Stevens NG. The one-minute preceptor: shaping the teaching conversation. Fam Med 2003;35(6):391-3
3. Neher JO, Gordon KC, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. J Am Board Fam Pract 1992;5:419-24.

4. Dobbie A, Tysinger JW. Evidence-based strategies that help office-based teachers give effective feedback. Fam Med 2005;37(9):617-9.
5. Huang WY, Dains JE, Monteiro FM, Rogers JC. Observations on the teaching and learning occurring in offices of community-based family and community medicine clerkship preceptors. Fam Med 2004;36(2):131-6.
6. Irby DM, Aagaard E, Teherani A. Teaching points identified by preceptors observing one-minute preceptor and traditional preceptor encounters. Acad Med 2004;79:50-5.
7. Aagaard E, Teherani A, Irby DM. Effectiveness of the one-minute preceptor model for diagnosing the patient and the learner: proof of concept. Acad Med 2004;79:42-9.
8. Salerno SM, O'Malley PG, Pangaro LN, Wheeler GA, Moores LK, Jackson JL. Faculty development seminars based on the one-minute preceptor improve feedback in the ambulatory setting. J Gen Intern Med 2002;17:779-87.
9. Furney SL, Orsini AN, Orsetti KE, Stern DT, Gruppen LD, Irby DM. Teaching the one-minute preceptor: a randomized controlled trial. J Gen Intern Med 2001;16:620-4.